

**A University-Wide Survey:  
Access to Mental Health & Wellbeing Services  
St George's, University of London**  
Report on Student-Staff Partnership Project (2020)

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**EXECUTIVE SUMMARY**

There is a reported mental health crisis among University students across the UK. This has coincided with a global pandemic which has created great uncertainty for new and current students. Whilst discussing mental health has become less of a taboo in the last few decades, there is plenty we can do to understand students' perceptions and experiences of mental health and related services at St George's University.

The first aim of this project was to understand how students currently access information about support services related to mental health and well-being; and whether this works. The second aim was to ask students how best to promote services related to their health and well-being within St George's University. It was a collaborative student – staff partnership project between students from different programmes and staff from St George's University.

578 students responded to a questionnaire survey which was distributed to all undergraduate and postgraduate students at the university. As you will see throughout this report, rich qualitative and interesting quantitative data has been produced through a survey which all St George's University students had the opportunity to complete. The survey related to academic year 2019-20.

Medical students were the highest number of respondents (36.9%), approximately 80% of the respondents were in years 1-3 of their programme of study and 72% identified as female. 48% of the respondents indicated that they had experienced a mental health problem, with anxiety and depression being the most prevalent. 28% of the respondents accessed services related to their

mental health at SGUL, counselling being the most frequently cited service within the University. Being too busy with other commitments was the most frequently reported reason for not accessing services.

The second aim of the project was to ascertain from the student group how best to advertise the support services available at the University. Respondents provided several suggestions including:

- E-mails
- Canvas
- Screens around the University and information outside of the library
- Newsletters
- Social media; and
- Information at Freshers Fayre

We hope that this report will provide a valuable insight into the experiences and perceptions of our students and can be used as a reference point to consolidate, refine and expand the mental health services which we offer our students.

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# 1. INTRODUCTION

## **About this project**

We are aware that student mental health and wellbeing is an area of concern nationally; and St George's, University of London (SGUL) has several designated services to help and support students. However, from discussions with students and staff, what was evident at the start of this project was students are not always aware of where to access services related to their mental health and well-being, or they may desire a different form of support to that offered by the counselling service or advice from staff.

This project was initially designed to provide students who may be experiencing mental health problems with more overt information, in the form of a resource, as to how to easily access services within SGUL and some external agencies. Unfortunately, due to the unprecedented challenges accompanying the covid-19 pandemic, we had to adjust our methods of data collection and revisit our outcome for this project.

The aim of the project was to establish via an on-line survey how students currently access information about support services related to mental health and well-being; and whether this works. This is a collaborative project between students from different programmes and staff from SGUL.

## **Aim and Objectives**

To provide an extensive report outlining the existing knowledge and attitudes of the student population towards mental health services at SGUL. The key area to address was student mental health and well-being; and their communication/access to services. We hope this report will provide valuable information for staff and faculty to act upon, in aim of improving mental health services and their accessibility. Currently, it seems that students are not always aware of the possible options.

We wanted to focus on how the SGUL's support services can be more visible to students and how staff can be supported to signpost effectively. This project entailed as a fact-finding mission to present whether students know how to access the welfare support services and how they are finding them. We want to raise awareness of the services to both staff and students.

## 2. METHODS

### **Survey Area and Population**

This mental health partnership project was conducted by a group of staff and students at St. George's, all with different experiences in relation to mental health and wellbeing services. Our teams consisted of majority healthcare students, with the minority being life science students, as well as staff who have experience concerning mental health and students suffering with it.

St. George's, University of London is primarily a healthcare-centred university, located in the South-West of London and is directly linked to St George's Hospital. The student body is comprised of individuals attending from all over the UK and the world; this introduces different regional, cultural and religious perspectives on mental health and wellbeing, inevitably resulting in different perspectives of tackling issues regarding them. The survey related to students' experiences in academic year 2019-20.

### **Survey Design and Data Collection**

**Project management** - Project organisers met several times over the year from November 2019 to July 2020 in a mixture of face-to-face and online meetings. The first meeting in November was to generate which mental health concerns were most prominent in university students and how they could be best tackled by university services. Meetings generally discussed a plan of action for the following weeks, with tasks being delegated by the main organiser. The first two meetings focused on researching for ideas to figure out how we can understand students' attitudes to the services they're provided and how these services could be effectively advertised. The meeting in March, 2020 consisted of adjusting the project methods, due to covid-19 restrictions, to create a survey instead of running focus groups to collect data, as originally planned.

The last three meetings delegated tasks to individuals to summarize important topics to be included in questions in the survey, to develop the survey, to distribute it and then to interpret the data. During the third meeting, organisers also decided on how best to use the funding money provided, and it was decided £250 would best be used as an incentive to ensure more students would be inclined to complete the survey, in the form of Amazon vouchers.

**Survey design and dissemination**- There were various components to the survey, respondents were asked about their experience of mental health and access to services within the University. One of the main points of the survey was to gauge the consensus amongst the student body of the usefulness of the mental health services provided at the university based on their own circumstances. This was determined through questions that ask students to rank university provided listed services and their reasons for worst and best, as well as which service, they would choose for their own mental health concern.

There were three scenarios Students were asked to consider scenarios to aid the understanding of why students found a certain service fit for a situation. This helped us see what students consider to be the pros and cons to each service.

The survey was developed and distributed via MS forms. All St George's students have a dedicated University e-mail account which enabled the survey to be distributed via programme teams. We also utilised the university's various social media platforms, sharing on the University Facebook page and Instagram story as well as through various society social media accounts. Organisers were encouraged to send the link to the survey in individual SGUL WhatsApp groups, to reach those students who did not frequently check their emails. There was an incentive to completing the survey. If students entered their email at the end of the survey, they would have the chance of being one of the 25 respondents to win a £10 amazon voucher. Anonymity was still upheld as the winners were only contacted by the organiser responsible for distributing the vouchers.

We considered the merits of completing an online form to outweigh the disadvantages. Students were able complete the survey in their own time from their devices and did not have to worry about privacy, as only a select number of organizers had access to the survey data.

### **Ethical Approval**

Students were provided with an information sheet related to the purpose of the survey. Information was clear about invited and voluntary participation, that all questions were optional with a 'prefer not to answer option' and reassurance that their participation would not affect their studies in any way. They were informed that their data could be used in academic publications. Upon commencement of the survey, students were provided with a disclaimer covering the purpose of the survey, likely outcomes of participation, risks and who the data would be shared with.

## **3. SURVEY RESULTS**

578 students responded to the survey, each consented to participate in the survey. The highest number of respondents (n=279) was from medicine students, 36.5% from the 5/6 year programme, and 11.6% from the graduate programme. This was followed by 22.3% from Biomedical Science. These are two of the largest programmes at the University.

There was an equal number of respondents from Year 1 and 2 for the year of study (29.4%). More than 70% of the respondents were aged between 18-23 and 4.1% were from the category 35+ years. There were 72.3% who indicated that she was their preferred pronoun, 25.7% preferred the male pronoun. 4 students preferred not to indicate their pronoun preference, with 1.7% reporting they as their preference. Table 1 below provides and overview of respondent characteristics.

