

Mental Health Matters

Mapping Best Practices
in Higher Education



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Published in 2016 by AHEAD Educational Press
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Email: ahead@ahead.ie
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ISBN: 978-0-9954772-2-3

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Acknowledgements

We are sincerely grateful to all of the students who generously gave their time and shared their experiences with us - thank you all. Many thanks also to all the professionals who participated in this study and in particular the Irish Association of University and College Counsellors (IAUCC) for supporting us in circulating participation invites.

To our steering group we would like to extend thanks for their commitment to the study and for their valuable engagement throughout the research process.

Foreword

Today diversity is a very welcome reality in higher education. Today's campus includes a wide range of students from different backgrounds, cultures, religions and includes students with mental health difficulties. So the question is, how does the system understand and respond to this diversity and to the different learning and support requirements?

The point of this research is to put a spotlight on the experiences of students with mental health difficulties in higher education. This is an important lens given that a third of the cohort of young people of college entry age are reported to have experienced a mental health difficulty. The research highlights a concern amongst those consulted that services can be inconsistent across campus and that funding available is insufficient to meet the needs of students with mental health issues. These students require a continuum of supports from admission to teaching and learning to the provision of interventions dedicated to their specific requirements.

Institutions are committed to ensuring the rights of their students with disability as outlined within the UNCRPD and in response to the needs of students experiencing mental health issues they have developed many initiatives and creative solutions. This report aims to share these initiatives and finds that there are many good practices emerging within the sector which are based on a deep understanding of the needs of students and involve effective collaboration between functions and services.

An emerging strategy in many institutions is to build a culture of mental well-being and this requires a joined up approach to rethinking how services are delivered. Changing cultures is a challenge and takes deliberation and above all responsibility, student mental well-being is everyone's job.

This research provides an informed basis for institutions to develop a strategy to ensure that students are welcomed, their needs understood and addressed within a supported learning environment where they have opportunity to reach the robust learning outcomes.

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Executive Summary

One third of young people between the ages of eighteen and twenty five experience mental health difficulties, the age at which many students are making the transition from secondary to higher education. In recent years there has been a significant increase in the numbers of school leavers progressing to higher education, (60%) and this proportionately includes an increase in the numbers of students with mental health difficulties. This research is prompted by the increase in the number of students in higher education who are experiencing mental health difficulties and are registering with the disability support offices or seeking supports from college counselling services.

This research represents a predominantly qualitative study into the experiences of students with mental health difficulties in Higher Education Institutions (HEIs) in Ireland. At the heart of this research is the ambition to listen to the voice of students with mental health difficulties accessing support in higher education and to consult widely with professional staff working within the sector to hear their insights and experiences of good practices and views about where improvements may be made to support students with mental health difficulties.

This research is supported by the Association of Higher Education Access and Disability (AHEAD) and the National Learning Network (NLN).

Summary of Key Findings

Based on analysis of the experiences of both students and professionals, the research found that there are excellent services, initiatives and mental health awareness within the sector. For example, all colleges report having counselling and Disability Support Services and chaplaincy. A number of institutions reported specialised initiatives in response to the need to support students with diagnosed mental health difficulties. However, findings also show that services have been considerably undermined by recent cutbacks to staffing, a factor which impacts on this vulnerable group of students making them more likely to drop out than other students.

Services such as counselling have been badly hit by reductions in staffing resulting in six month waiting lists in many institutions, and this at a time of a greatly increasing level of referrals to the service. While there are a range of services available to students with mental health difficulties, inadequate information and poor signposting make them difficult to access at a time when Higher Education Institutions are committed to achieving equity of access for students with mental health issues. Institutions are making significant strides through the provision of mainstream and specialised initiatives that de-stigmatise mental ill health, promote good mental health and support students who are experiencing mental health difficulties.

Institutions which actively promote support services such as counselling and disability support at mainstream induction programmes to all students and who embed information sessions within academic departments serve to normalise mental health experiences and encourage students experiencing difficulties to come forward, disclose and seek help. The findings clearly indicate that mental health awareness amongst staff is valued highly by students with mental health issues along with learning environments and assessment instruments which are flexible.

A higher education focus on achieving robust academic standards and the promotion of good mental health can often be perceived as being incompatible with a stressful academic environment. However this research indicates that students feel supported to achieve academic standards where services such as counselling, disability support and academic departments take a joined up approach to providing appropriate supports or reasonable accommodations. Such a joined up approach benefits students with mental health difficulties through the use of good signposting and communications across services and academic departments, resulting in reduced levels of stress for students.

Furthermore, individualised services such as the Unilink Service and National Learning Network's Student Central service, which are delivered by professionals with knowledge of mental health issues in higher education, are rated by students as being successful in helping to maintain their good mental health. The unanimous view of students with diagnosed mental health difficulties was that these individualised programmes provide structure and support in helping them to manage academic demands. The provision of support in key academic skills such as note taking, time and stress management, writing assignments, understanding your own learning style and getting feedback on performance, were crucial to maintaining good mental health while in higher education.

Finally, the research acknowledges that higher education cannot meet the needs of all students with complex mental health issues and that a multi-agency approach with Health Service Executive (HSE) services is needed to ensure that students do not fall between the gaps in services and that they have clear referral pathways to alternative services.

Summary of Key Quantitative Findings

There follows a summary of some of the key findings from the survey of HEI professionals:

- All HEI respondents reported the provision of a range of support services for students with mental health difficulties by their institutions.
- Respondents were unanimous in their view that there was wide variation in the level of provision of services between HEIs and in how these services were coordinated.
- There was a reported disparity between the number of students with diagnosed mental health difficulties registered with Disability Services and the numbers accessing counselling services.
- The numbers of students with mental health difficulties accessing counselling services are reported to have significantly increased.
- The majority of HEIs report providing some level of service for students with mental health difficulties, but only half provide a dedicated service for this group of students.
- The majority of HEIs report providing access for students to a doctor on campus and most provide access to a nurse. One HEI reported having no access to a doctor or nurse on campus or in the community.
- The majority of HEIs (16 out of 22) do not have a formal peer support initiative for people with mental health difficulties.
- The majority of college services (14) are not involved in supporting students with mental health difficulties in transition planning for employment.

Summary of Key Qualitative Findings

There follows a summary of some of the key findings from interviews and Focus group activities with students and professionals

- Students were generally positive about their experience of support services provision within HEIs.
- Students reported that the supports provided by dedicated mental health support services played a major part in their capacity to deal with the demands of their course.
- An overriding theme amongst students and staff was the inconsistent or patchy nature of service provision on campus and the lack of systematic connectivity between the various services.
- Students reported mixed experiences of access to reasonable accommodations for their mental health difficulties.
- The positive impact of peer support initiatives was reported by both students and professionals.
- Different methods and levels of engagement with students across the sector are reported. Both students and professionals vouched for the positive impact of early engagement with students on mental health topics during coordinated whole campus services such as induction.
- Professionals raised the importance of clarity of responsibility, clear communication pathways and close cooperation between services on campus and in the community.
- Some students were unaware of how to access services and academic staff were said to play a significant role in connecting students to appropriate services.
- Students in this study equate appropriate individualised support provided by their Higher Education Institutions with positive impacts for their mental health, well-being and academic attainment.

- Students reported varying levels of awareness amongst professionals about supporting students with mental health difficulties.
- The unanimous view from academic staff was that they needed more information and support in appropriately responding to their students' needs.
- Students also reported varying levels of communication between Disability Support Services and academic staff about the needs of students with mental health difficulties.
- Professionals reported that funding from the Fund for Students with Disabilities was inadequate for the increasing numbers of students accessing services and students felt that priority was given to students with other, specific types of disability such as dyslexia.
- Flexibility in teaching and assessment methods was advocated by both students and professionals.

Summary of key recommendations

The following key recommendations were identified as fundamental to improving the inclusion and providing most appropriate support for students with mental health difficulties in higher education:

- A whole campus strategic response to the needs of students with mental health difficulties.
- The development of a map of information and support services across the institution.
- The establishment of a specialised mental health service within the institution to provide tailored supports to meet individual students' needs.
- The promotion of mental health awareness as part of induction for students.
- The provision of mental health awareness training at an institutional level for academic and all other staff including part-time/adjunct staff.
- A review of the distribution of the Fund for Students with Disabilities to ensure access to appropriate supports for students with mental health difficulties.
- Formalised peer support initiatives.
- A move towards a flexible approach to teaching across programmes to bring greater flexibility to learning and assessment to improve access for all students.
- The promotion of a coordinated, multi-agency approach between Higher Education Authority (HEA) and HSE services.

Introduction

In Ireland, there are approximately 354,000 full and part-time students in higher education in over 30 colleges in Northern Ireland and in the Republic (HEA, 2015). It is recognised that significant progress has been made in the last decade in supporting students with mental health difficulties in Higher Education Institutions in particular where specialised services for students with mental health difficulties have been established. However, the widely reported increase in the numbers of students with mental health difficulties accessing higher and further education and the complexity of these students' needs has not been matched with an increase in the provision of support services.

Mental health has been defined as a state of well-being in which the individual recognises his/her own abilities and is able to cope with normal daily stresses in life (WHO, 2005). Mental health problems cover the full range of difficulties, from the psychological distress experienced by many people, to serious mental disorders and illnesses that affect a smaller population. In Ireland one in four people experience these difficulties (HSE, 2006). The term mental illness is used to refer to specific conditions such as schizophrenia, bipolar disorder and depression (WHO, 2014).

Among young Irish adults the occurrence of mental health difficulties is frequent between nineteen to twenty four years (Cannon et al, 2013). This period in life coincides with a "tyranny of choices" related to the transition from post primary education to further/higher education and employment (Williams & Young, 1992).

Times of transition such as moving away from home and going to college are known to trigger stress which may lead to reduced mental health well-being. In Ireland, 65% of 18 year olds participate in higher education (Department of Education & Skills, 2011). While for many it is a time for adventure and newfound independence, it also brings increased social, personal and

academic demands and stresses. Young adults are particularly vulnerable to experiencing mental health difficulties as identified in the University Mental Health Pack, developed by St. Patrick's Hospital Youth Adult Services "Walk in my shoes" initiative;

"For more than 1 in 4 young adults with mental health this phase of life poses even greater challenges" (than others in the life cycle)". Considering the high proportion of Irish adults who will be in higher education when they experience mental health difficulties it is advocated that robust HEI support institutional infrastructures are in place to ensure these students are appropriately supported (HECEF, 2015, HEA, 2015, RCP, 2011).

However, while the struggle with mental health problems may increasingly be the most common problem for young people on college campuses, less than one in four students seek support (Blanco et al., 2008). Most Higher Education Institutions recognise the need to support students' mental health, explaining the increased interest in developing activities to respond to what Stanford University described as a 'silent epidemic' (Stanford University, 2008: 7).

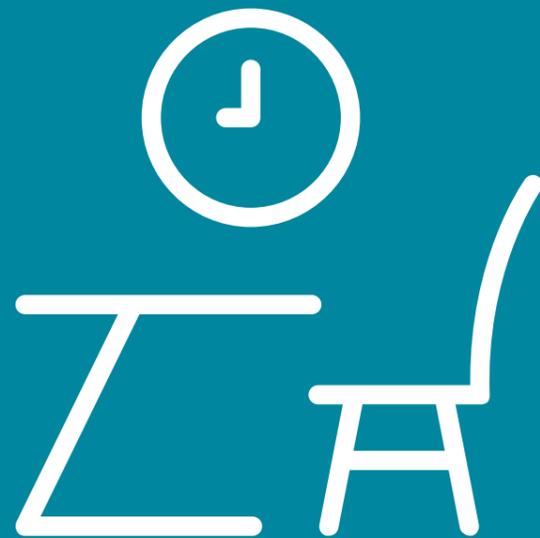
The rationale for carrying out this research is based on ever increasing numbers of students with mental health difficulties who are successfully accessing higher education and are availing of the support services provided in Higher Education Institutions. Students with mental health difficulties are a relatively new target group in higher education and there are anecdotal reports from staff operating on the ground of challenges arising such as a lack of clarity around services, issues around confidentiality, and the ad-hoc provision both within institutions and across the sector.

The aim of this study is to give voice to the experiences of students with mental health difficulties. It also includes the perspectives and experiences of the professionals who support students with mental health difficulties in higher education and in the community. In listening to the experiences of students and professionals the guiding principle is to discover what is working well to support students with mental health difficulties and to ensure that their needs are most appropriately met to facilitate their authentic participation.

This report represents a mainly qualitative research study into the experiences of students with mental health difficulties in higher education in Ireland. It documents the perspectives of professionals supporting students with mental health difficulties in the higher education and community environments.

The report is comprised of five sections. Firstly, pertinent issues in the literature are examined, followed by a methodology section including participant profiles. The central section of the report discusses the key findings from the analysis of data gathering activities which included Focus groups and Semi-structured interviews with students with mental health difficulties and professionals.

1 Literature Review



1.1. Irish context - the growing numbers of students with mental health difficulties in higher education

This chapter sets out to explore the literature and context of students with mental health difficulties in higher education in Ireland and to document the good practices and challenges for learning. This review focuses primarily on national and international literature concerning higher education students and mental health.

In the last decade attitudes in Ireland towards provision for people with mental health difficulties have become more positive following the introduction of recent legislation such as the Equal Status Acts 2000–2008 and the Disability Act (2005). The Disability Act (2005) applies to a wide range of social participation including people with mental health difficulties who attend educational establishments. The acts aim to promote equality, prohibit certain kinds of discrimination across nine grounds; require reasonable accommodation of people with disabilities; and allow a broad range of positive action measures.

Another major contribution is the Mental Health Act (2001) as it relates to the care and treatment of adults and young people with mental health difficulties. The act introduced important changes to Ireland's rules about admission to psychiatric hospitals, the monitoring and regulation of hospitals and the legal rights of patients of all ages. A key recommendation was the establishment of the Mental Health Commission of Ireland (MHCI) who were involved in the development of critical policy documents on suicide prevention – **Reach Out: National Strategy for Action on Suicide Prevention 2005-2014** (HSE, 2005) and the mental health document, **A Vision for Change** (HSE, 2006).

Underlying these policies is the guiding principle of the development of whole population approaches to mental health. To ensure effective implementation of these policies, the Health Service Executive (HSE) acknowledges in their report **Mental Health in Ireland: Awareness and Attitudes** (2007) that:

"...on-going improvement at every level of Irish society is needed in relation to awareness of, and attitudes to, mental health."

While the establishment of the MHCI was welcomed, especially the recognition that the mental health rights of patients require updating, there has been criticism from mental health practitioners about the lack of available data and investigation into the experiences of people with mental health difficulties. In particular, Headstrong, the National Centre for Youth Mental Health raised concerns that the data for **A Vision for Change** was, "largely generated outside Ireland" and as stated in the **A Vision for Change** report:

"We do not know the number of individuals nationally who avail of mental health services, the type of interventions or treatments they receive or the effectiveness of those treatments... we have no information on the number of people with mental health problems in the Irish population."
(HSE, 2006: 53)

Headstrong in conjunction with the University College Dublin School of Psychology aimed to address this gap by fulfilling:

"... an unmet need at a national level in terms of understanding and measuring youth mental health to ensure timely, accessible, and cost effective mental health services for young people."
(Dooley and Fitzgerald, 2012)

The "My World Survey" (MWS) was the outcome. It is the first comprehensive national study of youth mental health (up to the age of 25). In it the higher numbers of young people with mental health difficulties than the "1 in 4" statistic was confirmed. A third

of young people were reported to have experienced mental health difficulties (Dooley and Fitzgerald, 2012).

This insight into the scale of mental health difficulties experienced by young people in Ireland also coincides with an increase in numbers of young people making the transition to third level education, with over 196,000 full-time and part-time students enrolled in HEA funded institutions in 2011/12. At the same time the numbers of mature students, international students, students with a disability and students from lower socio-economic backgrounds have also steadily increased (HEA, 2013).

To gain a complete overview and deeper understanding of the situation of students with disabilities in Ireland, AHEAD gathers annual participation rates from all twenty-eight HEIs. For the 2013/14 national survey twenty-seven institutions in Ireland responded and a total of 9,694 students with disabilities were identified representing 4.7% of the total student population, of which 8,769 are studying undergraduate courses and 925 are studying postgraduate courses. This represents a 7% rise in the total number of students with disabilities from 12/13, when the figure was 9,082. This means that students with disabilities now make up 4.7% of the total student population in the responding institutions, a 0.1% increase from last year's figure of 4.6%. Although the 0.1% increase is not significant, the rise in enrolments means that the number of students with disabilities participating in higher education in Ireland has doubled in the last five years. Of this group 10% represent students with a mental health condition (AHEAD, 2015).

Over the last decade, the Irish Association for University and College counselling service's (IAUCC) annual statistics on numbers of students accessing their services demonstrate a significant increase in numbers of students across the country. While the numbers of students with mental health difficulties accessing their services is rising significantly, the supports available in particular from the counselling services on college campuses have not increased.

As Broderick (2013) reports in his Education Matters article "Addressing the Mental Health needs of Third Level Students":

"The provision of counselling services to meet the growing numbers and diverse needs of students has not kept pace. In fact, several services have seen a reduction in staff in the past 4 years, as vacated positions remain unfilled. Student enrolments have increased by 16% since 2006/7 while the numbers attending counselling have increased by 33%. One institution in particular noted a 41% increase in students seeking counselling in the past 3 years. The result is that services are seriously overstretched and long waiting lists are now common. So while the demand for Counselling has never been greater, the majority of Counselling services can no longer respond in a timely and adequate manner to their distressed students."

Since the IAUCC began collating data in 2006, the numbers of students presenting with mental health concerns have steadily increased. In particular "anxiety disorders have increased from 19% to 32%; depression from 9% to 24%; relationship problems from 11% to 24% and academic-related issues from 19% to 29%." (Broderick, 2013).

1.2. Pathways to higher education for students with mental health difficulties.

The recent National Plan for Equity of Access to Higher Education 2015-19 states that

"Equity for access to higher education is a fundamental principle of Irish Educational policy and is a core national objective for the higher education system." (2016: 6).

The plan clearly identifies the need for broadening the opportunities and pathways for entry to higher education to ensure the participation of under-represented groups, which includes

students with mental health difficulties as a priority goal. It even goes further and welcomes:

"... the setting up of access offices and associated infrastructures as a clear signal of the priority that HEIs attach to equity of access."

The plan identifies the integration of:

"... the principle of equity of access more fully into the everyday life of the HEIs so that it permeates all faculties and departments, and is not marginalized as the responsibility of the designated access office."

(HEA, 2015: 25)

To ensure that this objective is realised, the plan highlights the need for the precise action that each faculty delegates an 'access champion' to support and advise on the implementation of institutional access strategy (HEA, 2015: 25).

The social model of disability would identify many of the roadblocks to entry to higher education within the system itself, its structures, policies and practices rather than the impairment of the individual student.

Transition into higher education is an on-going process, relating to all stages of the student journey and to diverse aspects of the higher education experience. Transition concerns students' rights to education and is influenced by policies and practices relating to admissions, induction, progression through the programme, as well as into employment or further study (Tomaskevski, 2001).

Stanley, Mallon, Bell and Manthorpe (2009, 428) found students with mental health difficulties to be particularly at risk during transition to higher education, as this transitional period appears to:

"deprive students of established sources of support while compelling them to contemplate future demands and pressures."