**Table 1: Participant characteristics (Total respondents = 578)**

<b>Programme of Study</b>	<b>No. of Respondents</b>	<b>% of total sample</b>
Biomedical Science	129	22.3%
Clinical Pharmacy	10	1.7%
Diagnostic Radiography	13	2.2%
Healthcare Science	15	2.6%
Masters student (MSc, MRes)	15	2.6%
Medicine (4 year graduate)	69	11.8%
Medicine (5/6 years)	213	36.9%
Occupational Therapy	13	2.2%
Other postgraduate course (PhD, PgCert, PgDip)	7	1.2%
Paramedic Science	24	4.1%
Physician Associate	34	5.8%
Physiotherapy	22	3.8%
Stand-alone module	1	0.2%
Therapeutic Radiography	13	2.2%
<b>Year of Study</b>		
Year 1	170	29.4%
Year 2	170	29.4%
Year 3	126	21.8%
Year 4	57	9.8%
Year 5	34	5.8%
<b>Age Range (Years)</b>		
18-20	207	35.8%
21-23	205	35.5%
24-26	74	12.8%
27-29	42	7.2%
30-32	12	2.0%
33-35	12	2.0%
35+	24	4.1%
<b>Preferred Pronoun</b>		
He	149	25.7%
She	418	72.3%
Prefer not to say	4	0.7%
They	7	1.2%

### **Mental health experiences of students whilst at St George's, University of London**

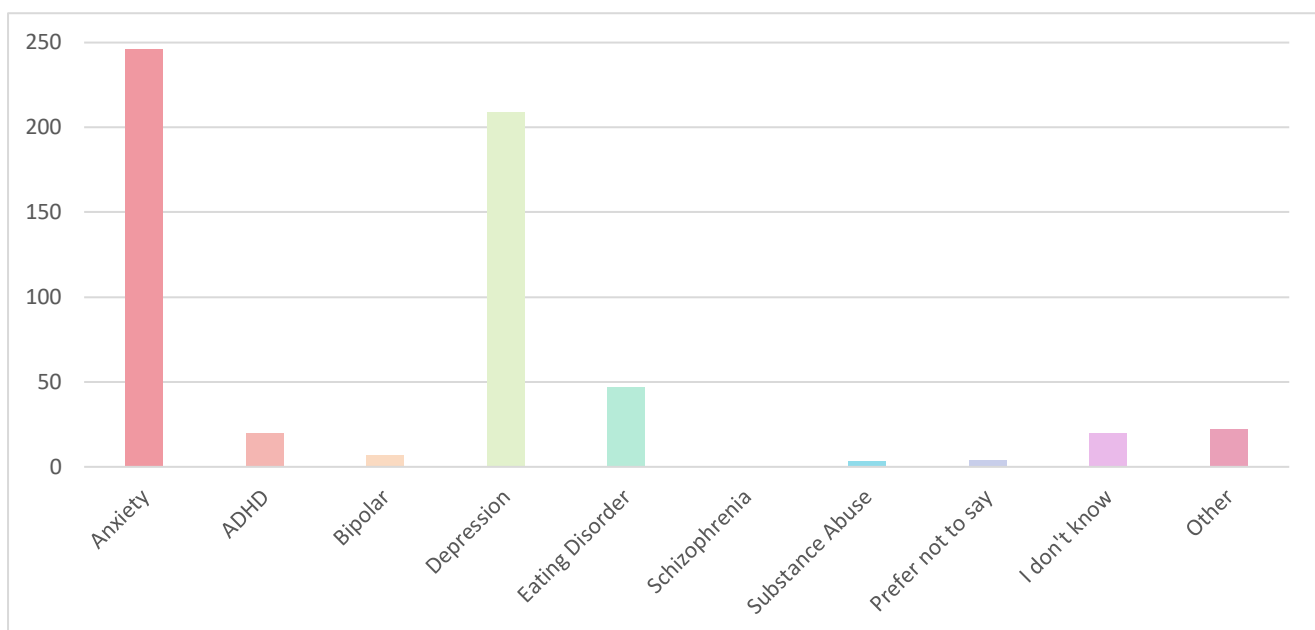
Almost half of this respondent group (48.7%) indicated that they experience a mental health problem whilst at University, with 40% stating they did not. When asked to self-report what type of mental health problem (n=281), there were 49.1% of students who indicated they experienced anxiety and depression and 25.6% reporting anxiety alone. The next most reported category was depression with 13.1%. Depression alongside another mental health condition was 67%. 'Other' conditions included PTSD and OCD. When asked to indicate whether they had accessed support at the University, 26.1% reported that they had not, whilst 28% reported that they had accessed services. 44.3% of students did not answer this question. 45.7% of the respondents indicated no self-reported mental health problems. Table 2 and Figure 1 provide an overview of responses in terms of students' experience of mental



health and access to support services. Appendix 1 provides a full breakdown of the results and demonstrates all combinations of mental health problems recorded.

**Table 2: Experience of mental health problems whilst at St George’s University**

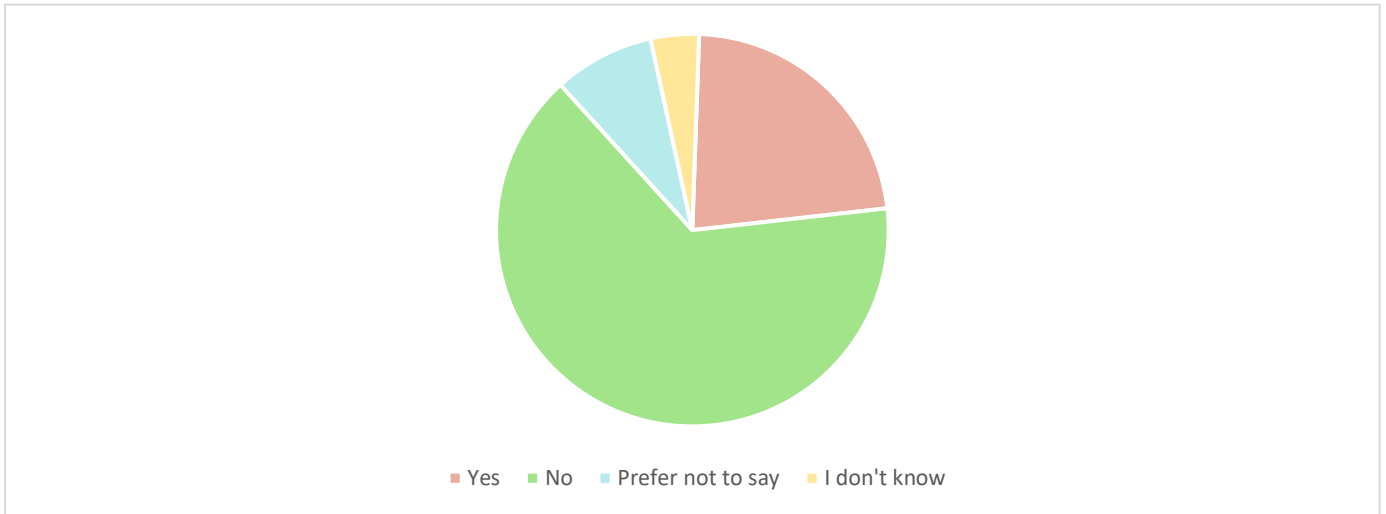
Experience of mental health problems	No. of Respondents	% of total sample
I don't know	39	6.75%
No	230	39.8%
Prefer not to say	27	4.7%
Yes	281	48.6%
Access to Support Services at St George’s	No. of Respondents	% of total sample
I don't know	6	1.03%
No	151	26.1%
Yes	162	28%
No answer	256	44.3%



**Figure 1: Prevalence of Mental Health Problems in Students. (Total respondents in survey = 578, Total number of respondents self-reporting a mental health problem = 281). Respondents could indicate more than one experience.**

### Suicidal Ideation

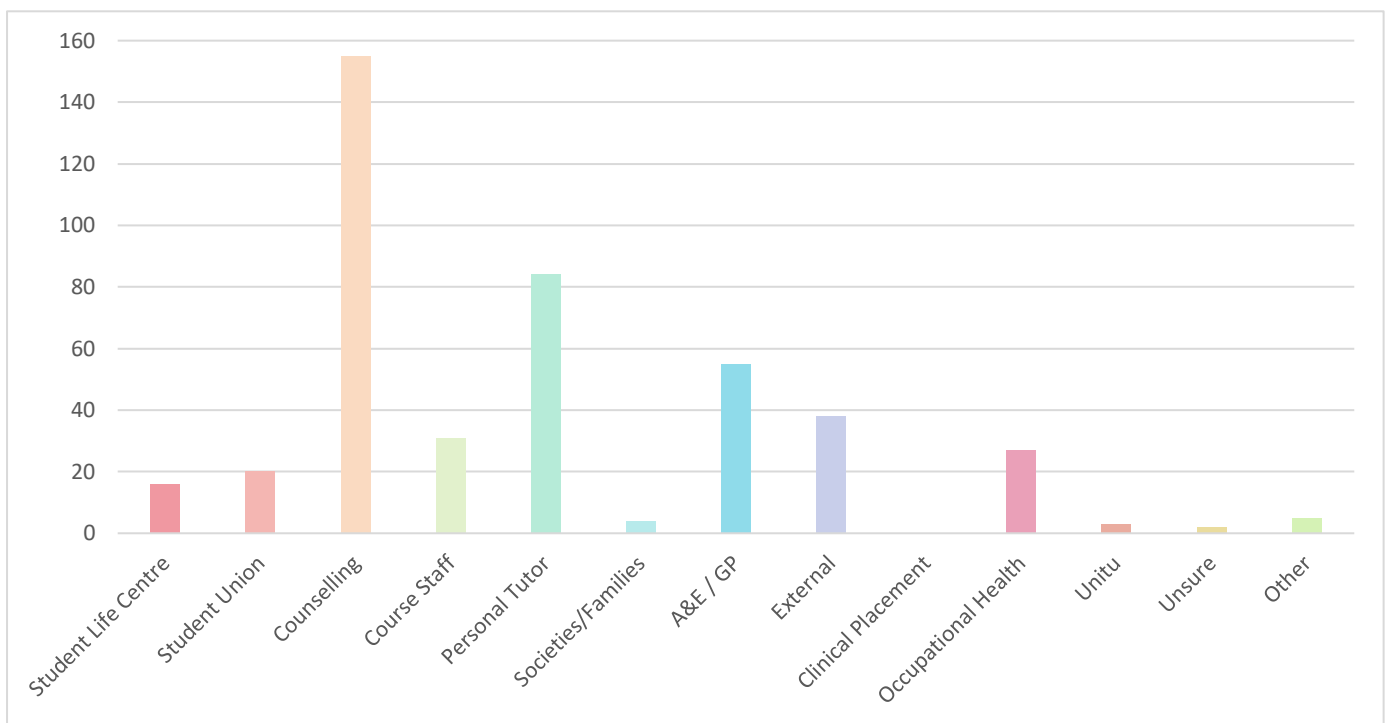
Students were asked if they had any suicidal ideation whilst studying at St George’s, to which 23% (n=131) said yes and 65% (n=376) said no, with the remainder opting for ‘prefer not to say’ or ‘I don’t know’. Figure illustrates the responses to this question.



**Figure 2: Suicidal Ideation responses**

### Services Accessed by Students Experiencing Mental Health Problems

Almost a third of the total sample, 172 students responded to this question; and there are a range of services accessed by students for their mental health needs within the university as can be seen in Table 3. Apart from 44 respondents who indicated the use of the counselling service and four students indicating the use of one type of service, the rest of the respondents to this question reported the use of two or more services for their mental health. Counselling featured in most of the responses and 23 students reported the use of external services.



**Figure 3: Services accessed by students who have experienced mental health problems at St George's University**

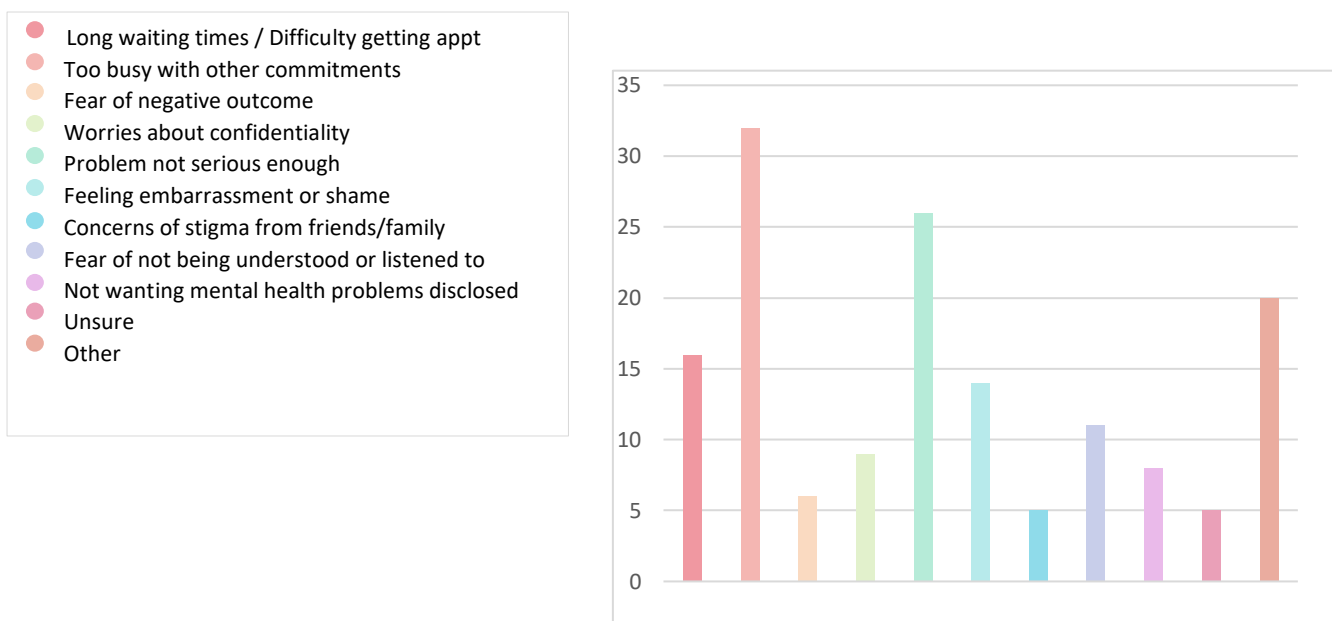
### Reasons for NOT Accessing University Services

#### *Those students who answered 'yes' to suffering mental health problems but answered 'no' to seeking support*

Of the 578 people who completed this survey, there were 152 responses to this question. This low number reflects the relevancy of the question only to those candidates who answered 'No' to having sought help from the University. The most common answer (21%) was that students were too busy with university and/or work obligations. Following this, 'problem not serious enough' was the second most common option, at 17% of responses. Long waiting times, feeling embarrassed and not being understood produced similar results at 11%, 9% and 7% respectively. Interestingly, several students were concerned about confidentiality (6%) and not wanted their problems to be present on their record (5%). The options picked the least include fear of negative outcomes (4%), stigma concerns (3%) and unsure (3%).

Of the 20 students that selected 'other' (13%), reasons included; not knowing that the university provided services (2 students), not thinking the services would help (1 student), not thinking they needed help (4 students), finding services outside of the University (4 students) fear (1 student) and having appointments cancelled (2 student).