While the number of students with mental health difficulties who present in HEI support services is increasing, this group of students is at the same time, the most vulnerable to dropping out of college. University College Cork's (Twomey et al, 2010)

"Pathways to Education: Students with disabilities tracking report-2005 intake" reported that students with mental health difficulties had the lowest retention rate across all nine third level institutions participating in their study. The report recommended:

"the need to target students with mental health difficulties, particularly in first year, when the highest withdrawals occur"
(Twomey et. al, 2010:39)

Trinity College Dublin's Disability Support Services study

"Supporting non-traditional students: The Student Journey, a new model of engagement – The move from a transactional service delivery model" presented at the Higher Education Authority Conference in 2013 reported a:

"significant discrepancy between points reduction (through DARE scheme) and engagement with Disability Services"
(Treanor et al, 2013: 5)

The report highlighted that students with significant on-going illness, specific learning difficulties and mental health difficulties were less likely to:

"use support systems provided by the disability service, but are more prone to withdraw, defer their course or go 'off books'"
(Treanor et al, 2013, 5)

There is a requirement within institutions to create pathways to the support services for students who are enrolled within the institution and this is reflected in the Higher Education Funding Council for England (HEFCE) report in the UK (Stone and Archer, 1990). In the higher education environment, student support services provide a wide range of support options to students. In the UK, this can include:

"access to a disability officer, counselling services, learning supports, disability or mental health advisers undertaking a range of support activities, including: pre-admission activity with applicants and more general outreach activities; induction support and awareness raising for new students; triaging of new students; specialist responsive tailored support; crisis prevention and management; and wider well-being activity"
(HEFCE, 2015: 3)

In Ireland, student support services provide a similar range of services, to varying levels depending on individual institution's resources. All HEIs in Ireland provide students with access to a range of support services including counselling and Disability Support Services. Students are required to register with the Counselling or Disability Support Services (DSS) in order to access supports and receive reasonable accommodations. Tailored supports for students with mental health difficulties are based on an assessment of their needs. It is recognised that access to appropriate and effective supports for students with disabilities are essential in the higher education environment (AHEAD, 2008). Farrell and Shevlin's (2013: 8-9) research addressing the needs of students with persistent mental health problems in higher education found that some students were:

"unaware those mental health problems were considered a disability and that they were eligible for disability support within the university"

In order to access supports through the Disability Support Services, students must provide evidence of their disability (e.g. psychiatric report). Collaboration between student support services, especially counselling services and academic support, is particularly important for students with mental health difficulties as learning and well-being are so closely linked (HEFCE, 2015; Wallace, 2013; Topham, and Moller 2011). At the same time it is recognised that it is necessary to set appropriate limits and priorities as support service individuals cannot be “all things to all people” (Stone and Archer, 1990: 580). Structured support services both on and off campus and agreed multi-agency cooperation as advocated in “**A Vision for Change**” (HSE, 2006) is internationally recommended to facilitate better educational outcomes for students in transition and retention in college (Waxman et al, 1999; WHO, 2008).

1.3. Support for students with mental health difficulties

All Higher Education Institutions aim to provide a supportive environment that will help all students, including those with mental health difficulties, to realise their academic potential. Counselling services can play a vital part in promoting mental well-being for the entire student community. Increasing numbers of students with a mental health diagnosis are attending college. These students may or may not need to access the college counselling service as they may be well supported with medication and/or mental health services offered to them privately or through the HSE.

The counselling service, whilst it plays an important role in advising and offering the institution containment regarding students with severe mental health difficulties, its function is not to take sole responsibility for these students, nor to provide long term intervention more appropriately offered by external mental health services. The counselling service may regularly liaise with other internal service providers such as Disability, Health and Academic departments.

According to a recent HEFCE report, clarity in terms of how to access appropriate supports for students with mental health, both on and off campus, is crucial to understanding organisational and individual roles, especially during transition times (HECEF, 2015).

Clarity about the roles of professionals in supporting students with mental health difficulties can be uncertain. For example, ‘**A Mental Health Strategy for the Students of NUI, Galway**’ (2012) recognises that:

“providing support for students with difficulties, providing the appropriate level of support and achieving clarity about who is responsible at each level, is a challenge in a University environment ...where students may have different needs met by different services/departments and access support through different contact points e.g. Tutors, Academic Staff (lecturers and administrative staff) Student Mentors, Chaplaincy, Student Health Unit, Student Counselling, Disability Service, Health Promotion Service, Students Union, friends etc.”

(NUIG, 2012: 8)

In particular, the strategy highlights the challenges and the importance of developing protocols between the range of services including counselling, Student Health Unit psychiatric services and local mental health services, Chaplaincy, Disability Support Services, in responding to students who are experiencing problems (NUIG, 2012, 8).

1.4. A Whole College Approach

A number of reports including The HEFCE Report (2015) together with the Royal College of Psychiatrists' most recent guides for mental health professionals (RCP, 2011: 50) and the UK Mental Well-Being in Higher Education (MWBHE) all recognise the dangers inherent in the system where departments operate as individual silos rather than as a whole system. They advise that services move away from a silo approach to establishing a whole and systematic institutional approach. The RCP (2011: 93) states:

“A comprehensive whole-system approach that can map and understand interrelationships, interactions and synergies within higher education settings, with regard to different groups of the population, different components of the system and different health issues.”

This kind of approach offers the:

“potential to address health in a coherent and coordinated way and to forge connections to both health related and academic targets within higher education.”

Recently University College Dublin published a policy document to promote mental well-being across the campus which is based on a clear understanding that:

“Mental health and well-being is crucial to students' academic performance, capacity to learn, and ability to engage fully with the wider experience of higher education. It is therefore a vital concern of the UCD community.”

(UCD Registry, 2016:1)

While many institutions espouse a whole college approach, in reality it can be difficult to achieve as recently stated by Mary O'Grady, UCC's Head of Disability Services who critiqued this statement, highlighting the presence of:

“Great services but our message is lost as we are disjointed/ fragmented across college-operating in silos”

(O'Grady, 2015).

Within the Irish HEI system, there is an acute awareness that the provision of supports:

“operates in an environment where there is sharp competition for resources”

(NUIG, 2012).

Given the extent of differences in size and scale of support services this will have an inherent impact on collaborative opportunities available on campus and in outreach with external agencies.

1.5 Gaining Access to supports and reasonable accommodations

There is a clear legal framework in place in Ireland for the provision of reasonable accommodations for students with mental health difficulties in higher education. Legislation under the Equality Act (2004), Equal Status Act (2000) and Disability Act (2005) protects students against discrimination and places important obligations on higher education providers in accommodating the needs of students with disabilities, including those with mental health difficulties (Equality Act, (2004); Equal Status Act (2000)).

UN Convention on the Rights of Persons with Disabilities, Article 24.5, states that:

“States Parties shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. To this end, States Parties shall ensure that reasonable accommodation is provided to persons with disabilities”.

The role of the Disability Support Services (DSS) is to support the student in making their funding application, to formulate a learning agreement that is distributed to the students’ relevant academic staff and to advise on inclusive teaching practices. Depending on individual cases, this may require liaison between the counselling service and learning support services.

Supports for students with mental health difficulties are supplemented through the European Social Fund (ESF) for Students with Disabilities. The fund is allocated to further and Higher Education Institutions to ensure that:

“students can participate fully in their academic programmes and are not disadvantaged by reason of a disability”
(StudentFinance.ie).

Following an assessment of needs, either pre-entry or in the college, a claim under the fund is made on behalf of an eligible student where support requirements cannot be met within mainstream teaching and learning provision. The fund is administered by the National Office for Equity of Access to Higher Education, on behalf of the Department of Education and Skills. The Higher Education Authority Fund for Students with Disabilities: Guidelines for Higher Education Institutions for academic year 2014-15 state that reasonable accommodations:

“can be made within existing academic/teaching & learning practice, at little or no cost, that can provide a solution to a learning need for a student with a disability. Examples could include: teachers using a range of teaching pedagogy that is inclusive including multi-media; making session notes available online in advance of classes, or facilitating the recording of classes”

(HEA, 2015: 3).

In order to access resources and reasonable accommodations students must disclose their condition and furthermore have a clinical diagnosis generated by a psychiatrist on entry into higher education or if they receive their diagnosis subsequently then they must present at the Disability Office (Equality Act, (2008); Disability Act (2005)).

1.6. Disclosing mental health difficulties in higher education

Disclosure of a mental health difficulty is a critical factor in accessing supports. The nature of the individual student’s mental health difficulties and whether the student arrives to college with a predetermined diagnosis or where mental health difficulties emerge while at college are critical factors influencing students’ ability to disclose their difficulties and their routes to seeking support. The issue of feeling able to confide in someone is also due to individual circumstances related to acceptance of the mental

health difficulty and level of stigma experienced (Goffman 1963, Eisenberg et al, 2007, See Change, 2013). Stigma associated with seeking help from support services, for example from counselling services, is frequently raised as a barrier to access (Stanley and Manthorpe, 2001; Martin and Oswin, 2010; Fuller et al, 2004; Farrell, 2015).

Stigma related to disclosing mental health difficulties can compound the difficulty, leading a young person to fail to disclose their difficulties and consequently not seek professional support whilst at college (Demery et al, 2012; Martin and Oswin, 2010; Quinn et al, 2009).

Hunt and Eisenberg (2010) in their study with students with mental health difficulties also found that a lack of information on support services available prevented students seeking help. Fear of stigma and discrimination may significantly impede someone from identifying themselves as having a disability (Markoulakis and Kirsh 2013; Quinn, et al, 2009; Fuller et al, 2004). When students are clear about who will have access to their mental health information and know about the expected outcomes, reticence to disclose is reduced (ECU, 2014a). Internationally it is reported that high numbers of higher education students do not seek professional support for their mental health difficulties (HEFCE, 2015; ECU, 2014a).

In Ireland, the My World Survey (Dooley and Fitzgerald, 2012) highlighted that young people with depression were the least likely group to disclose their mental health difficulties and seek support. In the higher education context, a recent evaluation of Maynooth University and National Learning Network collaborative programme Student Central echoed this finding (Gormley and McManus, 2013). It estimated that up to 70% of people with mental illness choose to hide their condition (Mac Gabhann and Stevenson, 2010). In the context of a student mental health and well-being policy, this fear of disclosure emphasises the **“need for mental health promotion across the campus as a whole”** (Gormley and McManus, 2013: 46).

Students themselves have also been shown to play a key role in facilitating disclosure by informally supporting each other in discussing their difficulties, often in peer-mentoring programmes (Rosenthal and Okie, 2005).

The influential Higher Education Funding Council for England (HEFCE, 2015) report **“Understanding provision for students with mental health problems and intensive support needs”** outlines useful measures that institutions can engage in to address supporting student’s disclosure. For example the UK awareness raising initiatives, including the University Mental Health Advisers’ recent **‘I chose to disclose’** campaign (2015) and initiatives linked to the **‘Time to Change’** anti-stigma campaign.

The **‘Please Talk’** campaign is Ireland’s student led mental health initiative, supported by the HSE through the National Office of Suicide Prevention, and is part of the National Mental Health Strategy. Please Talk was first launched in January 2007 in UCD as a:

“response to the deaths of a number of students by suicide in the student populace”

Since it began, Please Talk has grown to reach 27 colleges throughout Ireland and is proving to be effective in combatting the stigma associated with mental health difficulties. Please Talk’s principal aim is to encourage students to open up about their mental health difficulties and it has developed a “How to talk guide” to support students disclosing their mental health difficulties in college. This is available on their website www.pleasetalk.ie.

A key finding from the “My World Survey” (Dooley and Fitzgerald 2012) was the vital role of “One Good Adult” in safeguarding young peoples’ mental health, in particular during transition times. Without this support during the transition to the higher education environment, students are vulnerable to:

“higher levels of distress, anti-social behaviour and risk of suicidal behaviour”.

The issue of the students’ ability to confide in someone and discuss his/her mental health difficulties correlates with this finding. The MWS found that over a fifth of young adults had engaged in self-harm and 7% reported suicide attempts. Significantly, the number increased among young people who did not seek help or talk about their problems. Fundamental to counselling is offering students in distress a safe place to discuss their difficulties in a one-to-one meeting. For some students this may be their primary outlet to meet with “one good adult”. Given the reported overstretched resources, the needs of students with mental health difficulties may not be met, which could have negative impacts.

1.7 Whole campus responsibility for students with mental health difficulties

Whole campus awareness of individuals and services roles and responsibilities in supporting students with mental health difficulties is raised as a concern (HECEF, 2015). In particular one of the challenges identified for Disability Support Services is:

“how to balance the need to serve as a clearinghouse to ensure students are being provided access and accommodations, while encouraging the rest of the campus community to take ownership for inclusion of students with disabilities”

(Myers et al, 2014: 8).

Access to the most appropriate academic support is proven to alleviate stress and anxiety for students with mental health difficulties (HECFE, 2015). However the results from HEFCE (2015) report and the Royal College of Psychiatrists (2011) demonstrate that the presence and level of support varies across institutions.

Recently there has been a shift towards working with students individually across services to structure academic plans for each learner (Haverkos, 2011). Individual support is advised within the context of a holistic team approach:

“The blanket approach of working with students to provide standard accommodations does not meet the individual needs of each student. A team approach including faculty, staff, academic advisors, student health and counselling and disability services to develop an individual, holistically focused plan for each student would be ideal”

(Myers et al, 2014: 7).

1.8 Supporting collaborative multi-agency working practices to support students with mental health difficulties

Currently, in the UK as in Ireland, multi-agency cooperation is not directly funded or embedded within policy. The HEFCE report (2015) discovers that professionals must rely on:

“pragmatic or ad-hoc individual relationships (often at operational rather than management level), which are at the mercy of staff changes on both sides”

(HEFCE, 2015: 5).

It is recognised that a joined up strategy between higher education and health service authorities is essential in supporting students with mental health difficulties in higher education (HECFE, 2015, RCP, 2011). In Ireland mental health services have been criticised for not being organised to support a model of continuing integrated care through adolescence into young adulthood (Power et al, 2015).

There are examples of strong national, inter-institutional outreach initiatives, such as South West Regional Alliance (SWRA), involving University College Cork, Cork Institute of Technology, Limerick

Institute of Technology, Tralee Institute of Technology, Mary Immaculate College, Athlone Institute of Technology and NUI Galway. The SWRA is an example of a successful HEA funded Alliance outreach initiative.

The purpose of the Alliance is:

“to stimulate collaborative, inter-institutional working, and to foster the transition towards a regional cluster for the promotion of equity of access to higher education”

(Hoey, 2012).

This Alliance is no longer funded therefore many of the outreach activities and collaborative meeting practices are no longer affordable. For collaborative working initiatives like SWRA and other national outreach activities to effectively cooperate in students with mental health transitions, it is recognised that financial commitment from Higher Education Institutions and relevant external agencies is imperative (HECEF, 2015 RCP, 2011).

1.9 Specialised supports for students with mental health difficulties in higher education

All Higher Education Institutions offer a range of support services, including student counselling services and access and Disability Support Services. According to the Trinity College Dublin website, the university offers

“free, confidential and non-judgemental support to registered students of Trinity College and Marino Institute of Education who are experiencing personal and/or academic concerns. Our team of qualified counsellors, learning strategists and support staff are committed to promoting and protecting well-being and success throughout a diverse student body.”

This quote is representative of student counselling services across all institutions. The counselling services offers a professional service to all students who may experience a variety

of personal and academic difficulties and work with the student to develop strategies to deal with the situation. Most students attend counselling services by self-referral and are guaranteed a confidential service that is tailored to their needs. Where necessary, students, with their permission, are referred to other more tailored provision as part of a continuum of services within an institution.

In recent years a small number of specialist initiatives have been developed in response to addressing the needs of the ever increasing number of students presenting with identified mental health conditions.

Athlone Institute of Technology Student Counselling Service, in collaboration with the HSE, for example, provides a ‘Decider Skills’ programme for people with mental health problems. Informed by cognitive behaviour therapies, the aim of the programme is to develop informed, healthy and effective coping and change skills using the 4 core skill sets of Distress Tolerance, Mindfulness, Emotion, Regulation and Interpersonal Effectiveness.

<http://www.thedecider.org.uk/about.html>

The availability of specialised supports for students with mental health difficulties and assurance of continuity of support during times of transition is critical to mental health well-being (HECFE, 2015, HEA 2015). In Ireland, mental health support services during transition have been criticised for not being organised to support a model of continuing integrated support through adolescence into young adulthood (Power et al, 2015). In the UK, Singh et al (2008) found that transitions from Child & Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS) are a significant health issue for service users and service providers.

Continuity of support can be an issue for young people who ‘graduate’ from CAMHS but are not accepted by adult services. This is also an issue in the Irish health service. Many students can only see a psychiatrist once every six months. It can be difficult

to access supports outside of this, unless the student can afford private support. It is important that institutions are cognisant of their responsibility to students and the boundaries of this responsibility. In 2003 the Royal College of Psychiatrists suggested

"that those with mental health problems needed higher support in order to achieve their potential"

(RCP, 2003).

The University Mental Health Advisors Network (UMHAN) was formed in 2001 in the UK with just 5 members and now has 95 who work towards ensuring continuity of support. The 58 respondents to the 2003 MWBHE survey (Grant, 2006) reported that 53% of the institutions surveyed employed a mental health advisor. By 2008, around 80% of responding institutions had at least one advisor. The growing number is a sign of confidence that the role is working to meet both staff and student needs (Grant, 2011). Some UK institutions are adopting a different approach to mental health provision by bringing a range of health-related provision together to create 'health and well-being teams'. Specialist advice is available through disability counselling services or their health centre (RCP, 2011: 45). Above all, there is recognition that specialized support for students with mental health difficulties that meet individual academic and well-being needs is required (RPC, 2011).

In Ireland, the role of "mental health adviser" is currently not formally recognised or nationally implemented. Instead there is evidence of some institutions (e.g. NUIG, Athlone IT) providing a liaison officer (funded by surplus monies from the individual institutions) to facilitate communication between on campus and external agencies on behalf of the student. The need for specialised support and strengthening collaboration with academic faculties has been recently recognised by the HEA's recent plan 2015-2019 with a commitment to delegate "access champions" in all HEIs (HEA, 2015).

Access to specialised individual one-to one tailored support services for students with mental health difficulties

There are a small number of initiatives providing specialised services in the HEI sector to support students specifically with mental health difficulties. This section presents two examples; Unilink and the National Learning Network's Specialist Support Services in Higher Education.

Unilink

Unilink was established in Trinity College Dublin in 2004 by Dr Clodagh Nolan, a lecturer in the Discipline of Occupational Therapy (OT) to provide an accessible student centred service. This means that the sessions are guided by what the student needs and wants to do. Unilink is available to students who are registered with the Disability Support Service who may be experiencing difficulties associated with any of the following: mental health difficulties, Asperger's Syndrome, Attention Deficit/Hyperactivity Disorder and/or physical and sensory difficulties.

Unilink is staffed by qualified and experienced Occupational Therapists (OTs). Occupational Therapy is a client centered health profession concerned with promoting health and well-being by enabling people to participate in the activities of everyday life or "occupations". Individual meetings with an OT focus on developing a healthy balanced routine as a student, organisational and planning skills, goal setting, managing the academic demands of the course, relaxation skills, communication skills and leisure opportunities. The Unilink Occupational Therapist works closely with each student's assigned Learning Support Officer and Assistive Technology Officer.