One possible issue that needs raising is the limited time students feel they have available to address their mental health. Though it is understandable that students are busy, seeking help should be encouraged in the future to ensure students are prioritising their mental health. Additionally, as mentioned previously, 9 students worried about confidentiality and 8 students were concerned that seeking help would affect their record. This is an issue that needs to be addressed to ensure students know that the options provided by the University are completely confidential and will not affect their record. Finally, in the 'other' section, 2 students mentioned that appointments had been cancelled. This either needs to be prevented if possible or, appropriate alternative appointments/options provided to seek help. Figure 4 below showcases reasons for not seeking services.



**Figure 4: Respondents' reasons for not accessing services at the University**

## External Services

75 responses were given for this question out of a possible 578 responders for the overall survey. The main external services mentioned were GP, talking therapies offered by the NHS via GP referral and counselling. Talk Wandsworth was a frequently named service. Referral to Springfield hospital for specific issues such as eating disorder or psychosis was common. Patterns overall are that students seem to use GP as their main initial starting point for external services; from there may be referred to CBT, talking therapies, or specialist hospitals. In some cases, students went directly to organisations for specific issues i.e., CARA for rape crisis or Macmillan Cancer support.

## Accessing Services at St George's

The findings below are a summary of the key findings of this survey. Initially, we asked students "Despite if you have or haven't in the past, how likely do you think you are to access any university service regarding your mental health?", with (5) being 'neutral', the mean answer was 4.95. We then asked students to rank each of our ten services from most likely to access to least likely to access.

Figure 5 shows a graphical representation of the services accessed by respondents and their ranking.

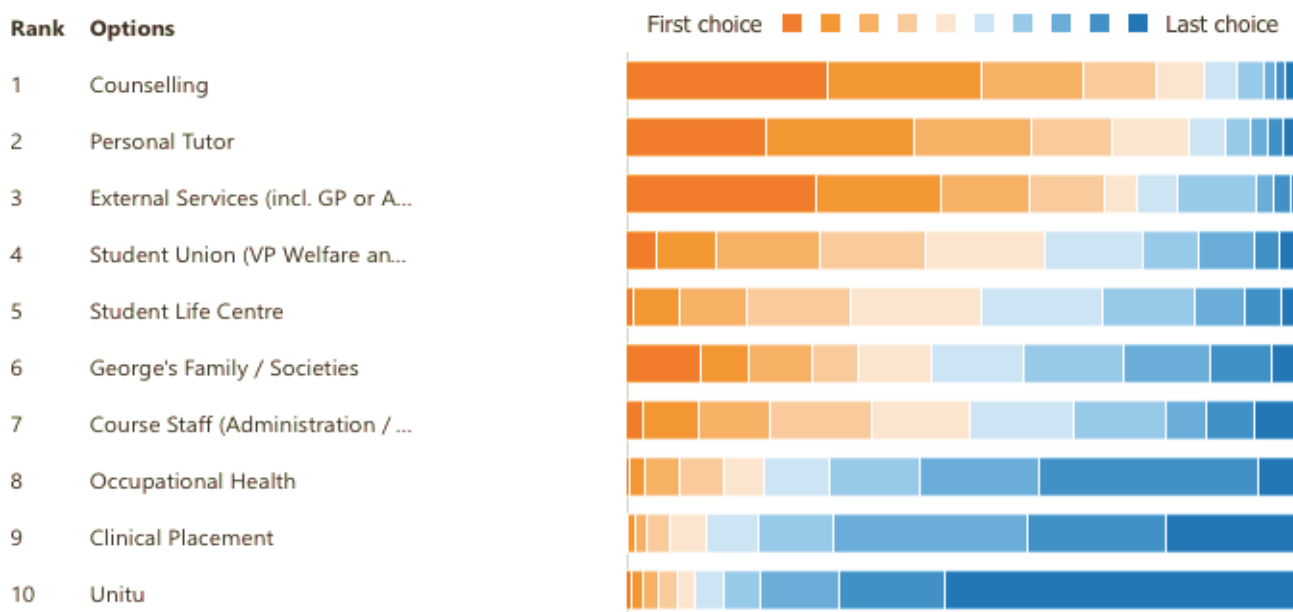


Figure 5: Participant ranking of support services

## 4. COUNSELLING

### Why students favoured counselling

30.1% of respondents chose counselling as their top option. The reasons for this were divided into 4 themes.

### **Accessibility**

Students highlighted that it was *“easy to access”, “easy to organise”* and *“is well advertised at George’s”*, some mentioned the speed of access. The fact that service is *“free”* and the *“most reliable”*. It was noted that *“counselling has a long waitlist through NHS services but shorter through George’s.”* and being able to get an *“appointment far quicker than any other route”* seemed to be a reason that students used the counselling service at George’s

Another comment made was *“I think counsellors should talk to every student on my course at least once a year just to ensure they are coping and signpost them to relevant services.”*

### **Service provided**

One respondent commented how counselling made them *“feel comfortable”* with another commenting that *“Counselling is the only good way to talk about mental health issues because you are talking to someone you don't know and hence feel less likely to receive judgement for it.”* Many commented that they were *“really supportive”*. Overall respondents commented on how the counselling service at George’s was *“very useful” “very engaging”* and *“helpful”*. One respondent commented that *“Counselling services are great at George’s”* and *“I have positive experiences with counselling”* along with *“Counselling offers a safe place to share anything going on.”*

Others preferred this option as *“it’s better to have a physical human contact than online”*. Respondents liked the way that *“Counselling can be booked one on one”* as this seems like the *“most beneficial way”*. Others picked it as their top choice as they thought that they are *“more likely to have a positive outcome”* and would be the most *“effective option for people with mental health problems”*

There were respondents that had not used the counselling service before, but they had heard that it *“sounds helpful.”*

### **Confidentiality**

This was a very common recurring reason as to why people chose the counselling service. The anonymity of it all was a factor. *“I believe they are confidential and anonymous”*

With another commenting how *“Confidentiality is of utmost importance to me.”* Respondents highlighted that it *“does not involve any official process or documentation so feels like a safe space.”*

### **Professional**

People liked that *“Counselling is more formal and regular”* and it was noted that as they were a *“registered professional”*. There was more trust as they had *“expertise”* which meant that they were more likely to talk to someone with this experience. *“I’d rather talk to someone with some experience relating to mental issues.”* One respondent commented that *“counselling is literally made for talking about your problems.”* and that they *“specialise in mental health”*

Respondents commented that the counsellors were *“very good”* and were *“trained professionals”* particularly in the area of mental health therefore felt *“comfortable approaching them”*, with them being the *“most appropriate”* with regards to sharing information with them. It was commented that they are the *“the most professional service”* and are *“probably more ready and experienced to provide relevant assistance.”*

Respondents repeatedly highlighted that it was *“someone that I don’t know”* and *“are by people that aren’t teaching at the uni which is nice to talk to someone separate and neutral”* but that it was *“not the job of SU”*

### **Why students disapproved of counselling**

1.9% of respondents chose counselling as their bottom option. The reasons for this were divided into 2 themes.

#### ***Accessibility***

Respondents highlighted numerous times that *“counselling is not accessible to book”*, *“it’s never available”* as is always *“overbooked”* and one student commented that they had emailed but did not get a response to their *“request for help”*. Some had a less negative attitude commenting that *“waiting times and the quality of counsellors is very varied.”*

One respondent put it last merely for the fact that they had never heard of it before *“I have never heard of counselling being used by anyone, nor do I know who the counselling service is.”* another commented that they are *“never comfortable approaching people who don't make themselves aware”*. Some students were wary about the service because they *“do not know the counsellor”* and so they *“don't feel comfortable”*. One student gave a potential solution to this problem saying that *“It would be nice to have the counselling staff to properly introduce themselves and maybe talk to students during the first introductory lectures of the year.”*

One student commented

*“Please, please, please, do something about the counselling service allocation/discretion. When I first attended, I was shocked to see how close it was located to the SU and second floor pret. At least add some sort of temporary screen to allow people to access the service discreetly. There is still a stigma around mental health, and the lack of privacy is astonishing.”*

Overall, students who ranked the counselling service as last *“would not recommend them at all”* as they were *“useless”* and had *“no overall impression on me”*

Someone commented

*“making sure the technology for booking the appointments is optimal I think should be prioritised.”*

### ***Service provided***

There were some students who commented that *"Counselling at SGUL is awful and made it worse"* others commented that it was *"appalling"* and *"incredibly unhelpful"* even going as far as saying that it *"worsened the situation"*. It was commented that the counsellors were *"dismissive and assigned the blame to me"*

Many reflected on their own *"bad experiences"* and the experiences of their friends. Commenting that they have been *"no help"* and that they have been *"very disappointed"* as the help received has been *"poor"*

One respondent highlighted that it *"does not offer a long-term plan, it starts off with a huge questionnaire concerning which year you are in etc which feels like they're just collecting data."*

One general comment that was made was

*"I would like students to be more aware of waiting times for the counselling service- if students are not using it because they think there is a waiting list so fewer students use it?"*

## **5. PERSONAL TUTOR SYSTEM**

### **Why students favoured their personal tutor**

20.8% of respondents chose accessing a personal tutor as their first choice. Overall, this was for a variety of reasons, but ultimately as they were *"very helpful"*. The reasons for this were divided into 4 themes.

#### ***Personal tutor characteristics***

All the students that had picked their personal tutor as their first choice was due to the individual themselves rather than the system. *"If you have a good personal tutor, they are someone you can trust"*. There seemed to be comfort in the fact that they are *"happy to talk whenever"* They are *"very friendly"* and *"approachable"* as well as making sure students *"feel safe"* and offering *"good advice"*

#### ***Relationship with the tutor***

*"I have a good relationship with my personal tutor so it's always easy to go my personal tutor first"*

As a result of this relationship students feel that they can be *"very open"* and therefore they receive a lot of support and can meet *"regularly throughout the year"*.

Many highlighted that their personal tutor *"understands me"*, they are *"easy to talk to"* *"familiar"* *"approachable"* and *"supportive"*. They commented that they *"feel comfortable talking"* to them with *"better communication"* because

they “know me... they can advise” and have done for a “number of years” being able to build up a “fantastic” relationship.

Many highlighted that they had “clear support” from their personal tutor. Because of this “good rapport” it means that they are the first person these students go to. Some thought that they have “have a better understanding” and commented that they have been “amazing” and “lovely”. Many commented on how they were “genuinely interested in my wellbeing”. Others commented that it was someone to talk to but more “informally”

It was noted that they are “open minded”, “trustworthy”, “very informative” and “know how to deal with the situation” because they deal with students issues the most and actually “make an effort” taking the time “to listen”. It was noted that they can help students “individually” and on a “one on one” basis.

The experience of the tutors was highlighted by one student who stated, “she is knowledgeable as to my course, my ongoing medical conditions and is able to provide useful advice, this is not true of any of the other options.” One respondent highlighted that their tutor gives them the confidence that they will be “well supported”

*This was reinforced by another, “My personal tutor was brilliant and really supportive no matter how ridiculous I felt my issues were.”*

### **Accessibility**

Lots of students liked how “available” the personal tutoring service was. They highlighted that they found them the “easiest to access” and that they were the “most approachable option”

*“Personal tutor seems the most available and open to discussion without having to wait”*

One commented “I think personal tutors should bring up mental health”

### **Confidentiality**

Confidentiality was another factor as people thought that it would be “more anonymous”

*“I chose personal tutor, as I know the information disclosed will be kept confidential.”*

Someone did comment “Personal tutor is great but Georges admin act as if student problems are all fabricated and argue against them whenever they are proposed”

### **Why students disapproved of their personal tutor**

2.4% of respondents chose personal tutor as their bottom option. The reasons for this were divided into 3 themes.



### **Accessibility**

Respondents mentioned how they *“never get a response”* and that they have *“very little contact with my personal tutor.”*

Overall, the comments were rather negative.

*“My personal tutor continually failed to support me during a difficult time and had a significant negative impact on me. I feel as if my personal tutor contributed to my anxiety and depression.”*

One student commented

*“More regular meetings with personal tutor should be encouraged, we should not be forced to go and sign a form because it makes it feel less personal and more forced.”*

### **Confidentiality**

There were two respondents who were *“worried about confidentiality”* and linked to this they did not want the *“department judging students”*

### **Relationship with the tutor**

*“I do not have a good enough relationship with my personal tutor to feel comfortable talking about my mental health”*

Many other students commented that they don't have *“relationship”* or a *“good enough one”* in order to *“feel comfortable talking about my mental health”*. Others commented that they *“don't feel comfortable”* and that they *“don't have a good connection”*. This comment about connection was mentioned twice amongst these students. Some commented that they *“don't feel close”* to their tutor and that their *“relationship is purely academic”*.

## **6. EXTERNAL SERVICES (INCL. GP OR A&E)**

### **Why students favoured external services**

28.2% of respondents chose external services (incl. GP or A&E) as their top option. The reasons for this were divided into 5 themes.

### **Accessibility**

External services were viewed as *“easier to access”* and the *“most direct route to getting help, and other routes to get help might signpost me to going to the GP anyway.”*

Other respondents highlighted that *“external services are far more accessible and convenient”*

### ***Service provided***

It was clear that students believed that external services were able to *“do something about it”* and that they were the *“most qualified”* and felt the *“safest”* talking to a GP/A&E.

Many respondents highlighted the ability of the GP being able to refer to other services.

*“GP can refer me to CBT, or other services etc or help with medication.”*

They highlighted that there was a *“separation to my university life and personal life.”* which meant that they could potentially have a *“more objective or non-biased overview.”*

Students liked that they *“have training in dealing with these issues.”* and that they are *“professional”* and more *“qualified”* specially to deal with *“complex mental health problems”*

Other commented based on experience *“genuinely successful in improving my mental health.”* And that *“External services are of better use than university services”*

### ***Confidentiality***

One respondent commented, *“I would be worried about confidentiality from using university options!”* and another mentioned that *“SGUL is v small and would be worried about information being released.”* Many highlighting that they have concerns about St George’s confidentiality

The advantages of using external services were that they were *“completely separate from the uni so there is no chance of repercussions”*. Students liked that it was *“anonymous and separate from my university.”*

One respondent commented that *“I know that I will be able to go without being noticed by anyone that I would not want to see me.”* And that is *“better for privacy.”* as they will not encounter them in other parts of their life.

### ***Nature of it being external***

Many students liked that the external services were in fact external and that they were *“separate from uni”*. This was for many reasons such as confidentiality, being less intimidating and that *“mental health is a separate part from the university and is more of a 'personal life' problem”* along with not wanting *“mental health problems being associated with the university or my occupation”*.

Many thought that external services would be more *“impartial”* and that it would be easier to talk to *“strangers than people who work/around uni”* and outside of the academic environment.

*“Talking to someone who isn’t from a community I’m part of makes it easier to disregard if there’s a negative outcome”*

### **Previous Experience**

Many students who had already accessed external services previously felt that as they already had a relationship with them, and it was *“more comfortable opening up”*. Many highlighted that they knew them and that it would *“make sense”* to stick with them.