Unilink developed a student self-management programme to facilitate students to monitor their goals and track their progress. To ensure a holistic provision to meet students' individual needs Unilink OTs also refer to other appropriate services both on and off campus e.g. Disability Officer, College Health Service, and other

services inside and outside of college. Students can be referred to the Unilink service directly via the Disability Support Services or through the Health Service who will refer them to the Disability Service first.

Since Unilink was set up, there has been a steady increase in the number of students accessing the service from 30 students in 2004, to over 300 students today (Unilink website, 2016). The approach used by Unilink is rooted in the Recovery Model, as espoused by A Vision for Change (2006), the Person-Environment-Occupation Model (Law Cooper, Strong, Stewart, Rigby and Letts, 1996) and the social model of disability (Terzi, 2004; Swain and French, 2000; Barnes and Mercer, 2010).

In response to student needs, Unilink has developed a number of approaches including occupation focused assessment using the Trinity Student Profile (Nolan et al, 2013), and other OT assessment tools; Individual Collaborative Meetings focusing upon occupational performance (physical, sensory, cognitive) in the areas of leisure, student role and activities of daily living with the person and among others. There is also an Individual Unilink Self-Management Programme and tailored reasonable accommodations (Nolan et al, 2013).

In line with the shared service approach advocated by the National Strategy for Higher Education 2030, the Unilink service developed a shared service model with other Higher Education Institutes (HEIs) across the Dublin region and now provides a Unilink service to Dublin Institute of Technology (DIT), University College Dublin (UCD) and Marino Institute of Education (on an off campus basis - students come to the TCD service), with the central hub being within Trinity College Dublin

The HEA, Association of Higher Education Access and Disability (AHEAD), the Mental Health Commission and the Oireachtas Committee on Mental Health have acknowledged Unilink as a model of good practice in supporting students in college.

National Learning Network's Specialist Support Services in Education

National Learning Network (NLN) has pioneered a model of education support service using a bio-psycho-social approach that focuses on understanding how physical disability, specific learning difficulties, mental ill-health and other health conditions impact upon the social engagement, well-being and academic performance of students in third level education. The NLN service is grounded in a social model of disability and uses a strengths-based and person-centred approach.

An NLN psychologist carries out:

“a holistic needs assessment in the initial meeting with students in order to obtain a comprehensive overview of the student's needs.”

(McCarthy, Deegan and Bryne, 33: 2015).

Depending on the severity of students' psychosocial difficulties, different levels of intensity of interventions are offered.

Each is:

“tailored to meet the student's needs, which support achievement of academic potential, improvement of well-being and development of connectedness with their peers.”

(McCarthy, Deegan and Bryne, 33: 2015).

Students who are experiencing pervasive or complex and high needs are referred to other internal or external services as appropriate (McCarthy, Deegan and Bryne, 2015).

Academic supports offered include creative cognition, literacy and numeracy support, time management, goal-setting, concentration and attention, creative problem-solving, organisational skills, memory techniques, motivation, learning styles, exam preparation, academic writing, note-taking and note-making, presentation skills and active reading.

Well-being supports include psycho-education, healthy lifestyle, relaxation exercises and stress management. In addition, low-intensity psychological interventions drawn from a number of psychological approaches with a strong evidence base are used. In order to provide students with a set of functional and beneficial coping strategies, key concepts from the Wellness Recovery Action Planning approach are used, namely the 'Wellness toolbox' (WRAP; Copeland, 2002). For students whose emotional difficulties are rooted in negative thinking patterns, some of the principles of Cognitive Behaviour Therapy (Beck, 1967) are used to address the thought processes and assumptions that underlie their difficulties. Managing, regulating and coping with emotions are also targeted, using skills such as distress tolerance and mindfulness, drawn from Dialectical Behaviour Therapy (DBT; Linehan, 1987).

Social skills supports include self-advocacy, managing disclosure and Autism Spectrum Disorder (ASD) supports. Some students require support in discussing their needs with staff. They are however encouraged to take an active role in planning their learning journey in college and becoming independent learners. The service also supports academic, administrative and support staff on best practice and protocols for students, e.g. in reasonable accommodations in examinations, assessment and learning. The service provides disability awareness training, illustrating the types, incidence and challenges associated with various disabilities, offering practical advice on how to support students and expert advice on related topics e.g. Universal Design in education. Seminars are run as online, closed or open lunch time Continuing Professional Development (CPD) events.

In **IT Blanchardstown**, NLN has been providing assessment, intervention and support for individuals with Specific Learning Difficulties (SPLDs) such as Dyslexia and Dyspraxia, mental health difficulties, Attention Deficit (Hyperactivity) Disorder (ADHD) and Autism Spectrum Disorders (ASD) since 2003. NLN psychologists help students to learn new skills such as good timekeeping, organisational skills and motivation to enable them to fulfil their

potential. The service is presented as a learning support service, is available free to any student, with and without a formal diagnosis, and is accordingly viewed as a mainstream support for all students rather than a service for students with disabilities (McCarthy et al, 2014).

NLN and the Maynooth Access Programme (MAP) have been working in close collaboration to provide an innovative service, called '**Student Central**' to students on the Maynooth University campus. The service has been available to students registered with the Disability Office with a formal diagnosis under Mental Health, ADHD or ASD since 2012. Students work collaboratively with a psychologist to develop practical self-management skills and strategies that assist them in completing academic work, self-managing wellness and developing key social skills. The service is currently undergoing an independent evaluation which is being conducted by the Department of Education at Edgehill University in Lancashire, UK. The results of this evaluation are expected in September 2016.

In 2014 NLN opened its Student Learning Support Service (SLSS) with the **National College of Art and Design (NCAD)**. SLSS offers a full-time, learning, assessment and specialist support service for students with SPLDs, as well as increasing numbers of students who present with mental health, ongoing medical conditions and physical mobility /sensory disabilities. SLSS provides general support to the wider student body via an integrated research and practice model of service delivery. By working closely with the Access department, counselling, academic, assistive technology and administrative staff, SLSS provides inclusive education services to benefit a diverse student population. The multi-modal, one-stop-shop approach supports the holistic needs of every student, in keeping with best practice and with NCAD's policy of providing an inclusive and supportive learning environment.

In 2015 NLN opened an Occupational Therapist led service for **NUI Galway**, focused mainly on students with high functioning autism. In 2015/16, students were referred to the OT service offering

supports ranging from individual one-to-one mentoring to small group workshops and a Peer Support Group. Close liaison with the Disability Support Service, Student Union, academic and other support staff contributed to the success of the service.

The team running the Specialist Support Services has been to the forefront in developing evidence based services. Key to this has been the use of digital tools, including **DO IT Profiler** which allows NLN to capture individual students' needs and strengths and offers a means for transparently measuring their progression. It is also a means of supporting students at a very critical stage of their third level education i.e. the first 6 weeks of the first semester. The tool provides immediate feedback for the students in relation to how best to access appropriate supports. In aggregate, this data can be analysed to refine service provision and inform the college's future planning.

NLN is now testing its own database application, to aid HEA reporting and provide more granular data to further enhance the service's performance. Each educational service is tailored to goals prioritised on each campus and dovetails with existing support services.

Access to part-time study options for students with mental health difficulties

Currently in Ireland, the emphasis in higher education policy and practice remains on full-time provision and support and this is focused primarily on the school leaver cohort (Department of Education and Skills, 2011: 46). However the HEA in their National Plan for Equity of Access to HEIs is reviewing options for funding access to part-time education.

Currently just 6% of all students (full-time and part-time) on Level 8 courses in HEA institutions participate on a part-time basis. There is a much higher proportion (34%) of students undertaking part-time undergraduate courses in eighteen other (non-HEA), publicly-funded institutions and private colleges.

However, available data also indicates that the 4,100 part-time students in those eighteen institutions are a minority (9.5%) of all 43,485 part-time undergraduate and postgraduate students (HEA and other colleges). Almost 17% of all undergraduates in publicly funded Higher Education Institutions in 2011-2012 were participating on a part-time basis. Currently, the fund for students with disabilities is not extended to students opting for part-time courses. (Part time and Flexible Higher Education in Ireland, HEA, 2013, pg11).

Therefore, there is a significant gap between the participation of students with disabilities on part-time courses compared with full-time courses. Students with disabilities are five times more likely to study on full-time courses than part-time and this highlights the considerable barriers these students meet. The principal barrier is an absence of additional funding for supports through the Fund for Students with Disabilities in higher education (AHEAD HEA Consultation Proposal, 2015: 4).

For students with mental health difficulties, the benefits of a more flexible, part-time higher education curriculum is advocated internationally (HEFCE, 2015). Rehab Group/National Learning Network submission to the Higher Education Authority in 2014 **"Towards the development of a new National Plan for Equity of Access to Higher Education"** called for:

"greater flexibility in higher education, including an emphasis on completion of courses at the person's own pace"

(Rehab Group, 2014).

Peer Support Models

Peer support is widely recognised as one of the most cherished forms of support for young people with mental health difficulties (RCP, 2011; Dooley and Fitzgerald, 2012; HSE, 2012). It also features as a goal in the HEA Plan for Equity of Access to HEI, as one of their objectives is to:

“extend the use of student role models beyond the pre-entry stage”

(HEA, 2015: 26).

The HEA Plan (2015-2019) commits to reviewing existing post entry peer mentoring programmes to identify a:

“model of how best to use mentors and student role models”

(HEA, 2015: 26).

Peer mentoring is founded on principles of respect, shared responsibility and mutual agreement in giving and receiving help. Through the shared experience, for example, of mental health, it is about understanding another’s situation empathetically (Mead, Hilton and Curtis, 2001). Peer mentoring in the context of third level education offers positive opportunities for students to gain immediate friendships to access ‘insider’ knowledge of life as a student and to ease anxieties surrounding transition to third level.

Students at risk of dropping out of college who have sought peer support have been demonstrated to reconsider following advice from their peers (McKavanagh, Connor and West, 1996). Research also demonstrates that the use of peer support programmes increases students’ persistence with study (Clulow and Brennan, 1996), improves grades (Rodger and Tremblay, 2003) and increases their overall engagement, satisfaction and retention (Krause, 2005; Krause, 2007).

Establishing peer mentor programmes on campuses to support students has become an increasingly popular means to support students with their mental health needs (HECFE, 2015 USI, 2014).

ReachOut.com is Ireland’s national online youth mental health service. Originally the Inspire Foundation, ReachOut.com was developed in Australia in 1996 as the Inspire Foundation recognised the importance of connecting people through technology. The focus is on people aged 12 to 25 years. ReachOut.com Ireland was launched in 2009 after feasibility studies by

McKinsey and Company established a need for the service. The heart of ReachOut.com is young people sharing their mental health experiences.

Evaluating its services, feedback from groups of young people demonstrated a preference for non-text based information prompting ReachOut.com to increase its video/animated content (Murphy et al, 2013). ReachOut.com is structured to provide both mental health and help-seeking information. Emphasis is placed on peer support and the principle that “every one of us knows someone who is going through a tough time” (ReachOut.com). A variety of peer support programmes is available through community health services (e.g. St. Patrick’s Mental Health Services’ Young Adult Programme (YAP)) and in Higher Education Institutions in Ireland. Some HEI examples include those targeted for students with disabilities and particularly mental health such as Trinity College’s Ambassador Programme, UCC’s Uplift to Positive Mental Health Programme and more general peer programmes such as AIT’s Peer Assisted Student Support (PASS). Individual universities and colleges through the Students Union also offer access to peer support programmes.

2 Methodology



2.1. Methodology

The first stage of the research was the development of a national survey of HEIs followed by qualitative activities including individual one-to-one, semi-structured interviews and Focus groups with both students with mental health difficulties and the professionals who support them. All 28 Republic of Ireland HEIs were invited to participate in the study and 22 participated. Engagement with participants was facilitated through AHEAD's network and the steering group committee.

The following core research questions underpin the choice of predominantly qualitative methodology.

1. What are the support experiences of students with mental health difficulties in higher education?
2. How are students with mental health difficulties supported in higher education?
3. How could students with mental health difficulties be better supported in higher education?

Ethical considerations

In advance of taking part in research activities, the nature of the study and voluntary participation was explained in writing (and verbally in the case of Focus groups and interviews) to all participants. Consent forms were prepared and distributed in person and/or by email. Prior to commencing each Focus group and interview, participants were assured that pseudonyms would be adopted to preserve participant anonymity. Consent to having the qualitative research activity digitally recorded as a memory aide was agreed prior to each activity. Additionally, participants were advised that should they wish to opt out of the process at any time during or after the research activity their wish would be fully respected. All research requires full anonymity and confidentiality to human participants in any research project (Martin 2007; Israel and Hay 2006). In order to assure anonymity and confidentiality of participants, each participant was assigned a pseudonym (McCann and Clark 2003c). The consent forms are available in Appendix A.

2.2. Preliminary survey data collection

A 21 question survey was developed and utilised to address the kinds of supports available to students with mental health difficulties in Higher Education Institutions (HEIs) in Ireland. Conducting a preliminary short survey in advance of a qualitative inquiry is a recognised strategy in education and health research (Punch, 1998; Sliverman, 2001). To answer preliminary broad questions, a survey was designed in collaboration with the Research Steering Group Committee. This involved several in-depth meetings and revisions of extensive thematic questions to distil the questions to the final 21. The purpose of the survey is to find out about practices of general support services in each HEI and to compare levels of provision and availability of resources across different campuses. In order to reach a wide geographical group and to facilitate data analysis the survey was hosted on the online facility SurveyMonkey Inc. <http://www.surveymonkey.com>.

2.3 Quantitative data collection methods

Staff from all 28 Irish Higher Education Institutes' (HEIs) were invited to participate in a survey about the supports available for students with mental health difficulties (Invite to Participate Letter available in Appendix B). Comprised of 21 questions, the survey addressed the provision of supports for students with mental health difficulties in the higher education institute environment from all college services; e.g. the Disability Support services, counselling services and learning support (Survey available in Appendix C). In total 22 of the 28 HEIs participated in the research.

While the survey was designed to gather quantitative data responses, space was given for participants to include additional qualitative material to share their professional insights, suggestions and recommendations. It also provided the opportunity to raise awareness about the study and through the additional space provided within the survey for participants to elaborate upon Yes/No responses and sound out existing good

practices. Furthermore, the survey facilitated further developing relationships with HEIs to engage in the more in-depth qualitative inquiry, as several participants linked in with the research team to discuss the survey and enquire about the study.

The initial survey questions collected quantitative data related to the numbers of students with mental health difficulties accessing services. Key topics covered in the survey include questions related to the provision of on campus support services and external links in the community and whether a dedicated service for students with mental health difficulties is available on campus.

2.4 Qualitative data collection methods

Given the scarcity of research into the experiences of students with mental health difficulties in higher education and the experiences of the professionals who support them, a qualitative approach was considered the most suitable method as it allows the researcher to explore “detailed accounts of problematic experiences (presenting) context, emotion and the webs of social relationship that join persons to one another” (Denzin 1989a: 83). Qualitative methods are widely advocated for investigative inquiry into issues and topics that have not received considerable attention and to promote participatory research (Denzin and Lincoln, 2003; Barnes 2003; Oliver 1993, 1994; Stone, 1996; Shakespeare 1996). This is reflective of the situation of students with disabilities in higher education particularly those with mental health difficulties as mental health encompasses a highly complex range of difficulties.

A purposive sampling strategy was selected as it **“allows us to choose a case because it illustrates some feature or process in which we are interested.”** (Silverman 2001: 104). It facilitates as Patton (2007) recognises, the selection of “information rich” cases that manifest the phenomenon intensely. They are considered “information rich” as **“a great deal about issues of central importance to the purpose of inquiry”** can be learnt (Patton, 2007:1).

Selection of students

Two methods of identifying students for this study were adopted. Firstly, for the student Focus group, the project team circulated an invite to participate via Disability Support Services in all HEIs and the Irish Association of University and College Counsellors (IAUCC) who distributed invites to college counselling services nationwide. For the Semi-structured interviews, participants were selected and approached in consultation with professionals supporting these young people.

Higher education students from a range of institutions, college courses and age groups took part in semi-structured interviews and a lengthy Focus group. Table A presenting research participants is located in Appendix E.

Selection of professionals

HEI Disability Support Services (DSS) were invited to participate in our online survey and share with other relevant colleagues on campus (e.g. counselling service). In this survey the final question asked participants to contact AHEAD should they wish to participate in subsequent Focus groups or interviews at a later stage. 16 respondents out of 22 confirmed their interest in participating in the qualitative stage of the research. Subsequently, the research team also directly invited all DSS and counsellors via the IAUCC to participate. In total, 8 professionals participated in the Focus group. In addition, a further 5 professionals (including community mental health professionals) participated in detailed Semi-structured interviews.

2.5. Focus group methodology

Focus groups allow for researchers to bring together a range of individuals who have similar concerns with particular focus on area of research to **“encourage a range of responses which provide a greater understanding of the attitudes, behaviour, opinions or perceptions of participants on the research issues”**

(Hennink 2007: 6). Madriz's (2000: 836) view of Focus groups as **“a collectivistic rather than an individualistic method that focuses on the multivocality of participants' attitudes, experiences, and beliefs”** allowing researchers to **“create data from multiple voices”** matched this study's goal.

It is contended that Focus groups are a particularly useful means to engage with people with mental health difficulties who may be reticent to participate in face-to-face interviews (Shulze and Angermeyer, 2003). The Focus group can potentially offer **“peer support and reassurance”** in discussing sensitive topics. Given the goal of this study to empower students to share their personal experiences of mental health difficulties and illness this methodology was considered the most valuable primary strategy.

Focus groups

Two Focus groups were coordinated by AHEAD. The first Focus group involved students with mental health difficulties and the second was with professionals who support students with mental health difficulties in Higher Education Institutions. For each Focus group activity, the guidelines for Focus groups as described in the Mental Health Commission Report (Dunne, 2006) were followed.

In advance of each Focus group, in conjunction with the literature review and cooperation with Steering Group, a topic guide which informed the agenda for discussions at the Focus groups was developed (Appendix D: Topic Guides).

Both Focus group sessions took place in the same non-clinical, non-education central Dublin city location. During initial contact with students through invites to participate, they were given clear guidance on time, venue and offered travel compensation. Each Focus group meeting location was scheduled for 2 hours with time allocated for tea and coffee breaks at the start and during and after the session. All participants were advised that should they wish to go beyond this allocated time this could be facilitated. In each Focus group the meeting exceeded the set 2 hours by approximately 25 minutes.

At the outset of each Focus group the Principal Investigator discussed the nature and motivation for the study and addressed ethical considerations. All participants were reminded that their anonymity would be protected by providing pseudonyms in the final report.

The student Focus group was moderated by the study's Principal Investigator and assisted by two AHEAD staff. One staff member co-moderated while the second staff member provided expert sign language interpreting. An external professional facilitator moderated the Focus group with professionals, with minimal assistance from the Principal Investigator. AHEAD's Executive Director and the Principal Investigator closely cooperated with him in advance to share background information and give direction on the pertinent research and practice issues. AHEAD's Executive Director attended this Focus group briefly discussing the background to the study and AHEAD's work in supporting students with disabilities in higher education.

Once the preliminary moderator introductions and presentations were completed, participants were invited to introduce themselves and explain their motivation for attending. In total 12 students with mental difficulties participated and 8 professionals in separate Focus groups.

Students were invited to share their current educational situation. Professionals were invited to share their professional role in relation to supporting students with mental health difficulties.

Following the end of each session, student participants expressed an interest in being involved in subsequent sessions which would also include professionals. At the end of the Focus group with the professionals there was also a shared expression of interest in organising a larger group meeting to include other professionals supporting students with mental health difficulties in the community and the students themselves.