One student commented

*“it’s a v personal matter I’d only wish to share with a medical professional that that actually make me feel better rather than someone with no experience in the field like anyone at uni,*

*External services I’ve been and I’ve felt supported by my tutor and view but uni treated me like a basket case and made even more suicidal than I was”*

### **Why students disapproved of external services**

One student commented they wouldn’t go to their GP because of the *“long waiting time”*. Another suggested that they would not attend A&E as they *“Would not want to waste their time when there are other avenues”*. The nature of their visit prevented one respondent who commented that they *“wouldn’t want to discuss problems at university outside of it”*

## **7. STUDENT UNION (VP WELFARE AND/OR WELFARE SUPPORT OFFICER)**

### **Why students favoured the student union services**

4.7% of respondents chose the Student Union (VP Welfare and/or Welfare Support Officer) as their top option. The reasons for this were divided into four themes.

#### **Experience**

Respondents based their reasoning on *“very good experiences with the student’s union in the past.”* They not only mentioned experience in terms of the experience that they had received but they commented on the professional experience of those who are part of the Student Union.

*“I feel as though they would have a lot of experience with past students and therefore would be able to understand my problem rather than just listen to it. I think they could give me the best advice on what to do if I felt as though my mental health problem was becoming unmanageable.”*

Another point that was raised was that those in the student’s union have been students themselves

*“they are more aware from being a student previously how this can impact studies”*

### **Accessibility**

The accessibility of the service was a significant factor in why students picked the Student Union as their first choice.

*"Easy access, open door policy" and "easy to get appt"*

It was noted how it was advertised and the benefits of this.

*"I am aware of all the work and ambassadors for Student Union due to social media. Mental health is repeatedly given awareness through that. Hence its #1."*

### **Confidentiality**

Some respondents highlighted the confidentiality of the service, *"My experience of SU staff has been good, and I have faith in their confidentiality."*

### **Service provided**

There were incredibly positive responses regarding the standard of the service provided. These are just a few examples.

*"Most helpful resource I've had, they are flexible and less formal than the counselling service"*

*"More likely to be genuinely empathetic to situation"*

Some liked the fact that they knew the members of the Student Union well *"Student union consist of people I am friends with and are more likely to confide in."* Others based it on the Student Union as having a *"good reputation"*. It was noted that the standard of the service will depend year on year as the Vice President does change.

*"were very comforting. I do think it depends who is VP though."*

### **Why students disapproved of the student union services**

2.8% of respondents chose the Student Union (VP Welfare and/or Welfare Support Officer) as their bottom option. The reasons for this were divided into four themes.

#### **Experience**

Past experiences of other people were a factor for some *"Because I have heard from many of my friends about their experience with the uni support and therefore wouldn't bother using it"*

Many commented on the level of experience members of the Student Union has *"Student union don't seem 'qualified' to help."*

### **Service provided**

A significant factor as to why people put the student as their 10<sup>th</sup> choice was because of the standard of service that was provided. Comments such as; *“Redundant”, “I do not feel supported by them at all”* and *“don’t really think it would help”*. Some did not like that the Student Union consists of students themselves which is in direct contrast to those who did prefer this and picked the Student Union as their top choice. *“I would feel embarrassed to talk to other students”*

### **Confidentiality**

Confidentiality was an issue concerning a lot of students. One respondent commented;

*“Unfortunately, having known people who know previous Top 3/exec members well, it appears not all of them take confidentiality very seriously and have been known to discuss private student matters with their friends and gossip about them- or at least that’s the rumour (never experienced first-hand but had trusted friends warn me against trusting the ‘confidentiality’ of those in exec). Hence, I would be very reluctant to trust Officers with personal info. (Please note this is not related to current people holding these positions).”*

### **Signposting of the service**

The visibility of the Student Union seemed to be another factor as many were not even aware that this was a service you could go to for issues surrounding your mental health.

*“wasn’t aware of any expertise in this topic area, other than perhaps a sympathetic ear”*

*“I did not know they help with mental health ”*

## **8. STUDENT LIFE CENTRE**

### **Why students favoured the student life centre**

Very few, i.e. 1% of respondents chose the Student Life Centre as their top option. The reasons for this were divided into two themes.

### **Accessibility**

For some the Student Life Centre was their top choice due to how easy it was to access.

*“Easier access than GP”*

*“they are accessible via email and respond quickly. If they can’t help, they can direct you where can.”*

### **Service Provided**

One respondent commented on service that was provided.

*"Student advisors at the Life Centre have been very helpful to me. They are approachable, friendly and professional."*

### **Why students disapproved of the student life centre**

2.4% of respondents chose the Student Life Centre as their last ranked option. The reasons for this were divided into two themes.

#### **Signposting of the service**

Some respondents were incredibly unsure what the service offers or even what the service was.

*"I don't really know what the student life centre is/ what it's role is... I thought it's more for admin-type issues"*

#### **Accessibility**

Some students talked about the disadvantages of accessing the service.

*"There's no way that I'm going to queue up in hunter wing to get to the front of that reception desk to tell them I have a mental health problem. What would be the point? What would they say, that's not their job?"*

## **9. GEORGE'S FAMILY/ SOCIETIES**

### **Why students favoured George's families and societies**

11.1 % of respondents chose George's Family/Societies as their top option. The reasons for this were divided into three themes.

#### **Accessibility**

The term "accessible" cropped up a lot and this was a big factor as to why people accessed this service

*"people like Beth/Lon seem really accessible and so friendly so I would feel comfortable going to them and I think all they are doing is incredible"*

One respondent even commented that it was the "easiest to access" service and once there it was "very welcoming".

*"as a fresher I was very welcomed into so many societies"*

## **Confidentiality**

It was reported by one respondent that the service was *“confidential and trustworthy”*

## **Service provided**

Many students highlighted that they were *“close to some people in uni societies”* and as a result felt *“more comfortable telling them personal issues”* and with someone that they know. This was along with respondents feeling *“Less stigma or embarrassment felt when talking to peers”* along with it being less *“formal”*

*“With George’s Family it’s more like having friends to turn to rather than a professional body.”*

It was noted by many respondents that they were opening up to people who they know and *“can relate or share similar experiences.”* and older students *“who have had more experiences”* but many commented that it was *“nice to speak to people my age”*. And how this relationship made it a lot *“easier”* and they are not made to feel like *“a burden”*. The service is *“impartial”* and there is *“no judgement”*

*“I’m more likely to contact older students whom I trust /am open with and are well aware of my faith beliefs or my home situation”*

It was mentioned many times that because they were *“friends”* it was *“easier to open up”*, it was someone that they *“trust”* and with people that they talk to *“regularly”* and have a *“close relationship”* with. As a result of all this they *“are more likely to be open”*.

Respondents commented on their past experiences turning to their George’s Family/ Societies. *“I’ve found speaking to them very useful in the past.”; “she’s really supportive”*

Some people liked that you got to discuss issues with them in a *“face to face manner”*

## **Why students disapproved of George’s families and societies**

4.2% of respondents chose George’s Family/Societies as their bottom option. The reasons for this were divided into three themes.

## **Accessibility**

Some respondents simply were not able to access this service as they do not have a George’s family and commented on the faults of the system

*“There is a flawed system for the ‘mums and dads’ as many students such as myself did not receive one despite signing up the form during freshers and after contacting the student union, they were unable to help at all.”*

*“they never contacted me after the mum’s and dad’s night during freshers.”*

Or there were other who are simply *"not involved with any societies in university"*

Some respondents are part of these services, but it is just not for them

*"Not close/comfortable enough with people in George's family or societies"*

*"I would not feel comfortable in disclosing my personal life to any members of a society that are not part of my immediate friends"*

*"Don't feel connected to the George's family or society"*

### **Confidentiality**

Students who placed George's Family/Societies as their bottom choice felt rather concerned about the confidentiality of the service.