2.6. Semi-structured interview

Bingham and Moore (1959: 4) describe interviews as a "conversation with a purpose". The aim of qualitative interviews is to listen to participants' own words which "**relate to feelings, processes, actions and meanings**" (Barnes and Mercer 2003: 9). To facilitate open discussion with all participants, a semi-structured format for interviews was adopted. This approach enabled participants to voice their own views, perceptions and beliefs in the spirit of participatory research which aimed to nurture trust and confidence between both parties in a meaning-making process.

Selecting a semi-structured format as Lofland and Lofland (1995: 273) point out offers the:

"possibility of modifying one's line of inquiry, following up interesting responses and investigating underlying motives."

As the focus of this study is to capture the participants' lived experiences in their own words, the semi-structured in-depth interview is an appropriate approach to complement Focus groups.

In total, six Semi-structured interviews took place. Three interviews were with students (two phone interviews and one face-to-face interview). The motivation for phone interviews was for the students' convenience. Three interviews with professionals were also conducted. Interview participant profiles are included in Tables A and B. These interviews followed the Topic Guide.

In the case of two student participants, their availability to participate was notified to the team later in the process. Both of these students were invited to participate in earlier Focus groups and the Steering Group Committee followed up and liaised with the Principal Investigator to arrange their participation by phone. In the case of involving professionals in Semi-structured interviews the objective was to gain deeper insights from key stakeholders to include the voices of professionals involved outside the higher education sector. Each of these interviews with professionals took place face-to-face in locations convenient for the participants.

All student interviews were approximately 1 hour. Interviews with professionals ranged between 45 minutes - 1 hour 30 minutes. All qualitative data was audio recorded digitally and transcribed verbatim. Transcripts were thematically analysed (Braun and Clarke, 2006). Core themes include disclosure, access to appropriate supports for mental health difficulties, stigma, peer support, professional ownership and whole campus approach.

3

Key Findings



This chapter sets out to establish how students with mental health difficulties in higher education feel they are supported and to identify the facilitators and barriers which this group of students experience. It also sets out to capture the insights, experiences and issues for professional staff involved in the provision of supports to students with mental health difficulties. It is a synthesis of the key findings recorded in this study and presented in two sections:

1. Key Quantitative Findings

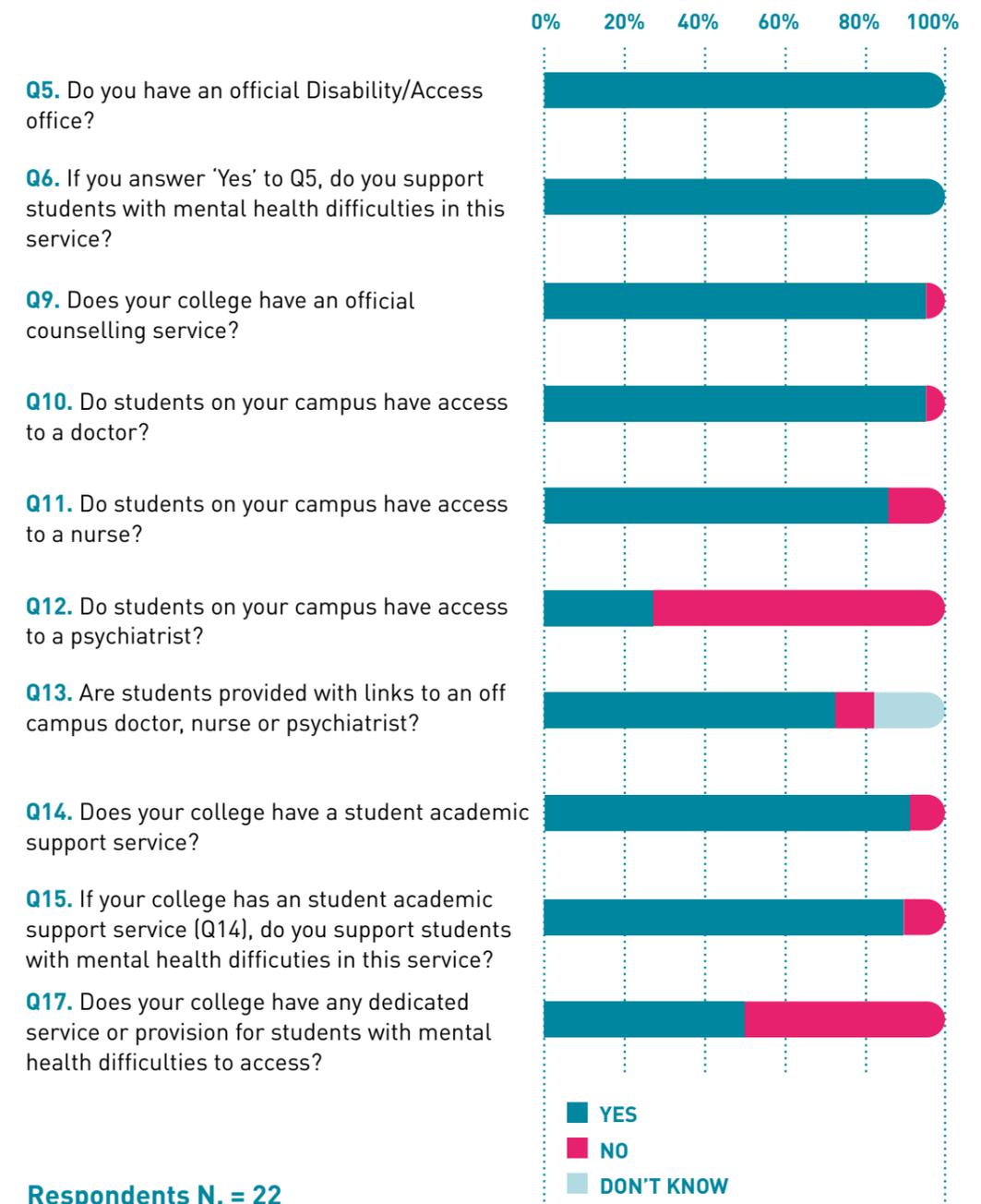
Presents a summary of the key findings which emerged from a survey focused on enquiring about the support services available for students with mental health difficulties in Irish Higher Education Institutions (HEIs). In total 22 out of 28 HEIs completed a 21-question survey (see Appendix C for survey questions).

2. Key Qualitative Findings

Presents findings from the analysis of a variety of qualitative data collection activities. Two Focus groups were arranged around the discussion of experiences of access and provision of supports for students with mental health difficulties in HEIs. The first Focus group involved students with experience of mental health difficulties. In total 12 students participated. The second Focus group involved HEI professionals (8 participants). In depth, Semi-structured interviews were also conducted with key mental health professional stakeholders, whose perspectives are also recorded in this section.

3.1. Key Quantitative Findings

Graph A: Collation of key survey findings with Higher Education Institutions



Summary of recommendations to help improve students' access to mental health services on campus (Provided in Q 20)

- Additional funding, counselling and OT resources.
- Promotion of mental health services through social media.
- Disability awareness training for staff.
- Timetabled, group counselling sessions, health and well-being workshop during orientation.
- Mobile app for instant access to institute, community and emergency services. Wallet card with services contact details for all students.
- Close and collaborative relationships between counselling services and Disability Offices.
- More joined up thinking in relations to supporting students with mental health difficulties.

All of the colleges report a range of support services including counselling services, Disability Support Services, Nurse/Doctor service, Psychiatrist and dedicated mental health support services. However the unanimous view of respondents reflecting the views posited in the HEFC report, is that overall these services are very different from one college to another, that they operate separately and “in silos” and that in relation to providing support to students with mental health difficulties, they are uncoordinated between themselves and then between the wider college faculty and other functions.

Access to Disability Support Services/ numbers of students registered

All 22 HEI participants report provision of access/disability office and 21 HEIs report providing a counselling service on campus. Access, disability and counselling services all report supporting students with mental health difficulties.

Within the data there is particular disparity between the numbers of students with diagnosed mental health difficulties registered

with the disability services and those students who have mental health difficulties who access the counselling service. One participating university report 215 students with diagnosed mental health difficulties registered with their Disability Support Services and of this group 21 access the counselling service. A nearby Institute of Technology reports 24 students with diagnosed mental health difficulties registered with the disability services but 48 students with mental health difficulties accessing the counselling service therefore the same amount again (24) that do not have a diagnosis accessing the counselling service. A significant disparity between the number of students with diagnosed mental health difficulties registered with the disability service and those who access the counselling services is reported in one Dublin city centre college. Only 5 students with diagnosed mental health difficulties are registered with the DSS while 1,000 students with mental health difficulties are reported to access counselling services.

One participating university notes a “**significant increase in students with mental health difficulties accessing the counselling service**”. The most commonly occurring issues arising are anxiety disorders including social anxiety, panic attacks, complex trauma and depression.

Access to dedicated support service/one-to-one tailored support

While survey results demonstrate that the majority of the participating HEIs (20 out of the 22) are providing academic support for all students on campus, a slightly reduced number (18 out of 22) HEIs report providing for students with mental health difficulties within these academic support services, while 2 participants skipped this question, 2 report not providing support for this group of students.

Just half of the participating HEIs report providing access for students with mental health difficulties to a dedicated service or provision for students with mental health difficulties. The query into the provision of a dedicated service prompted the most

additional comments from participants in this survey. These comments raised issues of disability disclosure, confidentiality and access to multiple services on campus.

Of the 14 HEIs that report having a dedicated service to support students with mental health difficulties, different perspectives surrounding what constituted a dedicated service are recorded. In many cases participants viewed the counselling service as the dedicated service while others do not equate the two as one and the same. One Institute of Technology's response echoes the majority of the 11 participants who report not having a dedicated service:

"We do not have a dedicated programme, the student learning support service and counselling service collaborate and refer students as appropriate. The counsellor sees approximately 21 students per month who present with mental health issues, including panic attacks, self-harm, suicidal ideation, anxiety, depression, obsessive compulsive disorder, addiction, agoraphobia, schizoaffective disorder".

Dedicated support services reported were; Unilink, Occupational Therapy on a referral basis, NLN higher education support services, direct access to Jigsaw, the youth programme run by Headstrong and a Health Centre, where available. Mindfulness based resources were also reported by several participants as providing useful tools to support students with mental health difficulties.

Students who declare a mental health disability to the Access Office participate in a needs assessment and are supported as appropriate. Funding may be sought from the Fund for Students with Disabilities. These students may also choose to attend the counsellor for short-term support, but for reasons of confidentiality there is no direct liaison between the services, unless a student explicitly requests it.

Access to Doctor/Nurse/Psychiatrist

The vast majority of HEIs (21 out of 22) report providing access for students with mental health difficulties to a doctor on campus.

19 HEIs provide access to a nurse on campus, 1 HEI has a link with a nurse in the community, the remaining 2 do not provide access to a nurse and 1 HEI has no access to either a doctor or nurse, on or off campus.

6 HEIs provide access to a psychiatrist on campus. The level of engagement with a psychiatrist emerged as varying between HEI campuses. For example one HEI survey participant reported structured professional team collaboration where "**occupational therapists work with a psychiatrist offering a multidisciplinary approach, where we meet every Friday to discuss common cases**".

On one HEI campus, while there is access to a psychiatrist, he/she is not available throughout the week but rather by appointment on a two day per week basis. In another HEI, a psychiatrist is available on "contracted hours, once a week, for two hours".

In terms of connection to external psychiatric support, divergent practices are again reported across campuses. For example, one HEI reports, "**external referral to community or hospital based services**", while another HEI reports, "**no official link, but students can be referred by the doctor in our health centre**".

Two participating respondents were unsure whether a link to external support services (e.g. nurse, doctor, and psychiatrist) existed at their HEI.

3.2. Peer Support initiatives

Peer support is recognised as a valuable source of support of students with mental health difficulties, however the majority of HEIs (16 out of 22) do not have a formal peer support initiative for people with mental health disabilities directly connected to

the HEI's support services. Nevertheless, several HEIs report a number of different types of effective initiatives in this area. For example one HEI reports providing:

“A life skills module for all 1st year students to provide them with coping skills and strategies to deal with life's issues. The College Health Promotion office runs workshops throughout the year to promote healthy living, stress management workshops and mindfulness. Counselling service runs workshops to advise staff on how to recognise and help students who are distressed”.

Examples of structured peer support programmes reported were Trinity College Dublin's Ambassador Programme and University College Cork's Peer Mentor Programme.

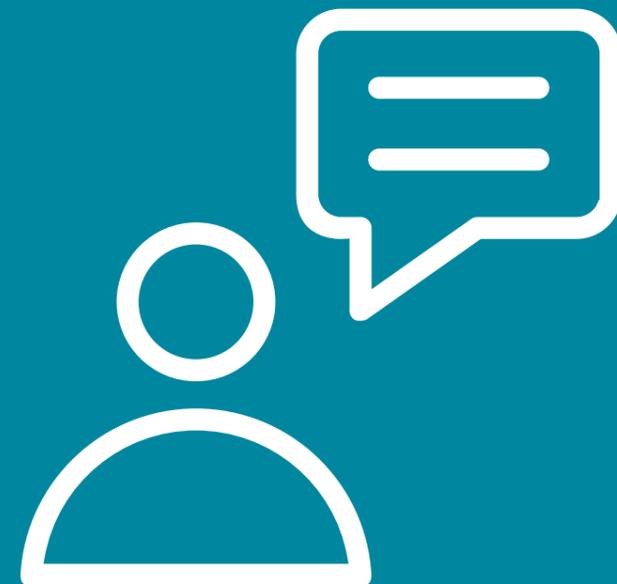
Transition planning

Where structured transition planning exists, the individual transition planning sessions play a central role as reported by one HEI who runs a dedicated support service for students with mental health difficulties:

“Within the Student Central Programme, students are encouraged to create a transition plan and access a range of transition supports which aim to support their transition from college to employment. Transition planning sessions focus on a number of key areas such as identifying career objectives, goal setting, curriculum vitae development, disclosure of disability in the workplace, self-advocacy and social skills”.

Collaboration between the counselling and career services to meet individual student needs is also reported as an effective means to ensure students reach transition goals.

4 Key Qualitative Findings



4.1. Recording student & professionals' voices

This section presents a thematic analysis of the qualitative data gathered from two Focus groups with:

1. Students with mental health difficulties
2. Mental health professionals

It also includes data gathered from in-depth Semi-structured interviews with 3 students and 5 mental health professionals.

The most pertinent issues for both groups are discussed. Appendix E & F present each participant's profile information.

Whole campus responsibility & action

This section presents findings related to the theme of professional responsibility for students with mental health difficulties and the need for whole campus and multi-agency partnership to best meet the needs of these students. This refers to all the actions around induction, disclosure, referral, needs assessment and how colleges are including students with mental health difficulties in their core teaching and learning functions. Counselling services and individual tailored programmes such as those offered by National Learning Network and Unilink which provide the "add on" supports necessary for students with mental health difficulties that cannot be provided through mainstream provision are also included in this section.

Evidence of the positive impact of peer support initiatives run by professionals and students themselves is also presented. This section presents both the positive and the challenging engagement practices students with mental health difficulties reported in this study. Above all, the aim is to present the key issues and to record and subsequently recommend the most effective ways to engage with HEI students with mental health difficulties.

Despite the many advantages of attending higher education there are many challenges in moving into a mainstream learning

environment for students with mental health difficulties. The concerns expressed by both staff and students are that a whole campus responsibility is the key towards ensuring the authentic participation of students with mental health difficulties. Whole campus responsibility for students with mental health difficulties is recognised internationally and nationally as the best practice approach to supporting students with mental health difficulties (HEFCE, 2015; O'Grady, 2015; Myers et al, 2014; RCP, 2011). This need is most acute during transition time, involving students' rights "to, in and through education" (Tomaskevski, 2001). Transition times particularly require close cooperation between services on campus and with the wider community (Myers et al, 2014).

Myers et al (2014: 8) acknowledge the challenge for Disability Support Services to provide supports while also **"encouraging the rest of the campus community to take ownership for inclusion of students with disabilities"**. 'Voluntary' and 'optional' involvement of staff, as reported in this study, in supporting students with mental health difficulties navigate their participation in higher education and in Health Service Executive led community services. This reflects a wider concern raised by students and professionals in this study; that is the issue of ownership and whole campus responsibility.

Patrick was in his first year in college when his mental health difficulties emerged. Having the support of his tutor to liaise between lecturers and off campus support in the community was critical to his mental health well-being, retention, and his transition back to college after hospitalisation.

"My tutor was the best support; he linked in with my social worker, they were in very close contact - they'd made sure that everything was ok for me to go back. He got me all the notes. He went well out of his way organising and asking others for my notes so I could catch up, then he linked me in with disability services on campus."

Because Patrick's mental health difficulties emerged while in college, he had not registered with disability services. Owing to his tutor's understanding and intervention on his behalf he caught up with his course work and was linked in with the DSS and is now progressing well in the third year of his degree.

There was considerable agreement amongst staff that transitions in and out of higher education could be very fraught and pressurised for both students and staff. Olive, an OT at a large university, who in her role supports students with making decisions about transition options, feels the weight of responsibility especially related to students' fitness to participate in all aspects of their college course, particularly placements.

"I worked in different settings, there was a pressure not from the disability service but from other staff to decide whether this person was fit to be there or not, or fit to be on placement or not, and no one else was going to make that call, no one else was going to take that on... I just think we need to examine and be a little bit vigilant about our role in that, that we are not taking on too much but also that we are appropriately supporting people. That we are connected to the whole campus and there is a responsibility for the wider community as well."

A whole campus approach to taking responsibility for students with mental health difficulties would alleviate the pressure an individual professional and ultimately achieve most effective transition outcomes for students. Another common response is the lack of understanding about mental health difficulties across the wider university community and the need for consistently strong collaboration across campus services. A view expressed is that staff are:

"afraid so don't want to deal with the student, so send them on to the disability officer, sort of pass the buck a little bit.

Simon, an OT at a large university recognises the good work provided by a range of services in HEI environment but identifies the need for services to collaborate and complement each other:

"It's not services working together that it is actually, it's where you go to counselling and you stop, you are allocated, then you go to disability, then you go to somebody else, then you go to somebody that it's not actually a, well first of all it's not a decision for the student what they actually want to use at the same time. These things can, are absolutely very complimentary but they should then complement each other rather than being, and it's all very linear".

UCD has published a Policy and Procedures guideline for staff across the whole institution on student mental health and well-being which maps roles and responsibilities of different functions within the university including advice for academic staff and staff in the counselling service and Disability Support Service. It promotes mental health awareness across the institution and provides very practical advice and information including names and contact information on where to go if problems arise (UCD: 2016:14).

A whole college approach to induction

In this study, both students and professionals vouched for the positive impact of early engagement with mental health topics during coordinated whole campus services such as induction.

At the outset supporting students with mental health problems in higher education poses the challenge that very often owing to their mental health difficulties, students are reticent about seeking support or indeed never do (Downs and Eisenberg, 2012; Eisenberg, Golberstein and Gullust, 2007).

To overcome this initial challenge and ensure that students are supported, early engagement through a structured and coordinated induction programme is recognised not only as a means to inform students of the range of support services available; it also enables disclosure, while the whole campus

approach can positively impact stigma reduction related to mental health problems (HEFCE, 2015; Quinn et. al, 2009).

Different methods and levels of engagement across the higher education sector are recorded in this study. A whole campus coordinated student support service induction is recognised as the best practice. Sarah, a college counsellor, who personally witnesses the effectiveness of a joined-up services strategy, shares her college's practice:

"We would go to induction, which we're doing at the moment. We would go into every classroom and talk very openly about the issues that are presenting. And you can almost see after induction you can nearly track the points that are made coming from students. So, you know, it's not kind of "Oh, the counselling service over in the corner there, if you have a problem you go to them." The induction is very even so you're introduced to the academic staff, the career staff, the disability staff and the counselling staff. You know, so and all of those services are laid out for you as being equally accessible."

Many students reported that the combination of an engaging tutor and a clear explanation of practical information e.g. her office location and protocol for arranging appointments was most helpful. The practical approach adopted by the counsellor is an example of good practice and enabled the students to feel at ease to arrange and to "normalise the issue of mental health" One student's experience highlights the need for early engagement and relationship building:

"When I started college, the college counsellor, came into the class early on, during the induction in the first few weeks, introduced herself and said, this is where I'm based, and explained that, she was there for the students. I said to myself, well I need to introduce myself to her so I went and made an appointment, I emailed her and explained my situation that I would be needing her support while I was

in college. She got me through the whole three years I was there."

While the above students' experiences reflect the positive impact of well-coordinated early engagement with mental health difficulties during induction, for some students who participated in this study this was not the case.

For Neil, mental health was not discussed as part of the induction and he feels this was a missed opportunity to tackle the stigma related to mental health difficulties. Perceived and personal stigma act as a barrier to help seeking support among HEI students (Eisenberg, et. al 2007). In Neil's experience, he found it difficult to seek support on campus due to the stigma he felt, identifying the location of the support services including the disability services and counselling services, as a barrier for engagement.

"People talking about the stigma of kind of knocking on the door". For me the location of the disability and counselling in the middle of campus put me off, like the stigma of going there, everybody would see. When I first started in college, there was a kind of induction day. Nobody ever actually talked about mental health, and the sort of services that are available to people. I think if that was sort of included right from the very beginning, it would be a good way to begin to normalise the whole thing and take away the stigma, when it's sort of casually inserted into the normal sort of orientation of university life. Because I think everybody in university can experience stress and that can have an effect, on your mental health."

For many students who experience mental health difficulties while at college, they are unaware of what is happening to them and are unaware of where to seek support. This was the case for Patrick, as his mental health difficulties emerged in his first year of college, during the end of the first semester. At that time his parents were living abroad. There has been a lot of evidence in the literature about the advantage of having at least one supportive person

during times of mental health distress (Dooley & Fitzgerald, 2012)). In Patrick's case, his tutor was this person. With his tutor's support Patrick successfully progressed into second year at college.

"When I first experienced mental illness I didn't know what was going on with me. I started hearing voices and being very paranoid in public. Because so much happened in such a short period of time, I didn't know about the disability service, that they support mental illness. When college started again in semester two, the first person I went to talk about it, was my tutor in first year he had also been my lecturer. I already knew him and there was some trust so it made it easier, I went up to his office and just told him what was going on. When I started talking to him, he told me stories that happened to a friend of his or family people. I had thought it was something very unique just I've had from the beginning. What he said here, 'You have something that is a mental illness,' so he helped me to go through the steps of what to do next. It was hard because my parents aren't living here so I was basically on my own when I first experienced it".

Academic staff play a significant role in connecting students to appropriate services in a streamlined and systematic manner. The current system appears to be based on the understanding and capacity of individual staff members such as academic staff to identify a student in crisis and to then refer them to the correct service. The services themselves are not necessarily connected and there is an absence of clear information and procedures for ensuring that the students access the services that do exist. Students reported a difficulty in accessing information about what services are available on campus and how they would reach them. The system of early communication between departments such as the disability support offices and academic departments proved not to be crucial in supporting the student:

"Also a big help was talking to my supervisors and tutors, just letting them know that I might need some extra time, because I couldn't have told them myself. It was good that there was someone else who actually wrote an email to my supervisor saying, the head of the department kind, 'she's registered with us now.' I needed that."

One-to-one tailored specialised support to meet individual students' needs

Higher education institutions report growing numbers of students with complex learning needs, related to multiple diagnoses e.g. mental health difficulties and learning difficulties, such as students with dyslexia or dyspraxia and/or on the autism spectrum (Broderick, 2013; RCP, 2011). This identified growth in complex individual diagnoses highlights the increased necessity for a student centred integrated services to ensure the most appropriate support provision (Kennedy and McCarthy, 2016; HEFCE, 2015; O'Grady, 2015).

Students with mental health difficulties are more vulnerable to withdrawal than any other category of student with a disability. However, once supported appropriately, students with mental health difficulties are also more successful in higher education (Twomey, 2010).

Students in this study equate appropriate individualised support provided by their Higher Education Institutions with positive impacts for their mental health, well-being and academic attainment. Students share their positive experiences of specialised services such as the Unilink service, NLN Service including NUIM Student Central. Students highlight the benefits of the individual one-to-one sessions with professionals with mental health expertise to support students with academic skills and the systematic referral from disability services to appropriate academic support services. In these services, the processes of referral were clear and transparent and all were based on the practice of individualised assessment to identify appropriate

supports. Implementing supports was commonly based upon structured collaborations with other services such as academic departments.

The Unilink services provide one-to-one Occupational Therapy support on campus, tailored to individual students' needs. Lucy found this individual focus particularly helpful and enjoyed having a slot set aside in her timetable to visit her Occupational Therapist (OT). Lucy was already registered with her university's DSS for supports related to her physical disability but she had not disclosed her mental health difficulties. It was the academic and counselling support Lucy received through the Unilink service that helped her to disclose her mental health difficulties and subsequently cope with and manage her mental health difficulties while in college:

“The disability officer who referred me to Unilink didn't really know anything about me being down in the dumps, she knew that I got tired very easily and I was struggling to keep up with my college work. She thought the OT's in Unilink might be able to help me with coping strategies. It was only when I had my first meeting with the OT that I disclosed about my depression as well, so the help she gave me was kind of in two forms: counselling-ish kind of service and academic help as well.”

What works for Jessica, a mature student, is the combined support of one-to-one sessions with the college counsellor and the dedicated programme run by the National Learning Network (NLN) at her college. It is this dual support that currently enables Jessica to identify the best ways to maximise her study time.

“I got a structure off my counsellor. She asked me to write down my days of what I was doing. What I learned was to use my long breaks in college and do assignments, catch up on that. We get reading weeks, so when it comes to exams to try and prep for exams. Support with that calmed me down, I'd been all over the place and so stressed.”

A number of the students identified an individualised learning agreement that is shared with the academic department as a means to reduce their anxiety about access to the course materials.

According to one student Sheila:

“If you said you had a mental health problem, they would have the learning agreement. There might be 10 in the class that would get the lecture notes at the start of the class, so you would have them, I never needed a print out, that was less stress for me. I didn't have to go around printing them off; I was able to write the notes on my lecture notes there and then at the lecture. It is such a brilliant resource. They don't have that in the other college. It was brilliant for me, absolutely brilliant; it was really helpful. I didn't need to have my own notes or anything, my notes were on the lecture note on the day and when I was going to study then it was all there.”

The students interviewed all mentioned study support sessions as a key support. Academic skills such as time management and goal setting interventions are recognised to increase on-task behaviours and independent academic and behavioural functioning (Ramdass and Zimmerman, 2011; Callahan and Rademacher, 1999). The experiences of the students in this study illustrate that where supports provided are based on their individual needs then this individualised approach enables the student to manage their anxiety and ensure that they have the practical study skills to deal with the academic demands of the course.

Increase staff awareness of the students' experiences of mental health difficulties

The positive experiences of student respondents illustrate the direct connection between awareness, appropriate support and improved mental well-being and academic outcomes. Nevertheless, the disparity in their experiences at different HEIs

also demonstrates that dedicated supports are not common practice across all HEIs. Other students in this study report experiences of inappropriate and/ or insufficient support for their mental health difficulties.

In this study a continuum of levels of awareness amongst professionals about supporting students with mental health difficulties was reported by students. It found that at one level there is inadequate communication between Disability Support Services and academic staff about the needs of students with mental health difficulties. In particular, part-time adjunct lecturers are not included in the communications about the support requirements of students with mental health difficulties.

Laura, a 2nd year undergraduate Art college student, had disclosed her difficulties and presented her psychological assessment to the disability office, but her lecturers seemed unaware of her difficulties and therefore did not respond appropriately.

“If the disability office was going to do anything I would prefer if they would talk directly to the lecturers because there would be no misunderstanding of what’s happening, and then, to be honest my lecturers haven’t a clue. I think none of them have helped me in any way”.

Laura identifies in particular the lack of communication between the disability service and academic staff as the crux of the challenge to receiving appropriate support. In Laura’s case her lecturers are not full-time academic staff, they do not have office space or student meeting times. Consequently, Laura’s lecturers do not also appear to be connected into the whole campus support services. Laura’s case is representative of other students who were taught by part-time/adjunct lecturers in particular for practical course work. Specific subjects highlighted related to art and photography courses.

Access to funding for appropriate supports

The system and the administrative and procedural aspects of accessing additional funding for supports identified often proved very complex. The student initially must disclose their condition to the Disability Support Service, then they must produce validation of their condition with a consultant report and then they must undergo a needs assessment. All staff interviewed found the process confusing and agreed that the difficulties with accessing the Fund for Students with Disabilities arose with the categorisation and prioritisation of categories of disability. Students with mental health issues did not appear to be a priority and were often perceived to be at the end of the queue for funding.

“A lot of this is funded through the European Social Fund and their categorisation is terribly rigid and it leaves you with a terrible, you know, it’s whoever is administering that fund. It leaves you in a narrow position of trying to get people into a service and then trying to prioritise, it’s very difficult and there isn’t enough money basically.”

Jim experienced an inappropriate response when seeking support for his diagnosed mental health difficulties. Jim attributes the lack of support he experienced with a lack of dedicated funding to address the needs of students’ with mental health difficulties.

“To be honest the service is not great for me. What they said essentially was, ‘Yes, you’re covered with us, we understand that your mental illness is a disability, everything else however all the funding and everything we have is for dyslexic people. We can give you brilliant things to read notes to you, we can make your computer talk to you so you don’t have to read anything. We are great with that kind of learning support and we have a counsellor, who’s a chaplain. If you want to talk to a priest about mental health and be told it is all part of God’s plan, fine, off you go.’ But, that is the only counselling service they offer is religious, and I find that insulting.”

From the professional perspective, similar frustration with funding resources is expressed. Despite the growing demand for HEI mental health services, the funding to provide appropriate resources and supports, worryingly in some cases, is not matching the increase in students' need for mental health supports.

Respondents highlighted the problems arising with accessing the Fund for Students with mental health difficulties. They felt that the fund is ranked according to disability groups and that priority is given to particular groups so there is money available to support people with particular types of disabilities whereas in reality there is insufficient funding to support all the students presenting with needs.

For example a disability officer at a Large Urban University is concerned:

“I am concerned by the ever-increasing number of students presenting with serious mental health difficulties and I notice obviously that the demands are greater on our services with the same resources. I think we fire fight and crisis manage a lot and feel that student counselling is dumped upon a lot. There is a demand for immediate response and there is almost that collective college anxiety and talk about anxiety, but what will we do. I hear all of the time this isn't within our remit or we are not trained to deal with these situations. I want more funding resources for mental health that it needs to be community response and a whole college response.”

This experience is reflective of each of the professionals' concern with increasing numbers of students with mental health difficulties and the call for whole community response. All of the professionals responding believe that there is a need for clear policy, regulated funding and a whole campus and wider community responses in order to appropriately meet students with mental health needs.

Peer support student & professional led initiatives

Peer support is well recognised as a cherished form of support for people with mental health difficulties. In particular connecting with peers to share similar experiences and positive mental health outcomes can contribute to improved mental health well-being and education experiences (Rosenthal and Okie 2005; Karwig and Chambers, 2015).

In this study both students and professionals advocate the benefits of peer support for students' mental health well-being, in particular highlighting the social inclusion benefits experienced by students who may have experienced loneliness due to their mental health difficulties. Students expressed the view that it was a relief to meet other students of the same age who had shared experiences of mental health difficulties:

Olive in her work as an occupational therapist supported a student, Sue, with her decision to defer while she sought support for her mental health problems in the community. When Sue returned to college she chose to set up a peer support group to help other students experiencing mental health difficulties on campus.

“Like that girl Sue that I worked with took the time out and wanted to come back and wanted to complete that and did very well and set up a group, a peer support group because she felt now I can come back and I am going to need the services, that's fine, but I'm going to work with people and I'm going to, you know, there is other people who are like me and I can help them. She became that person for some other people. I even heard from others how much the group meant for them to meet someone who knew what it felt like.”

Senior counsellor Paula advocates for the importance of establishing professionally facilitated peer support groups to improve students' social connection, academic progress and ultimately their transition outcomes:

“We set up a mental health facilitated group with a group of students who would have had a mental health diagnosis. All of the students previously attended the student counsellor but this was kind of going on another level. It was very successful. It took a hell of a lot of work to encourage people and then set the boundaries but the outcomes were quite incredible really in terms of people transitioning onto living life to the full and enabling themselves to move onwards and some people were medication-free at this stage. The positivity that came from people with similar issues meeting and supporting each other with exams. It was around the sharing of experiences. I think a mutual empathy and understanding. All of these students would have been hospitalised at some stage, all would have had very serious diagnosis, bipolar and schizophrenia etc. I think there was something about sharing their actual stories and supporting each other and moving on with their lives. Enabling them you know, that they may be themselves really and moving beyond the label.”

Including students with mental health difficulties in mainstream teaching and learning

For students with mental health difficulties the capacity for educators to be flexible in their teaching and engagement activities is critical for these students to reach their potential. The HEA plan for equity of access asserts that each HEI institution should reflect how best to teach students from target groups in its overall strategy (2016: .29). Responding appropriately to the needs of students with mental health difficulties often means ensuring that teaching is sufficiently flexible and supportive to facilitate the student’s authentic participation in mainstream higher education while also maintaining robust academic standards. Engaging with students to agree upon the types of accommodations necessary and available based on their particular mental health needs is a recognised early engagement good practice. Flexibility in terms of accommodating the student where additional needs may arise, or when the very nature of the students needs may vary over

time, is also recognised as enabling students with mental health difficulties to reach their potential (Myers et al, 2014).

Higher education establishments must do all that is reasonable to include students with disabilities, including those with mental health difficulties. Flexible teaching is critical for students of all abilities to successfully engage with and reach their academic potential (Rose et al, 2002; Shinn and Ofiesh, 2012; Ofiesh, 2016). It is vital that academic staff have an understanding of the diversity of needs of their students and of the effect of enabling them to reach the learning outcomes in different ways. Examples of flexibility in pedagogy, materials used and in how students acquire skills are here described by staff, for example a disability officer. Melanie identifies individual lecturer’s openness to trying out alternative assessment strategies as being indispensable in supporting students with mental health difficulties complete obligatory presentation assessments.

“We have had students who sometimes it’s a one-on-one with the lecturer where they just go in and present to somebody or they record themselves presenting in their room at home so they are still doing the presentation but they are not doing it with the audience. Certainly there have been particular staff members who have been very flexible in that they wanted students to do it and they think about ways to make that happen”

While undertaking an apprenticeship at college, Conor experienced anxiety due to his dyspraxia, which compounded his mental health difficulties. He often struggled with practical classes that required students to have their work desks well organised in advance of the class. Fortunately, his anxiety was eased thanks to one of his lecturer’s creative thinking to find a solution to meet Conor’s individual organisational needs.

“It was a strange situation where the actual lecturers helped, one particular lecturer – which is a very unusual case – but it’s nice to see that some lecturers are more aware of

people's different abilities and they are actually helping students learn certain subjects and showing ways of being able to do particular exams in a quicker, more rapid way. So this guy was very gifted at what he does. When it came to the workshop they would have tools, a special tool rack designed for me so I didn't have to constantly put the tools down, and lose them and mix them up, jumble them up. I think the main thing, coming back to it, it reduces the amount of anxiety you feel. The less anxious you are the less chance you have getting depressed."

For Patrick who is studying engineering, the majority of his degree is practical and involves laboratory work. Due to his mental health difficulties, while in hospital and afterwards recovering, he missed all of his lab work for one module in his first year. As Patrick performed well in his exams, with his tutor's support, he was facilitated access into the second year. He is very grateful for this support and credits it to his continuing steady progress in his degree course.

"The degree is very practical so you have a lot of labs. Basically I didn't attend a lab at all, a whole module and they let me pass the module just because I did well in the other exams. They said, 'OK, you're going to go into second year without having to drag any module with you along. I am in third year now without having to repeat any module up to now. I did have repeats again in August but they were repeats for semester one in year two and I didn't have any repeats from semester two last year, so things are going well. Thanks to that understanding and flexibility, I'm on my way now, not looking back."

In contrast, other student participants do not feel well supported at college. Currently studying fine art and photography respectively, they believe their need for support based on their mental health difficulties, especially with the practical components of their courses, were unmet.

Laura describes her experience, highlighting the challenge of the inaccessibility of her lecturers as they were not full-time members of academic staff:

"To be honest most of the services they tried to give me work for the academic classes, and I don't do academic classes. I have one academic class for a whole day, and then the rest of the days I do practical. For practical classes there's no support for me at all. Most of my lecturers are artists, they are not full-time lecturers, and they're only in for the day and most of them don't check their emails, so they don't know – like I go to the disability office to talk to them when I am having a difficult time and she will try to email them and they wouldn't get the email and it wouldn't be explained properly to them, and then there's nothing they can give me in return because it's a practical class and it's all down to me."

The challenge is the typical process of communication between the Disability Support Services and the lecturer is broken, as Laura's lecturers are not regularly on campus, therefore, time required for this communication is not allocated and so Laura's individual needs are not heard by the professionals best positioned to support her: the lecturers.

Given the importance of the role of the "ONE Good Adult" in creating an inclusive mainstream infrastructure for students with mental health difficulties, the institution could consider the role of a mental health champion within each faculty.

Flexibility in assessment instruments

Based on the Universal Design for Learning model, variability of action to inclusive teaching and learning refers to the actions taken by professionals to support students with mental health difficulties access and reach their educational potential.

This section will present findings related to the actions taken by HEIs and the impact of these actions for students' capacity for full inclusion and participation. A particular challenge both

students with mental health difficulties and professionals are struggling with is the issue of ensuring that the assessment instruments used to assess student learning and performance in both continuous and final examinations are accessible. Academic staff are recognised as key players in safeguarding and ensuring full inclusion in higher education (HEFCE, 2014, RCP, 2011). Training in raising awareness and understanding among academic staff for supporting students with mental health difficulties is not only restricted to voluntary participation is recommended. Professionals identified a need for whole campus action and the development of policy to ensure that all higher education students with mental health difficulties can expect appropriate support to ensure their inclusion. Policy related to multi-agency action is also strongly advocated.

Flexible approach to presentation assessments

The topic of individual and group presentations emerged as particularly challenging for students with mental health difficulties.

In supporting students, disability officer Melanie identifies particular individual lecturers' openness to trying out alternative assessment strategies as indispensable to facilitating students with mental health difficulties complete obligatory presentation assessments.

An IOT senior counsellor, Elodie identifies presentation assessments as a cause of intense anxiety for students who are already experiencing mental health difficulties. She is exasperated that there is no choice of assessment tool made available and that presentations are compulsory. This lack of options disadvantages students with mental health difficulties in demonstrating that they have achieved the learning outcome.