*"Would feel awkward approaching anyone from my George's family about anything personal as no guarantee that it would be kept confidential."*

Some commented that *"they aren't professionals so can lack confidentiality."*

### **Service provided**

Those respondents who had accessed the survey and placed it last found it to be *"disappointing"*. Many were sceptical as to what it could offer *"feel like it wouldn't result into anything beneficial"*

In stark contrast as to why student picked George's family/ Societies as their first option some students did not like that they knew the members on a personal level *"they are strangers and people my own age I have only met once"*

One respondent commented *"I imagine that telling George's family/societies would do more harm than good"*

Another even mentioned the negative impact that had happened once they had accessed the survey.

*"one society contributed to my poor mental health via bullying"*

One general comment that was made was

*"I think societies are a good way of promoting people's mental health, but many students travel to uni far so can't participate in these."*



## 10. COURSE STAFF (ADMINISTRATION/LECTURERS/ LEADS)

### Why students favoured course staff

2.6% of respondents chose Course Staff (Administration/Lecturers/Leads) as their top option. The reasons for this were divided into two themes.

#### **Accessibility**

Respondents commented that it was *"Easy to contact"* and *"really approachable and accessible."*

#### **Service provided**

It was noted that the *"Staff really understand your problems and help you work through them."* Others highlighted how *"understanding"*, *"supportive"* and *"kind"* they were and how *"they're not likely to brush it off"*

One student commented *"Some members of staff have shown genuine interest in my wellbeing"* and they have *"shown sincere concern in many of the challenging situations I have faced."* Some respondents highlighted that because they spent a lot of time with Course Staff (Administration/Lecturers/Leads) they felt *"more secure talking"* to them as they already knew them, *"they know me better"*

*"I am very close with the lecturers within my course, so it is more comfortable to seek guidance from them regarding my mental wellbeing."*

### Why students disapproved of course staff

6.7% of respondents chose Course Staff (Administration/Lecturers/Leads) as their least favoured option. The reasons for this were divided in to three themes.

#### **Accessibility**

Many respondents did not feel that this service was *"accessible"*. This was for a variety of reasons:

*"I don't really know any course staff that well";*

*"I have no connection to lecturers /leads so no reason to seek help from them.";*

*"they seem less approachable"*

*"don't seem welcoming "*

#### **Confidentiality**

Some students had a *"lack of trust"* in the service as confidentiality was of *"utmost importance"* to them.

## ***Service provided***

Respondents felt that Course Staff (Administration/Lecturers/Leads) *"wouldn't understand"* their circumstances and were *"very, very unlikely to empathise and actually care about ongoing mental health issues other than suggesting taking a year out"*. Several students commented on the suggestion *"taking a year out"* from the course staff and seemed rather angry that this seemed to be the only solution.

*"they simply force you to take a year out of studies, something no student intends on doing."*

Along with this many are hesitant to approach Course Staff out of fear of it affecting their career and fear of *"judgement"* and stigma. One member of staff even *"threatened that it would negatively impact my career"*

Others had *"fears of confidentiality and repercussion it may have on getting provisional GMC registration."*

*"I would be worried that it would affect my place on the course or being allowed to continue or having to have be deferred "*

*"they found a stiff service which uniquely try protect the University on a legal level and only a certain class of students"*

Respondents reflected on their previous experiences with the Course Staff and how *"unsupportive"* they had been, with many saying comments such as *"they unequivocally made the situation worse."* And even *"cried after the lack of remorse shown to them when they have opened up to a member of staff"*

*"Meeting with heads of year was stressful and accusatory. It made me dread having to disclose that I was struggling with my mental health."*

*"I will never speak to a George's member of staff again - I have had very traumatic experiences where I have been belittled and reduced to tears in conversations where I was seeking help"*

*"significant amount of the stress which has been brought on by this year has been contributed to by the course leads and administration staff."*

Some felt that the Course Staff were not particularly *"sympathetic or interested"* and that they *"never listen"*. One student thought that they *"mock our concerns on Unitu"*

Others highlighted that there were issues *"associated with academics"* they felt *"more comfortable outside academic environment"*. Others believed *"in maintaining a professional relationship with course staff."* One respondent simply felt that *"Course staff more intimidating and tend to be busy"* and *"The staff are a big cause of mental health issues in students, I wish someone one day addresses that."*

## 11. OCCUPATIONAL HEALTH

### Why students favoured and disapproved of occupational health

0.5% of respondents chose Occupational Health as their first option. The reasons were because they felt that they were able to *“offer more support and are easier to access”* along with it being *“the most reasonable choice”*. Whereas 6.1% of respondents chose Occupational Health as their last option. The reasons for this were divided into three themes.

#### **Accessibility**

Some respondents had no idea how to access Occupational Health stating that they did not know how they would *“come in contact with them firstly”*

One respondent was too sure of what the service was *“Not really aware of occupational health (just know it as the building near Rob Lowe Sports Centre)”*

#### **Service provided**

One of the reasons Occupational Health was peoples last choice was because it was too *“formal”* and they did not feel that it would be the *“right place for me to go to talk about my mental health.”* As some respondents associated it with *“physical problems only”*

Many hadn't even thought about Occupational Health being associated with mental health and *“wouldn't even consider”* it for this purpose as it just *“doesn't make sense”* and student seemed to be unsure of what they would be able to do for them. Some respondents had been to Occupational Health for their mental health, but they found it *“unhelpful”*. One respondent commented that they *“don't feel comfortable talking to OH about personal things.”*

One student commented *“occupational health seems irrelevant given I'm not employed”*

#### **Confidentiality**

There were fears from lots of students regarding their position on their course with *“fear of being removed from the course”* and their career. *“Occupational health could negatively affect career.”* It was noted that *“It requires extra forms and investigation when you apply for your F1 job.”*

*“worried they would deem having mental ill health as a reason for not fit for practice”*

This led to people not wanting *“mental health problems being associated with the university or my occupation”*

People were put off by how *“official”* the process is. Another commented that *“perhaps clarity is needed about anonymity regarding this service.”*

## 12. CLINICAL PLACEMENT

### Why students favoured and disapproved of clinical placement services

0.2% of the respondents indicated this as their first choice, however, there were no comments. Whereas 19.7% of respondents chose Clinical Placement as their least favoured option. The reasons for this were divided into 4 themes.

#### **Accessibility**

Students found that accessing the relevant people on Clinical Placement was challenging as *“Placement is short blocks there’s no continuity”*

*“it’s hard to get in touch with someone in that field and would have to try and get into contact, which takes time and effort.”*

Another commented how the *“CTF’s are normally really busy”* along with all the other staff too. Others simply mentioned *“I don’t know who I would tell on clinical placement”*

#### **Service provided**

Respondents commented a lot on the environment as they did not necessarily think that it would be an *“appropriate environment”*, others mentioned that it was a *“very fast paced environment and seems out-of-place to bring it up.”*

*“Clinical placement is not a place to discuss mental health especially with senior doctors who barely know you”*

*“I don’t really know how a clinical placement would be a scenario to ask for help.”*

Although one student did say that *“Unless your problem is directly linked to your attachment, I can’t see the value in flagging your ongoing mental health problems”*

Some students highlighted that the environment was *“not very welcoming”*, they don’t *“care about us”*, but that *“they’re all strangers and I don’t think they could actually provide any help”*

*“genuinely because I don’t think the staff really truly care about our mental health”*

It was highlighted numerous times that students did not want to mix university with personal issue that they may be facing and didn’t think that it would be *“professional”*

*“I don’t want to talk about something personal in a professional workplace”*

*“clinical placement I feel like is somewhere I should be learning as opposed to asking for help.”*

Some respondents commented that they *“want to give a good impression”* on placement and that they would not think it was *“appropriate”*

One student said that they would be *“worried about their opinion of me.”* And the *“stigma”* that come with it.