“Students already with huge levels of anxiety who do not want to do oral presentations and where they fall down is in the final year where it's obligatory, they must do them”

Jessica described herself as a 'nervous wreck' when in first year an individual assessment was part of the course. She recognises that it was her poor self confidence that was the main barrier and attributes the support of her college counsellor as critical in overcoming her anxiety:

“Getting up there and it's having to stand and being put on the spot, and what stops you is yourself, low self-esteem, confidence, feeling that you haven't got enough knowledge to know what you're talking about... The counsellor gave me structure and self-belief... I'm kind of getting used to them now”

While she received guidance from the college counsellor, Jessica suggests a more tailored support specific for presentation assessments would be most helpful for students struggling with this core assessment method.

HEI professionals are frustrated by inconsistent reasonable accommodation practices between different Irish Higher Education Institutions. As a group they expressed the view that **there is an awful lot of ad hoc stuff going on**, and that a college policy on standardisation and choice of assessment instruments would help maybe just to support students for whom rigid examinations caused unnecessary anxiety and stress

A positive and flexible approach to supporting students' mental health difficulties at college may enable them not only to reach their academic potential, but also to manage their mental health more effectively later in life.

Support with absenteeism related to mental health difficulties

Absenteeism can be a common occurrence for students with mental health difficulties (Brackney and Karabenick, 1995; Heiligenstein and Guenther, 1996; Chung and Klein, 2007; Eisbenberg et al. 2007). For all of the students who participated in this study a steady and reliable attendance record often proved challenging. Support from HEIs when students missed lectures

is reported in this study as ad hoc. When students are not able to attend lectures due to their mental health difficulties and request support with catching up on the work they missed, the response varies.

Lucy praises the staff at the faculty where she studied for their approach to consult with her directly about best ways to support her when she missed lectures. Moreover, through a range of targeted supports she conveys a sense of being relied on to do her best to reach her goal of graduation.

“I was very lucky in that the faculty staff were very supportive and wanted to see me graduate. They asked me what exactly would help me do that. So I let them know all the things, like they extended deadlines, gave me extra notes, met up with me to discuss any problems I was having. It all helped.”

Due to his mental health difficulties, Patrick was hospitalised in his first year at college, towards the end of the first semester. Later, while he was recovering, he wanted to catch up by reading lecture notes at home online. However, not all of his lecturers had made their notes available so he could not independently access course materials. Instead Patrick relied on his class tutor’s willingness to liaise with individual lecturers on his behalf:

“There is a thing called web courses which most colleges work with nowadays but not every lecturer likes to put their stuff up there and that can be a big problem for people who can’t attend a class. So, he said to every single lecturer, “I want all the notes that were made in class and outside of class” and he forwarded me on all of these notes.”

Grace was hospitalised due to her mental health difficulties and naturally missed a significant amount of her lectures. In her experience, she felt that an audio of lecture notes to assist her catch up would have been beneficial but believes there is a lack of acknowledgment of students with mental health difficulties requiring this kind of support, as she explains:

“I would have liked more support to catch up. Like when you have to be absent, like I was in hospital, that’s what is not currently there whereby it’s only available for the like of people that are like blind. Like you know, for the recording of the lecture notes. I think something tiny like that could help you catch up, it’s just not looked at you know having mental health problem as something, that needs that support. But when you’re going through this you need as much help as you can get.”

In this study students share divergent experiences of their support requirements and the ways their mental health needs are met. Most of their needs can be met within the context of their course where lecturers are prepared to understand the needs of the students and to respond positively by providing notes online. Students in this study and the HEI professionals who support them report mixed experiences of access to variability of representation and access to reasonable accommodations for their mental health difficulties. Owing to their mental health difficulties, these students are vulnerable to higher potential for absenteeism, lower concentration, higher levels of anxiety as well as other challenges related to individual difficulties and illness. Consequently, for these students, academic life presents a variety of challenges related to attendance and participation.

Key issues reported in this study include unreliable access to online lecture notes due to absenteeism, lack of understanding related to absenteeism and facilitating additional time. As a first step this study recommends a review of the current system of mainstream teaching and learning practices to ensure that all HEIs are facilitating access and authentic participation on courses for students with mental health difficulties and are prepared to think creatively about the learning environment and what will work for an individual student. Willingness on the part of professionals to engage with the student can create an accessible learning environment for students with mental health difficulties on their courses.

Training for academic staff in supporting students with mental health needs

The participants in the Focus group expressed the view that most academic staff were very uncertain about the best ways to support students with mental health difficulties. Louise, a co-ordinator of a national mental health campaign for college students recognises the key role academic staff play in supporting students with mental health difficulties. The unanimous view was that academic staff need more information and support in appropriately responding to their students' needs, as she explains:

“Very important links in the chain are the lecturers and the academic staff and we have had feedback from them to say, you know, people come to us at crisis point when they need the extension because they have been up all night with anxiety or they have been up for six weeks with anxiety and their project work is suffering. They give the extension, they might refer someone to the support services, they don't know what happens next, they don't know how to approach the person next, you know, even just to check in with them, to ask them are they OK, they don't know if they are doing the right thing so they need skills as well.”

She however also acknowledges the workload of academic staff as a factor and is empathetic towards her colleagues, as she also feels 'overworked'.

“I feel for academics in a sense as well because they are in the same situation as all of us, overworked and, you know, so I think there is a lot of them that would actually like to do things differently but they don't feel equipped or resourced to do that at the minute.”

From the student perspective there is a huge lack of understanding and awareness around mental health. While supported by the staff in the disability offices but in the wider academic community there is a real lack of awareness and a sort of a sense of fear even when somebody says that they have schizophrenia or depression.

In order to increase academic staff's confidence in responding to the needs of their students with mental health difficulties, training and mental health awareness is required to build confidence to best support their students.

However even though HEIs provide disability awareness training for academic staff, it is on a voluntary basis. Melanie raises the voluntary nature of this training as a barrier to ensuring that all staff receive training.

Dual responsibility between Higher Education Authority and Health Service Executive: a coordinated multi-agency approach to ensure continuity of care

This study reports a need for a multi-agency approach with key advisors for student support and liaison. While some colleges have this key worker in their disability office supported by the Fund for Students with Disability, this is a recent development and is in situ in Athlone and Galway. In the UK, the professional role of mental health advisor is legislated for and in situ in the majority of UK HEIs. (RCP, 2011). RCP (2011: 9). The report identifies a key aspect of the mental health advisor as **“liaison between Higher Education Institutions and NHS mental health services and staff training”**.

A similar liaison officer role is advocated in this study. To date this liaison role has been taken up voluntarily or as unpaid extension of student support services work or by individual lecturers. This study advises that this individual is a professional with mental health expertise to support students with academic skills. The liaison between HSE and HEIs is a policy issue.

A need for well-developed external partnerships and a multi-agency approach to safeguard against the often referred to in this study “pass the buck” mentality is advocated. The recent report by Universities UK (UUK, 2015: 3) makes the point that **“university well-being services, however excellent, cannot replace the specialised care that the National Health Services provides for students with mental illnesses”** reminding both HEI and National

Health Services that universities are academic, not therapeutic institutions. In this study the issue of formalising the dual responsibility between Health Service Executive (HSE) and Higher Education Authority in supporting students with mental health difficulties emerged as a pertinent issue.

Professionals in this study express a need for clarity around responsibility for students' mental health needs. Clarity is required between individual support services on campuses and also most critically between external agencies. A phrase employed on several occasions during data collection activities was "pass the buck". This is attributed to the lack of understanding and awareness of mental health and most significantly the **"Tsunami of students presenting with mental health problems"** and services are being **"overwhelmed"** according to executive committee member, the Irish Association of University and College Counsellors (IAUCC) and Head of Student Counselling services at the University of Limerick. As Dr Aherne outlined in an interview with the *Connaught Tribune* (June 2014):

"We're getting referrals from the HSE from people who need access to mental health services and who are being sent to us because the HSE doesn't have the services to deal with them. Five years ago we had maybe 500 students a year. Now we're over 1,000. We have 60 on a waiting list. That's the same in Galway – its right across the board. It's both good and bad: for years we were saying to people 'come and talk to us'. Now we're forced to say 'come and talk to us but you'll have to join the queue".

Cian, a mental health professional working in the community with the HSE with over two decades experience in supporting young people is also acutely aware of the pressures on the HSE services to move people through the system which impacts on both the students and the professionals. He says that there is a sense of **"looking for reasons to exclude an applicant rather than include them"**.

Cian identifies an issue of "ownership". This is a concern voiced by all professionals who participated in this study. He notes the complexity of the cases and therefore the necessity for multi-agency cooperation to ensure the individual receives appropriate support:

"It's an issue of ownership, what you'll find in all services across the country will be there's no cross multi-agency working that happens in Ireland. So you have a substance use service, a mental health service, so say someone who's self-harming and abusing cannabis, the mental health service will say "Well I'm not going to deal with the self-harm until the cannabis is resolved, so they should be in the substance use service". The substance misuse service says "I'm not going to deal with the substance misuse because it is part of the self-harming". So this person becomes this hot potato between two services, rather than a multi-agency approach where you both sit down and say "I'll do this bit and you do that bit". And that comes down to I believe something to do with ownership, it also comes down to the services being overwhelmed. So you've again got this inability to synchronise and work together."

There is a need for recognition for dual responsibility between the higher education sector and the HSE as often students are geographically separated from their HSE worker or area and then the HEI has to take full responsibility for the provision of services, including counselling.

The "pass the buck" mentality is raised by HEI professionals; disability officer Melanie captured the feeling shared by all the HEI professionals who participated in this study by reporting:

"I notice this tendency to pass the buck. I often get these letters from psychiatrists telling me this person has been in this programme and we want them to go into a structured environment like our university. Certainly not a whole lot of structure in here or in any other college that I know of that

felt sort of a structured environment. Then you are dealing with where people want to do this course but I won't be attending any of the lectures cos actually they are not well enough".

Students in this study reported frustration and confusion with continuity of support for their mental health difficulties. Sheila while at college stopped attending HSE out patients' services due to the lack of continuity of treatment. Instead she opted to rely solely on support from HEI counselling services, as she explains:

"No one got to know you, they were only looking at the notes, there was no continuity, they wouldn't know whether you were different to last month because there's a different person every month. So the system up here is very bad actually. The psychiatric outpatient's service, because just the different registrar each month, there's no stability, you can't make a connection. It can be very difficult even just talking to that one person because there's no... I spent the nine months building up that trust and talking with the doctor, and now I have to tell all of that to this new complete stranger. I just stopped going when I started into college and could see the same person there. I know she made extra time for me and there was a queue for her, but it was that helped me get through college. With mental health especially you would say that relationship building like is very important."

Particularly vulnerable are the students who have left home to study. Laura describes feeling isolated and subsequently angered by the disjointed provision:

"So I didn't get any support with it, because then I moved down from Donegal, my psychiatrist and my psychologist were there and I'm here. I didn't feel any support in the finding of the doctor and the psychiatrist here. So only recently, because I relapsed and I had to go to a doctor, and I had to actually prove what I had, because they had no records sent down from my doctors and psychologist from there, and

they had to call them up and do all this craziness. And I had to prove it, I actually got really angry in the appointment when he was sort of asking me to sort of prove it."

Cian, acknowledges that HEI counselling services is often filling the void left for students with mental health difficulties once they have been discharged from hospital. He also notes that the level of support provided by counselling is naturally limited and therefore the quality of support may suffer.

In this study all of the professionals agreed that a more robust referral system is required to address the challenge of coordinated provision between the HEI and HSE services. There is widespread recognition amongst the professionals in this study that strong one-to-one relationships do exist with external agencies but that these are on an individual basis and not common practice, as disability officer Melanie points out:

"Collaboration with external agencies on a one-to-one it's very good. But it's just not successful enough, there's not enough of it."

Representing the views of her colleagues, Sarah a senior counsellor sums it up by noting:

"We need a better referral system. We need more counsellors on the ground but we need a better referral system for students that are really struggling with a serious mental health difficulty because we can't, as a college service, we do our best but we're not a primary care service, we can only offer a certain number of sessions, and often we would get psychologists or health people referring students in saying, you know, "This student that's coming to you now, she's a first year and she comes to see me once a week all year round." We can't do that and we have to tell them that. So in an ideal world there would be a better referral system that's not just for students, that's across the board in the health system. That would be our biggest challenge because you do end up supporting people as best you can. It's not really adequate".

The goal is to ensure the needs of students with mental health difficulties are most appropriately and effectively met and that the numbers of students reported on waiting lists seeking specialised supports is reduced. To address the issue of increased numbers of students with mental health difficulties presenting with complex needs in college services, this study recommends a review of the current referral system. In addition, this recommendation is connected to the challenge faced by students with mental health difficulties who are registered with a HSE service in one part of the country and are attending a HEI in another county. The aim is to ensure that students with mental health difficulties are not the victims of a “pass the buck” mentality and that clear guidelines and boundaries of responsibility and “ownership” are understood and adhered to in a co-ordinated, multi-agency approach between the Higher Education Authority and the Health Service Executive. This recommendation is aligned with the recommendation for the development of HEI map of support services on and off campus and with the mental health advisor role.

Summary of Key Findings

- Whole campus responsibility and action.
- A whole college approach to induction.
- One-to-one tailored specialised support to meet individual students’ needs.
- Increase staff awareness of the students’ experiences of mental health difficulties.
- Access to funding for appropriate supports.
- Peer support student & professional led initiatives.
- Inclusion of students with mental health difficulties in mainstream teaching and learning.
- Flexibility in assessment instruments.
- Flexible approach to presentation assessments.
- Support with absenteeism related to mental health difficulties.
- Training for academic staff in supporting students with mental health needs.
- Dual responsibility between Higher Education Authority and Health Service Executive: a coordinated multi-agency approach to ensure continuity of care.

5

Recommendations



The following interlinked recommendations target the main areas that require attention by the Higher Education Authority to ensure effective access pathways and inclusion of students with mental health difficulties.

Whole campus strategic response to students with mental health difficulties.

In order to ensure equity of access and participation for students with mental health difficulties in higher education, it is recommended that individual HEIs review their existing policies and practices for students with mental health difficulties. This would aim to identify “what’s working for students and what could be improved”. This study recommends that this activity be a whole campus initiative led by collaborative efforts between HEI Disability Services and counselling services to connect all support services.

A whole campus approach to inclusion was strongly suggested by all HEI professionals who participated in this study. It is recommended that individual HEIs review their existing mental health whole campus strategies to ensure that all staff are considered.

Developing a map of information and interlinked support services.

Each HEI should consider mapping out the support services available for students to support mental health well-being and to specifically support students experiencing mental health difficulties. It is recommended that this map of support services is developed collaboratively between all campus support services and is clearly articulated to all students at induction and on an on-going basis through the various services including counselling, disability support and at a faculty level. It is also recommended that the map be made available at post primary level through the Institute of Guidance Counsellors (IGC) to support the transition of students with mental health difficulties to higher education.

It is recommended that this map include a guideline outlining the role of the various staff and functions that support students with mental health difficulties and how they connect. For example Disability Support Services should clarify their operating responsibilities and communication links with other services such as the counselling service and vice-versa.

One-to-one tailored specialised support to meet individual students’ needs: establish dedicated specialised mental health service or champion.

This study recognises the benefit students report that they receive from specialised services delivered one-to-one by professionals with mental health expertise and academic supports to assess and meet individual student needs. This study recommends that HEIs ensure that students can access one-to-one specialised support to cope with mental health difficulties on campus. Related to this recommendation is the need for one key point of contact to be identified in each support service and additionally that one individual is appointed in the role as mental health champion/ advisor. The key role for this individual is to liaise between students with mental health difficulties, academic departments and other support services within HEIs with a view to providing co-ordinated provision to the students.

Promotion of mental health awareness as part of induction for students.

This study strongly recommends that mental health well-being is promoted and that there is clear communication of information on support services for students with mental health difficulties during the induction and orientation phase for all new students. Additionally, it is recommended that the college continue to run campaigns on an ongoing basis on mental health promotion, for example, with Please Talk initiative and Mental Health Awareness. It is advised that mental health awareness activities are not considered as stand alone, “once a year” events but rather that regular awareness raising actions are linked in with appropriate services.

Awareness training at an institutional level for academic and other staff including all part time/adjunct staff

This study recommends an Awareness Training and information campaign targeting all staff including part-time and adjunct staff to address the support requirements of students with mental health difficulties.

Within the individual HEI environment, it is recommended that the support requirements of students with mental health difficulties are included in CPD courses on teaching and learning.

Mandatory training for all academic staff in supporting students with mental health needs

Individual HEI Strategies for Mental Health are recommended to include obligatory training for academic staff in supporting students with mental health difficulties. This can be delivered in all HEIs during the induction phase and offered as ongoing training to ensure part-time and adjunct staff's inclusion is facilitated as for example they may commence a contract mid-way through an academic year.

Reviewing the fund for students with disabilities to ensure access to appropriate supports for students with mental health difficulties

Students in this study, who had access to specialised supports based on assessment of their needs, report positive impacts for their mental health well-being and academic attainment.

This study recommends that each HEI provides students with mental health difficulties access to individual supports based on their assessment of need, and that access to specialised support be provided either through an existing programme, or that collaborative practices between services both on and off campus are strengthened to ensure their students are enabled to fully participate in their chosen HE course.

It is recommended that the prioritisation of resources allocated within the Fund for Students with Disabilities is reviewed. The categorisation within the Fund for Students with Disabilities was raised as particularly restrictive for students with mental health difficulties. This study recommends that a review of the Fund for Students with Disabilities explores the supports available and their effectiveness for students with mental health difficulties to ensure that their needs are being appropriately considered and met.

Formalising peer support initiatives

This study recommends that all HEIs have at least one formal peer support channel to connect students with mental health difficulties. While connecting with peer support off campus can benefit students' well-being and recovery, peer support accessed on campus provides the additional bonus of supporting students' integration into college life.

A particularly beneficial good practice reported by several participants in this study is when students who have overcome mental health difficulties support other students through a formal programme run on campus. Clear boundaries are advised for peer support programmes. Trinity College Dublin's Ambassador Programme and UCC's Peer Mentoring Programmes are two current examples that provide sets of guideline. Students who participate may be current students or alumni.

Embed variation and flexibility in teaching and learning to improve access

It is recommended that teaching and learning is implemented in a varied and flexible manner with sufficient choice of pedagogy to meet the specific learning needs of students with mental health difficulties. This would ensure that learning is available in a variety of means and that materials are available on line and in alternative formats and available out of class time to accommodate students who have taken leave of absence. It is recommended that a whole campus initiative is adopted and that staff involved in

work placement, international study abroad and careers are fully engaged in the process of ensuring access and participation for students with mental health difficulties.

Incorporate variation and flexibility into assessment methods

This study recommends that all courses identify a range of appropriate assessment tools that can provide students with mental health difficulties with some choice of assessment methods across their course. While flexibility of assessment in higher education is not new, it is not widespread and students strongly agreed that alternative means of assessment enabled them to demonstrate their knowledge and was a less stressful experience.

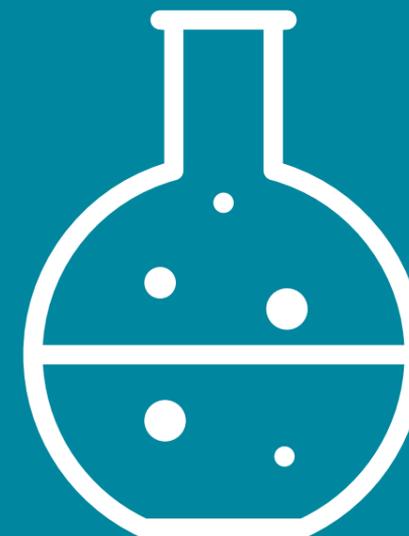
This study reports that openness to flexible approaches to assessment, in particular related to in class practical work and oral presentations makes the difference between a student with mental health difficulties engaging and reaching their potential or failing and dropping out. This is in keeping with the Universal Design for learning approach discussed in the literature review.

HEA and HSE: a coordinated multi-agency approach

This study recommends that liaison is critical between students with mental health difficulties who frequently are connected to multiple support services both in HEI and in the community through the HSE. It is recommended that in some cases an outreach and multi-agency co-operation is required and resourced accordingly.

6

Next Steps



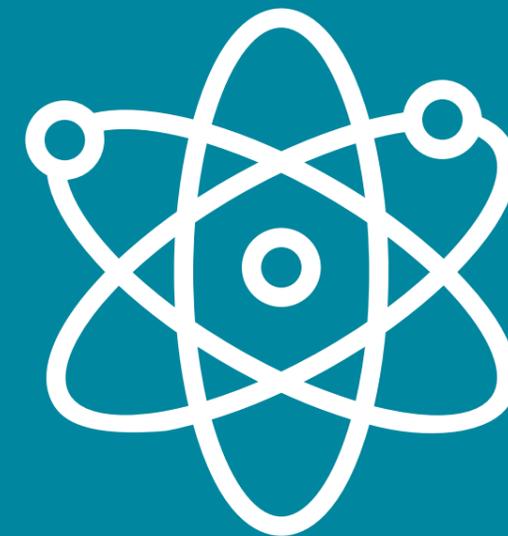
Recommendations

- Developing a map of interlinked support services.
- One-to-one tailored specialised support to meet individual students' needs.
- Establish dedicated/specialised mental health service or champion.
- Include mental health in induction for all students and staff.
- Address gap in training for part-time/adjunct staff.
- Allocate funding to ensure equity of early access.
- Formalise peer support initiatives.
- Incorporate flexibility into assessment methods.
- Whole campus strategic response to students with mental health difficulties.
- HEA and HSE: A coordinated multi-agency approach.
- Training for all academic staff in supporting students with mental health needs.
- Linking in with AHEAD's UDL work.

The above outlines the study's key recommendations. The first next step recommended by this study is to establish a core Steering Group to examine this study's recommendations and the means of implementation.

It is recommended that stakeholders include representation from all Higher Education Institutions, the Higher Education Authority and Health Service Executive, Headstrong, relevant NGO community groups and a representation from the Students Union of Ireland to include students with mental health difficulties themselves.

7 Conclusion



The research findings indicate that where staff have an awareness of mental health issues and when students with mental health difficulties have access to specialised supports then they are empowered to manage the transitions into higher education and to fully engage with their HEI courses, leading to the achievement of positive academic outcomes and better mental health.

However, an overriding theme amongst students and staff was the inconsistency or patchy nature of service provision on campus and the lack of systematic connectivity between the wide range of services tasked with responding to the needs of students experiencing mental health difficulties. The information gathered during student Focus groups reiterated the need for a joined up approach to service provision with good accessible information signposting the range of support services for students with a mental health difficulty, and more importantly, how they could access those supports.

Positive relationships with staff was found to be a key factor in creating an awareness of mental well-being which enabled the students to disclose their conditions, thus reducing the levels of stress and anxiety associated with transitioning to higher education. This was particularly evident where they had contact with a dedicated or named member of staff.

In order to best support students with mental health difficulties in higher education, this research finds that a whole campus response is required to meet the complex needs of these students. Promotion of mental health well-being together with the provision of clear policies and sign-posted information about the support services enables a student with a mental health difficulty to navigate the appropriate pathways to support. Mapping the support services available in individual HEIs and local communities is advised and a liaison between support staff including Disability Support Services, Counselling and Faculty is strongly recommended.

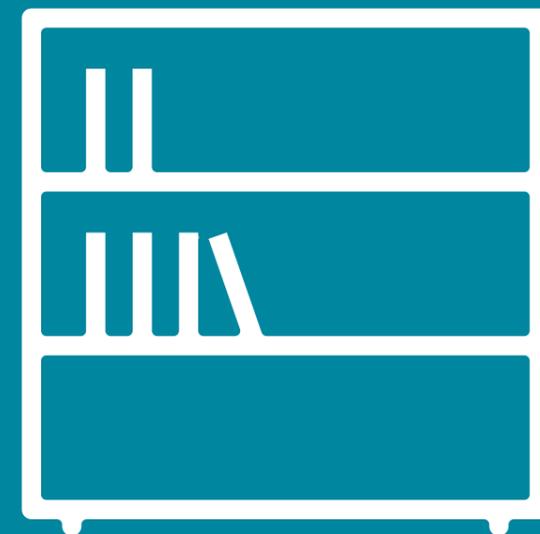
For students who are most vulnerable to anxiety, social isolation and depression, providing as clear a pathway as possible to appropriate supports is crucial to their mental well-being and retention in HEIs. From the student perspective, communication between support services and faculty was critical to their success. It is evident that information about the students' requirements, particularly in the mainstream classroom, is communicated in an appropriate manner to staff that require it. Once students have registered with services, it is critical that they can be assured that their needs are individually assessed and provided for within the mainstream education environment.

Students reported that the supports provided by dedicated mental health support services such as Unilink and National Learning Network played a major part in their capacity to deal with the demands of the course. These supports, which are mainly academic study supports such as time management, assignment writing and note-taking skills built confidence and led to their successful inclusion on the course. A flexible approach to teaching, learning and assessment provided the student with a greater choice of how to learn, and facilitated them in managing the demands of their academic course, in keeping with the Universal Design approach to learning.

This report endorses the goal of the HEA National Plan for Equity of Access to Higher Education **"to embed the whole of HEI approaches to institutional access strategies"** and highly recommends a whole college approach to promoting and building an ethos of mental well-being across campuses, and ensuring a range of appropriate initiatives to meet the needs of students with mental health difficulties. It recommends that institutions re-examine their existing policies and practices to ensure an environment that students with mental health difficulties can be authentically included in higher education and achieve the learning outcomes.

This report advises as a preliminary next step, as recommended by many of the professionals who participated in this study, the establishment of a national stakeholder advisory group convened by AHEAD to examine the implementation of the research recommendations. It is recommended that this group represent all the stakeholders involved in this study and that the Students Union of Ireland and HEI students also play a central role.

References



Association for Higher Education Access and Disability (2009). **Charter on Inclusive Teaching and Learning Available** at www.ahead.ie.

Association for Higher Education Access and Disability. (2015). Numbers of Students with Disabilities Studying in Higher Education in Ireland 2013-2014. AHEAD, Dublin.

Blanco, C., M. Okuda, C. Wright, D. Hasin, B. Grant, L. Shang-Min and M. Olfson. (2008). "Mental health of college students and their non-college peers: results from the National Epidemiologic Study on Alcohol and Related Conditions" **Archives of General Psychiatry** 65 (12): 1429-1437.

Barnes, C. (second impression: 1994) **Disabled People in Britain and Discrimination: a case for anti-discrimination legislation.** London: C. Hurst and Co Ltd.

Barnes, C.; Oliver, M. and Barton, L. (2002). **Disability Studies Today.** London: Polity Press.

Barnes, C.; Mercer, G. (2003). **Disability.** London: Polity Press.

Barnes C, Mercer G, **Exploring Disability**, 2nd (Cambridge: Polity, 2010).

Beck, A. T. (1967). **Depression: Clinical, experimental, and theoretical aspects.** Hoeber Medical Division, Harper & Row.

Bingham, W and Moore, B. (1959). **How to interview.** New York: Harper.

Bradley, D. (2014) (June) "**Colleges face up to crisis in mental health**" *Connaught Tribune*. Available here: <http://connachttribune.ie/colleges-face-crisis-mental-health/>

Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. **Qualitative Research in Psychology**, 3 (2). pp. 77-101. ISSN 1478-0887.

Brackney BE, Karabenick SA (1995). **Psychopathology and Academic Performance: The Role of Motivation and Learning Strategies.** *Journal of Counselling Psychology*: 42: 456-465.

Brookhart, S. M. (1999). Teaching about communicating assessment results and grading. **Educational Measurement: Issues and Practices**, 18, 5-13.

Broderick, J. (2013). "Addressing the Mental Health needs of Third Level Students": **Education Matters Year Book**, Education Matters, Galway.

Cannon M, Coughlan H, Clarke M, Harley M & Kelleher I (2013). **The Mental Health of Young People in Ireland: a report of the Psychiatric Epidemiology Research across the Lifespan (PERL).** Royal College of Surgeons in Ireland, Dublin.

Chung, Henry, and Michael Klein. 2007. "Improving Identification and Treatment of Depression in College Health." **Aetna Student Health Spectrum** (June): 13-19.

Clulow, V. and Brennan, L. (1996) 'It's not what you know it's who you know: Student relationship constellations and their impact on study success and persistence'. In: James, R. and McInnes, C. eds. **Transition to Active Learning: Proceedings of the Pacific Rim conference on the first year in higher education.** Melbourne: University of Melbourne.

Copeland, M. (2002b). **Wellness recovery action plan.** Dummerston, VT: Peach Press.

Demery, R., K. Thirlaway and J. Mercer. (2012). "The experience of university students with a mood disorder". **Disability and Society** 27 (4): 519-533.

Denzin, N. K., (1989a). **The Research Act: A Theoretical Introduction to Sociological Methods.** Prentice Hall, NY.

Denzin, N. K., and Lincoln, Y. S. 2003. Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (eds.), **Strategies of qualitative enquiry**. Sage, Thousand Oaks.

Department of Education and Skills. 2011. **Department of Education and Skills Annual Report 2011**. Dublin.

Disability Federation of Ireland. (2014). **Towards the Development of a New National Plan for Equity in Higher Education, Submission to the Higher Education Authority**. Rehab Group, Dublin.

Dooley, B. A. and Fitzgerald, A. (2012). **My World Survey: National Study of Youth Mental Health in Ireland**. Headstrong and UCD School of Psychology, Dublin.

Downs, M., & Eisenberg, D. 2012. Help seeking and treatment use among suicidal college students. **Journal of American College Health**, 60 (2), 104-114.

Dunne, E. 2006. **The Views of Adult Users of the Public Sector Mental Health Services**, Report of a survey for the Mental Health Commission.

Eisenberg, D., Golberstein, E., and Gullust, S. (2007). Help seeking and access to mental health care in a university student's population. **Medical Care**, 45(7), 594-601.

Equality Challenge Unit (2014a) **Equality in Higher Education: Statistical Report 2014, Part 1: Staff**. London: Equality Challenge Unit (ECU).

Farrell, E. and Shevlin, M. (2013). Addressing the needs of students with persistent mental health problems in higher education. **14th Confederation of Student Services in Ireland Annual Conference Mind, Body, Spirit-The Holistic Approach to the Student Experience**, 19-20 June, 2013, Dundalk Institute of Technology, Conference Proceedings.

Farrell, E. (2015). Supporting Students with Mental Health Problems in Higher Education: The Challenge of Bearing Witness to Shame. **AHEAD Journal**, Issue 1.

Fuller, M., M. Healy, A. Bradley and T. Hall. (2004). "Barriers to learning: A systematic study of the experience of disabled students in one university". **Studies in Higher Education** 29 (3): 303-318.

Goffman, E. (1963). **Stigma: Notes on the management of spoiled identity**. Prentice- Hall.

Gormely, B. and McManus, S. (2013). "Student Central: An Innovative Programme to Support Students with Mental Health Difficulties at NUI Maynooth" in **How Equal? Access to Higher Education, Research Papers**. Pp46-50. Dublin: Higher Education Authority.

Government of Ireland. (2000). **Equal Status Act, 2000**. Dublin: Stationery Office.

Government of Ireland. (2001). **Mental Health Act, 2001**. Dublin: Stationery Office.

Government of Ireland. (2004). **Equality Act, 2004**. Dublin: Stationery Office.

Government of Ireland. (2005). **Disability Act 2005**. Dublin: Stationery Office.

Government of Ireland. (2008). **Equality Act 2008**. Dublin: Stationery Office Equal Status Act, 2000.

Grant, A. (2011) **The Growth and Development of Mental Health Provision in UK Higher Education Institutions**. Universities UK/ Guild HE Working Group for the Promotion of Mental Wellbeing in Higher Education (in press).

Gregg, N. (2010). **Adolescents and adults with learning disabilities and ADHD: Assessment and accommodation**. New York: Guilford Press.

Hammersley, M. (1992). **What's wrong with ethnography? Methodological explorations.** London and New York: Routledge.

Haverkos, P. J. (2011) "Finding the union of success and access: A focus on learning for students with disabilities". In P. M. Magolda and M.B.B. Magolda (Eds.) **Contested issues in student affairs: Diverse perspective & respectful dialogue** (pp.309-315). Sterling, VA: Stylus.

Health Service Executive. (2006) **A Vision for Change: Report of the Expert Group on Mental Health Policy.** HSE, Dublin.

Health Service Executive. (2007) **Mental Health in Ireland: Awareness and Attitudes.** HSE, Dublin.

Heiligenstein, D., Guenther, G., Hsu, K., and Herman, K. (1996). Depression and Academic Impairment in College. **Journal of American College Health**, Vol. 45, 2.

Hennink, M.M. (2007). **International Focus group research: A handbook for the health and social sciences.** Cambridge University Press: Cambridge.

Higher Education Authority (2013) **Higher Education Key Facts and Figures 2011/12.** Higher Education Authority, Dublin.

Higher Education Authority. (2015) **Supporting a better transition from Second Level to Higher Education, Implementation and Next Steps.** Dublin, HEA.

Higher Education Funding Council for England (HEFCE). (2015). **Understanding provision for students with mental health problems and intensive support needs,** Higher Education Funding Council for England, UK.

Hoey, P. (2012). **South West Regional Alliance Annual Report 2012.** University of Limerick.

Hunt, J., D. Eisenberg and A.M. Kilbourne. (2010). "**Consequences of receipt of a psychiatric diagnosis for completion of college**". *Psychiatric Services* 61 (4): 399-404.

Israel, M. and Hay, I. (2006). **Research Ethics for Social Scientists: Between Ethical Conduct and Regulatory Compliance.** London: Sage.

Karwig, G. and Chambers. D. (2015). **Reaching Out In College: Help Seeking at Third Level in Ireland.** Available here: <http://ie.reachout.com/wp-content/uploads/2015/10/T4WB15-Reaching-Out-in-College.pdf>

Kessler, R., Berglund, P., Demler, O., Jin, R., Merikangas, K. and Walters, E. (2005) "Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication" in **Archives of General Psychiatry**, 62, 6: 593-602.

Kennedy, S. and McCarthy, S. (2015) "**Student Central: A support service for students**" Presentation at the European Forum for Rehabilitation, Mental Health Recovery in Action, November 15th Dublin 2015.

Kielhofner, G., & Fossey, E. (2006). The range of research In G. Kielhofner (Ed). **Research in Occupational Therapy: Methods of inquiry for enhancing practice** (pp. 20-35). Philadelphia: F.A. Davis Company.

Korbin, J., and Young, J. (2003). The cognitive equivalence of reading comprehension test items via computerized and pencil-and-paper administration. **Applied Measurement in Education**, 12, 11-14.

Krause, K. (2005) Serious thoughts about dropping out in first year: Trends, patterns and implications for higher education. **Studies in Learning, Evaluation Innovation and Development.** Centre for the Study of Higher Education, University of Melbourne, 2(3), pp. 55-68. <http://sleid.cqu.edu.au>

Krause, K. (2007) **Beyond the classroom walls: Students out-of-class peer experiences and implications for teaching and learning.** Griffith University, Australia.

Linehan, M. M. (1987). Dialectical Behaviour Therapy for borderline personality disorder: Theory and method. **Bulletin of the Menninger Clinic.** Retrieved from <http://psycnet.apa.org/psycinfo/1987-32134-001>

Lofland, J. and Lofland, L.H. (1995). **Analyzing Social Settings: A Guide to Qualitative Observation and Analysis,** Belmont, CA: Wadsworth.

Madriz, E. (2000). Focus groups in feminist research. In N. K. Denzin & Y. S. Lincoln (Eds.), **Handbook of qualitative research** (Vol. 2, pp. 835-850). Thousand Oaks, CA: Sage.

Malhi, G.S., McAulay, C., Das, P. & Fritz, K. (2015). "Maintaining mood stability in bipolar disorder: a clinical perspective", **Evidence Based Mental Health**, 18(1), pp.1-6.

Martin, D.G. (2007). "Bureaucratizing Ethics: Institutional Review Boards and Participatory Research". **ACME: An International E-Journal for Critical Geographies.**

Martin, J. and F. Oswin. (2010). "Mental health, access and equality in higher education". **Advances in Social Work** 11 (1): 48-66.

Mac Gabhann, L., Lakeman, R., McGowan, P., Parkinson, M., Redmond, M., Sibitz, I., Stevenson, C and Walsh, J. (2010). **Hear my voice: the experience of discrimination of people with mental health problems in Ireland.** Dublin: Dublin City University.

Markoulakis, R. and Kirsh, B (2013) Difficulties for University Students with Mental Health Problems: A Critical Interpretive Synthesis. **The Review of Higher Education**, Vol, 37, 1.

McCann, T. and Clark, E. (2003c). Grounded Theory in nursing research: Part 3 – Application. **Nurse Researcher.** 11 (2), pp29-39.

McCarthy, S. Deegan, J. and Bryne, H (2015). "Academic Support Service Adaptations in Response to the Psychosocial Needs of Third-Level Students with Dyslexia" **The AHEAD Journal, A Review of Inclusive Education & Employment Practices**, Volume 2, pp 30-38.

McGorry, P. D, Purcell, R. Goldstone, S. Amminger, G. P. (2011). Age of onset and timing of treatment for mental and substance use disorders: implications for preventive intervention strategies and models of care. **Current Opinion in Psychiatry:** July 2011, Vol. 24. Issue 4 (pp. 301-306).

McKavanagh, M., Connor, J., and West, J. (1996) 'It's moments like these you need mentors'. In James, R. and McInnes, C. eds. **Transition to active learning: Proceedings of the 2 and Pacific Rim conference on the first year in higher education.** Melbourne: University of Melbourne, Centre for the Study of Higher Education.

Mead, S., Hilton, D. and Curtis, L. (2001). Peer support: a theoretical perspective. **Psychiatric Rehabilitation Journal.** Fall; 25(2) Pp. 134-41.

Morgan, D.L. (2002). Focus group interviewing. In J.F. Gubrium & J.A. Holstein (eds.), **Handbook of interviewing research: Context & method** (pp. 141-159). Thousand Oaks, CA: Sage.

Murphy, F., Doolan, R., Chambers, D., Callaghan, N., McNally, J and Ger, E. (2013) **Reachout.com: A report on awareness, attitudes, knowledge and behaviour related to youth mental health and help-seeking online.** Inspire Ireland Foundation 2013.

Myers, K., Lindburg, J., and Nied, D. (2014). Allies for Inclusion: Students with Disabilities. **ASHE Higher Education Report**, 39(5). San Francisco: Jossey Bass. (Monograph).

National Suicide Review Group, Ireland. Department of Health and Children, Health Service Executive. (2005) **Reach out: national strategy for Action on Suicide Prevention 2005-2014.** HSE, Dublin.

National University of Ireland Galway (NUIG). (2012) **A Mental Health Strategy for the Students of NUI, Galway**. NUIG, Galway.

Nolan, C., Treanor, D., Gleeson, C., & Lewis, K., TCD Unilink: A Shared Service Model, **Higher Education Authority Conference, Dublin, Castle, 7th November! 2013**, 2013. Poster, 2013.

Ofiesh, N. (2016) Can you Test Better than your Potential? The Movement Toward Universally Designed Assessments. **Keynote Presentation at AHEAD's Symposium UDL-Taking Stock**, Dublin City University, March 14th 2016. <http://www.ahead.ie/userfiles/files/Conference/2016/Nicole%20Ofiesh.pdf>

Oliver M, Barnes, C. (1998). **Disabled People and Social Policy: From Exclusion to Inclusion**. Harlow: Addison Wesley Longman.

Oliver, M. (1994). "If I had a hammer: The Social Model in Action". In Swain, J. French, Barnes, C. S and Thomas, C. **Disabling Barriers Enabling Environments**. London, Sage.

Oliver, M. (1993). "Changing the Social Relations of Research Production?" **Disability, Handicap and Society**, 7 (2) pp101- 14.

O'Grady, M. (2015). "Moving for a Reactive to Proactive Model in support of Students with Mental Health Difficulties" **Presentation at Trinity College Dublin's Disability Service Fourth Annual Symposium 2014-15**. Dublin, TCD.

Patton, M.Q. (1990). **Qualitative Evaluation and Research Methods**. 2nd edition. Newbury Park, CA: Sage.

Punch, K.F. (2005). **Introduction to Social Research. Quantitative and Qualitative Approaches**. 2nd edition. London: Sage.

Power, E., Clarke M., Kelleher, I, Coughlan, H., Lynch, F, D. Connor, D., Fitzpatrick, C., Harley M., and Cannon, M. (2015). "The association between economic inactivity and mental health among young people: a longitudinal study of young adults who are not in employment, education or training", **Irish Journal of Psychological Medicine**, 32(1), pp. 155-160.

Quinn, N., A. Wilson, G. MacIntyre and T. Tinklin. (2009). "People look at you differently': student's experience of mental health support within higher education". **British Journal of Guidance and Counselling**, 37 (4): 405-418.

Rehab Group/National Learning Network. (2014) **Towards the Development of a New National Plan for Equity in Higher Education, Submission to the Higher Education Authority**. Rehab Group, Dublin.

Rodger, S., and Tremblay, P. F. (2003) The effects of a peer mentoring program on academic success among first year university students. **Canadian Journal of Higher Education**. Vol 33, pp. 1-18.

Meyer, A., & Rose, D. (1998). Learning to read in the computer age. In J. Chall (Series Ed.), & J. Onofrey (Ed.), **From reading research to practice**. Cambridge, MA: Brookline Books.

Rose, D. H. and Meyer, A. (2002). **Teaching every student in the digital age: Universal design for learning**. Alexandria, VA: Association for Supervisors of Curriculum Development.

Meyer, A., Rose, D.H., and Gordon, D. (2014) **Universal design for learning: Theory and practice**, Wakefield MA: CAST.

Rose, D. H. and Johnston, S.C. (2015). **Universal Design for Learning in Postsecondary Education: Foundations, New Directions, and Resources**, AHEAD Journal, Vol 1.

Rosenthal, J. M. and Okie, S. (2005). White coat, mood indigo—depression in medical school. **New England Journal of Medicine**, 353(11), 1085–1088.

Royal College of Psychiatrists (2003). The Mental Health of Students in Higher Education. **Council Report CR112**. Available online at www.rcpsych.as.uk

Royal College of Psychiatrists (2011) **Mental Health of Students in Higher Education. College Report CR166**. London: Royal College of Psychiatrists. Available online at www.rcpsych.as.uk

Rutkowski, L., Vasterling, J.J. and Proctor, S.P., Anderson, C. J. (2010). Post-traumatic stress disorder and standardized test-taking ability. **Journal of Educational Psychology**. 102(1), 223-233.

See Change (2003). **See Change Annual Report 2013**. See Change, Dublin.

Shakespeare, T. (1996). Rules of engagement: Doing Disability Research. **Disability and Society**. 11 (1) pp115-119.

Shinn, E. and Ofiesh, N. (2012). Cognitive Diversity and Implications for Test Design. **Journal of Postsecondary Education and Disability**. 25 (3), pp. 227-245.

Shulze, B. and Angermeyer, M.C. (2003). Subjective experiences of stigma. A Focus group study of schizophrenic patients, their relatives and mental health professionals. **Social Science and Medicine** Jan; 56(2):299-312.

Silverman, D. (2001). **Interpreting Qualitative Data: Methods for Analysing Talk, Text and Interaction** (second edition). London: Sage.

Singh, S.P., Paul, M, Ford, T., Kramer, T. And Weaver, T. (2008) "Transitions of care from child and adolescent mental health services to adult mental health services (TRACK Study): a study of protocols in Greater London" in **BMC Health Services Research** 8: 135.

Sireci, S. G., & Pitoniak, M. J. (2007). Assessment accommodations: What have we learned from research? In C. C. Laitusis, & L. Cook (Eds.), **Large scale assessment and accommodations: What works?** (pp. 53-65).

Stanford University. (2008) **Student Mental Health and Well-Being Task Force Report**. Stanford, CA.

Stanley, N. and J. Manthorpe. (2001). "Responding to students' mental health needs: Impermeable systems and diverse users". **Journal of Mental Health** 10 (1): 41-52.

Stanley, N., S. Mallon, J. Bell and J. Manthorpe. 2009. Trapped in transition: findings from a UK study of student suicide. **British Journal of Guidance & Counselling** 37 (4): 419-433.

Stone, G., and Archer, J. (1990). College and university counselling centres in the 1990s: Challenges and limits. **Counselling Psychologist**, 18, 539-607.

Stone, E. and Priestley, M. (1996). Parasites, Pawns and Partners: Disability Research and the Role of Non-disabled Researchers. 1996, **British Journal of Sociology**. 47 pp699-716.

Stone, E. (1999). **Disability and Development**. Leeds, The Disability Press.

Swain, J. and French, S. (2000) Towards an affirmative model of disability, **Disability and Society**, 15(4), 569-582.

Terzi, L. (2004) 'The social model of disability: a philosophical critique', **Journal of Applied Philosophy** 21/2, pp. 141-157.

Thompson, S., Blount, A., & Thurlow, M. (2002). **A summary of research on the effects of test accommodations: 1999 through 2001**. (Technical Report No 34) Minneapolis, MN: University of Minnesota, National Centre on Educational Outcomes. Retrieved from National Centre on Education Outcomes website: [http://education.umn.edu/NCEO/OnlinePubs/Technical 34.htm](http://education.umn.edu/NCEO/OnlinePubs/Technical%2034.htm)

Tomaskevski, K. (2001) Removing obstacles in the way of the right to education, **Right to Education Primers No. 1**, Novum Grafiska, Gothenburg.

Topham, P. and Moller, N. (2011) 'New students' psychological well-being and its relation to first year academic performance in a UK university'. **Counselling and Psychotherapy Research** 11 (3), pp 196-203.

Treanor, D, Doyle, A. and Reilly, D. (2013) "Supporting non-traditional students: The Student Journey, a new model of engagement – The move from a transactional service delivery model, to a transformational resource" in **How Equal? Access to Higher Education, Research Papers**. Pp113-120. Dublin: Higher Education Authority.

Twomey, O., Amberson, J., and Brennan, A. (2010) **Pathways to Education: Students with disabilities tracking report – 2005 intake**. An analysis of their progression, retention and success through Higher Education Institutions. <http://www.pathwayscork.ie/wp-content/uploads/2010/09/Students-with-Disabilities.pdf>

Union of Students in Ireland. (2014). **More Talk More Action**. USI Mental Health Strategy 2014- 2017. Dublin, USI.

University of Cork City (2013). **University Cork City Student Experience Strategic Plan 2013-2017**, UCC, Cork.

University College Dublin (2016). **UCD student mental Health and Wellbeing, policy and procedures**, Dublin, UCD Registry.

United Nations. (2008). **Convention on the Rights for People with Disabilities (CRPD)**.

Wallace, P. (2013) 'Impact of counselling on academic outcomes: the student perspective'. **AUCC - Advisor, University and College Counselling**, November, pp. 7-11.

Waxman, R. P., Weist, M. D. and Benson, D. M. (1999). Toward collaboration in the growing education-mental health interface. **Clinical Psychological Review**. Mar: 19 (2) pp 239-53.

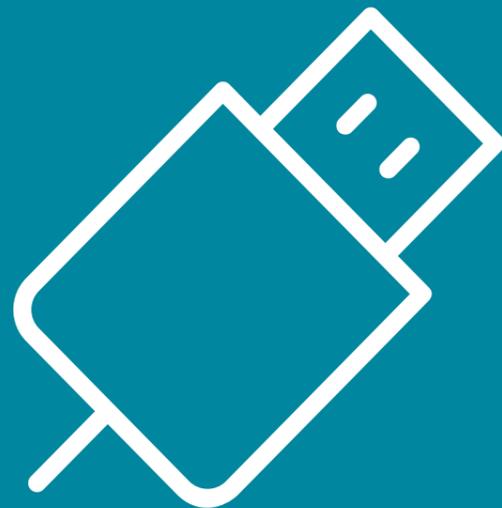
Williams, P., & Young, P. (1992). Introduction. In J. McGinty & J. Fish (Eds.), **Learning support for young people in transition: leaving school for further education and work**. Buckingham: Open University Press.

World Health Organization. (2005). **Promoting mental health: concepts, emerging evidence, practice: report of the World Health Organization**, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne / [editors: Helen Herrman, Shekhar Saxena, Rob Moodie.

World Health Organization. (2010). **"Global Burden of Disease. What diseases and injuries cause the most death and disability globally?"** World Health Organization. <http://healthmetricsandevaluation.org/gbd/visualizations/gbd-2010-partners-broad-cause-group?unit=pc&sex=B&metric=daly&stackBy=region&year=5>

World Health Organization. 2014. **Mental Health Atlas**. http://apps.who.int/iris/bitstream/10665/178879/1/9789241565011_eng.pdf?ua=1

Appendices



Appendix A - Research Consent Forms

Informed Consent Form for Students

Study Working Title: Investigating best practices in supporting students with mental health difficulties – Informed Consent Form

Part 1: About the study

Introduction

My name is Dr Esther Murphy and I work for the Association for Higher Education Access & Disability (AHEAD). I am the lead researcher as part of an AHEAD/National Learning Network (NLN) initiative to investigate best practices for supporting young people with mental health difficulties in higher education in Ireland. This study is funded by AHEAD and NLN and endorsed by the Higher Education Authority.

Purpose of the research

We are meeting with students and graduates who have experience of mental health difficulties to hear their views, opinions and concerns on supports in higher education. We are also meeting with some of the professionals (disability service support officers and counsellors, NGOs and mental health experts) who support them on campus.

Voluntary Participation

Your participation in this research is entirely voluntary. It is your choice whether or not to participate. You may change your mind later and stop participating at any stage, even if you agreed earlier.

Part 2: About the activity

Focus group/Interview Procedure

You are invited to take part in a Focus group/interview. If you decide to take part, you will be asked to discuss a series of topics in a group/one-to-one interview. In advance of the Focus group/interview participants will be asked whether they are comfortable with the session being audio recorded. All participation is anonymous. In any dissemination at a later stage all participant names will be changed to pseudonyms and in no way will the identity of anyone involved be revealed. The Focus group will last approximately 2 hours. Interviews will last approximately 1 hour.

The student Focus group/interview will discuss the following topics:

- Experiences accessing support for mental health difficulties in HEI.
- Sharing stories of times when you felt well supported – what worked for you?
- Disclosure of mental health difficulty and stigma.
- Recommendations and tips for other students with mental health difficulties access and succeed in higher education and for professionals.
- Sharing your thoughts on what you think could be improved in the system and what next steps could be taken to achieve that.

If you would prefer not to discuss a particular topic, you can skip it. If you are not comfortable, you are free to end your participation in the Focus group at any stage.

Only the project team will have access to the information recorded during the Focus group. This information will be kept confidential and anonymous and will not be passed on to anyone outside of the project team. You will not be identified when the data is shared, described or interpreted and comments cannot be linked back to you in any way by any 3rd party.

Participant Signature

Researcher Signature

Thanks for your participation

Who to contact: If you wish to ask questions later, you may contact:

Dr Esther Murphy, esmurphy@tcd.ie or Ann Heelan, Executive Director, AHEAD ann.heelan@ahead.ie

Appendix B - Informed Consent for Professionals

Study Working Title: Investigating best practices in supporting students with mental health difficulties – Informed Consent Form

Part 1: About the study

Introduction

My name is Dr Esther Murphy and I work for the Association for Higher Education Access & Disability (AHEAD). I am the lead researcher as part of an AHEAD/National Learning Network (NLN) initiative to investigate best practices for supporting young people with mental health difficulties in higher education in Ireland. This study is funded by AHEAD and NLN and endorsed by the Higher Education Authority.

Purpose of the research

We are meeting with students and graduates who have experience of mental health difficulties to hear their views, opinions and concerns on supports in higher education. We are also meeting with some of the professionals (disability service support officers and counsellors, NGOs and mental health experts) who support them on campus.

Voluntary Participation

Your participation in this research is entirely voluntary. It is your choice whether or not to participate. You may change your mind later and stop participating at any stage, even if you agreed earlier.

Part 2: About the activity

Focus group/Interview Procedure

You are invited to take part in a Focus group/one-to-one interview. If you decide to take part, you will be asked to discuss a series of topics in a group/ One-to-one. In advance all participants will be asked whether they are comfortable with the session being audio recorded. All participation is anonymous. In any dissemination at a later stage all participant names will be changed to pseudonyms and in no way will the identity of anyone involved be revealed. The Focus group will last approximately 2 hours. Interviews will last approximately 1 hour.

The professional Focus group will discuss the following topics:

- Professional experiences supporting students with mental health difficulties on 'campus'.
- Sharing stories of times when you felt students benefitted from support – what worked?
- Disclosure of mental health difficulty and stigma.
- Recommendations and tips for supporting students with mental health difficulties access and succeed in higher education.
- Sharing your thoughts on what you think could be improved in the system and what next steps could be taken to achieve that.

If you would prefer not to discuss a particular topic, you can skip it. If you are not comfortable, you are free to end your participation in the Focus group at any stage.

Only the project team will have access to the information recorded during the Focus group. This information will be kept confidential and anonymous and will not be passed on to anyone outside of the project team. You will not be identified when the data is shared, described or interpreted and comments cannot be linked back to you in any way by any 3rd party.

Participant Signature

Researcher Signature

Thanks for your participation

Who to contact: If you wish to ask questions later, you may contact:

Dr Esther Murphy, esmurphy@tcd.ie or Ann Heelan, Executive Director, AHEAD ann.heelan@ahead.ie.

Appendix C - HEI Survey Questions

Intro & info about your institution

1. Respondent College:
2. Contact Email Address (for clarifications if necessary):
3. Do you represent a:
 - Institute of Technology University
 - Other HEI Type (please specify)
4. How many students in total are registered at your institution?

What's available?

5. Do you have an official Disability/Access office?
 - Yes / No
 - Comments:
6. If you answer 'Yes' to Q5, do you support students with mental health difficulties in this service?
 - Yes / No
 - Comments:
7. If you answered 'Yes' to Q5, how many of students registered with the Disability/Access service have a diagnosis of mental health difficulties?
8. How many of students with mental health difficulties registered with the Disability/Access Service are:
 - Male
 - Female

Other services

9. Does your college have an official counseling service?

Yes / No

Comments:

10. Do students on your campus have access to a doctor?

Yes / No

Comments:

11. Do students on your campus have access to a nurse?

Yes / No

Comments:

12. Do students on your campus have access to a psychiatrist?

Yes / No

Comments:

13. Are students provided with links to an off campus doctor, nurse or psychiatrist?

Yes / No

Comments:

14. Does your college have a student academic support service?

Yes / No

Comments:

15. If your college has a student academic support service (Q14), do you support students with mental health difficulties in this service?

Yes / No

Comments:

16. If your college has a counseling service (Q9), how many students with mental health difficulties are accessing the service?

17. Does your college have any dedicated service or provision for students with mental health difficulties to access?

Yes / No

Comments:

General info

18. Does your college have a peer support initiative for people with mental health disabilities directly connected to the aforementioned support services?

Yes / No

Comments:

19. Are the aforementioned college services involved in supporting students with mental health difficulties with transition planning for employment?

Yes / No

Comments:

20. Have you any suggestions/recommendations to help improve students' access to mental health services on campus?

21. Would you or one of your colleagues be interested in taking part in a Focus group or interview on this topic at a convenient time in the future? (If yes, we will contact you through the email address provided)

Yes / No

Appendix D - topic guides for students

Topics for discussion with students

- Disclosure/stigma
- Assessment/diagnosis experience
- Accessing support on campus via student support services
- Good experiences of support
- Transition experiences
- Reasonable accommodations
- Engagement with academic staff
- Peer support
- Improvements

Topics for discussion with professionals

- Supporting disclosure
- Assessment/diagnosis experience
- Cooperation between student support services
- Good experiences of supporting students with mental health difficulties
- Supporting students with mental health difficulties transition experiences
- Reasonable accommodations
- Engagement with academic staff
- Peer support
- Universal Design for Learning
- Policy
- Improvements

Appendix E - Table A: Research participants

NAME	COURSE/COLLEGE	Focus group OR Semi-structured interview PARTICIPANT
Sheila	IOT Graduate	Focus group
Jim	Current IOT Photography Undergraduate	Focus group
Jane	Current IOT Photography undergraduate	Focus group
Neil	Arts Graduate (Large Urban University)	Focus group
Conor	Engineering IOT Graduate	Focus group
Orla	Business studies graduate	Focus group
Patrick	Current IOT engineering student	Focus group
Grace	Recent large urban Arts postgraduate	Focus group
Alice	Recent Postgraduate at IOT	Focus group
Laura	Current IOT Art undergraduate	Focus group
Tim	Mature student (no course or college identified)	Focus group
Lucy	Recent Social sciences graduate	Semi-structured interview
Mary	Current Arts undergraduate at medium sized university	Semi-structured interview
Jessica	Current social sciences undergraduate mature student	Semi-structured interview

Appendix F - Table B: Professional research participants

NAME	PROFESSION	COLLEGE	Focus group OR Semi-structured interview PARTICIPANT
Elodie	Senior Counsellor	IOT	Focus group
Janet	Educational Psychologist	IOT and Large University	Focus group
Sally	Senior Occupational Therapist	Large Urban University	Focus group
Simon	Occupational Therapist	Large Urban University	Focus group
Olive	Occupational Therapist	Large Urban University	Focus group
Brenda	Senior Counsellor	IOT	Focus group
Melanie	Disability officer	Large Urban University	Focus group
Cian	Psychotherapist	Large mental health hospital	Semi-structured interview
Jack	Director	Mental Health NGO	Semi-structured interview
Sarah	Counsellor	IOT	Semi-structured interview
Louise	Coordinator	Mental Health NGO	Semi-structured interview

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