*“mental health is so stigmatised in medicine and I wouldn't want to appear weak or unfit to practice. Even if I was struggling”*

Respondents commented how turning to Clinical Placement *“Adds to the mental health issues instead!”*

Students commented how *“hostile”* staff can be. That they do not think they *“would be helpful”* and how they feel they may just be *“more of a burden”*

*“I feel like they are not paid to take on extra burden of easing mental health issue for students”*

*“When they already have quite a lot on their plate, it will be a selfish decision to seek help from these people.”*

There were some students who would just *“rather get external professional help”*

## **13. UNITU**

### **Why students favoured Unitu**

0.9% of respondents chose Unitu as their top option.

#### ***Service provided***

One respondent commented *“I'm just more comfortable with the choices at the top and feel I can express my feeling better.”*

#### ***Confidentiality***

A few respondents liked that it was *“anonymous”*, with even say it was *“hundred per cent anonymous”*

### **Why students disapproved of Unitu**

52.8% of respondents chose Unitu as their bottom option. The reasons for this were divided in to 4 themes.

#### ***Accessibility***

Many respondents commented that they *“don't really know what Unitu is.”* Or just simply *“haven't heard of it”* and therefore have placed it as their last choice. Others were unsure how they would *“use that for any kind of mental health support”* and thought that it would be *“inappropriate to talk about personal mental health issues because anyone can see the post despite the anonymity”*

One student commented that they were *"not sure how I can receive help on this site"/ not sure how to go about it"*

With another mentioning that they *"I don't think that you can get a mental health support there."*

They commented that there was a *"lack of accessibility"* and that they did not think support was *"advertised well"*

### ***Service provided***

Respondents did not like that Unitu was an online system as many preferred *"human physical contact"* and they don't find it *"as helpful as face to face"*

*"If it is online like I think it is then I do not see it as personal enough"*

*"Unitu lacks the human factor"*

*"Unitu seems impersonal and i won't get anything out of it."*

*"I wouldn't want to share my personal life/struggle on a public forum like unitu even if it was anon."*

A point was raised about how if issues are expressed over Unitu the response would be from an individual that doesn't know them personally.

*"Unitu doesn't seem appropriate as this is directed to a large group of people."*

*"I would rather not share how I feel with people I don't know."*

*"no direct help, open to peers, not private."*

Many thought that *"Unitu is not going to help"*, *"is not an appropriate outlet"* and that it seems *"irrelevant"* as well as not going to *"achieve anything"*. Some thought that raising issues around one's mental health was not the purpose of Unitu. Some even going as far as thinking that it may cause even more issues.

*"I'm not sure how this helps people's mental health if anything it damages it"*

It was raised by many students that Unitu was not the place for discussing issues regarding one's mental health.

*"Unitu is horrible??? why would i post on there about MH issues"*

*"I don't find it helpful to talk about mental health on there"*

*"too broad and not designed to address specific mental health issue to myself"*

*"Unitu has a history for unwelcoming or rude comments that I wouldn't want to risk being put on a post about mental health as it's such a sensitive topic and not all students are sensitive or understanding"*

Many respondents felt that the purpose of Unitu was for more course related issues.

*"Unitu is not for personal issues but rather practical issues with university"*

*"Unitu is for course related stuff."*

Students were put off by the fact that Unitu was a "new system". There were some respondents who had used it but then felt disheartened by the service that they received.

*"the uni rarely gets back to students on most things on there anyway, and when they do it is a long time after the post was created."*

*"all that happens on that website is people arguing with each other and it's pure stress"*

*"Unitu is a festering hive of melodrama"*

*"Unitu is a negative environment for me."*

*"Unitu is anonymous and unfriendly I wouldn't feel comfortable voicing my mental health."*

*"a lot of hate goes on so would feel the best place for me to get help"*

*"I'd probably get bullied on Unitu"*

*"I don't find unitu requests were treated seriously and I feel like staff sometimes did not take responsibility."*

*"completely unhelpful; not a positive or supportive environment"*

*"Unitu is very impersonal, feels like there is no professional we can talk to."*

*"Unitu is more of a platform to raise concerns and praise rather than seek help"*

### **Confidentiality**

Respondents were put off by the fact that they didn't think Unitu would be "private"

*"Unitu is public and online so I feel uncomfortable discussing there"*

*"Unitu last as there is no direct contact and solution despite anonymity"*

*"Don't want lots of people to know"*

*"unitu is on the internet and no one wants their business on the internet"*

*"It's no something I'd want to scare with the whole uni"*

*"I would feel too exposed and vulnerable."*

*"Do not feel that it is necessarily a 'safe space'."*

*"Even though its anonymous, it's quite open"*

*"Open access and traceable system so your thoughts are out there and remain there"*

*"Unitu just seems completely pointless and unproductive as it is anonymous and people write things they'd never say if it wasn't anonymous, but you get this hyperinflation of the emotions"*

## **14. MISCELLANEOUS COMMENTS**

Respondents were invited to make additional comments. These are included here verbatim, to provide further insights into the student experience at SGUL.

*"They never found in St. George's services any actual help, instead I have heard stories of lectures trying to influence students into ignoring their problems and into not reporting illegal events happening on campus. Or the student centre ignoring students reporting inappropriate staff until more and more students were harassed, as if one harassed student is not enough to be taken into consideration. If St George's want to take pride into helping students, please use this survey to actually solve the issues that do not make us feel safe within campus, and not to just to say that feedbacks were asked."*

*"I personally think that personal tutors/lecturers/staff need more training. My tutor was always very kind but not all students have had good experiences. A friend of mine at SGUL was dissuaded from reporting rape/assault (committed by her partner at the time) by a lecturer (not actually her personal tutor but a personal tutor to other students, and a member of staff she trusted), because said lecturer was worried about how it would affect the other student's life (the one who assaulted her) if she were to report it. She never wished to complain about this interaction with said lecturer or report it to anyone, and I have always wanted to respect that but it made me extremely angry at the shockingly low level of sensitivity the matter was treated with and made me lose faith in the personal tutor system/SGUL staff training almost entirely. The knock-on effect of the whole situation to my friend and her mental health has been incredibly heart-breaking to watch. This is the cause for a great amount of distrust I (and some of my peers who know the situation) have in SGUL staff training on such matters. Some staff are brilliant, and I would trust if I needed to (particularly some of the Comms Skills staff e.g. Margot Turner), but I'd be very wary of a lot, including well respected lecturers/tutors in the SGUL community. More training is needed, undoubtedly."*

*"My last choice is course staff unfortunately as many of my friends have opened up to certain staff in higher administrative levels who have been very hurtful and disregarding of what they are going through, a few have*



*even cried after the lack of remorse shown to them when they have opened up to a member of staff, this is genuinely very heart breaking.”*

*“I don't have any clinical placements therefore that was last choice, but all the bars 6-10 I literally have no idea what they are- as a PhD student I really don't feel part of the student community at all - I feel like the uni is only geared towards medical students, so I don't know what any of them are and wouldn't have a clue if I can go to them for help with mental health.”*

### **Other Services**

Respondents were asked to comment on any other services that they would consider whilst at SGUL.

This question received 235 responses out of a possible 578; a common theme was the use of personal support such as friends and family. Again, another pattern was students using GP as their main starting point in terms of external services. Some students mention the use of private counselling; a common reason being that this provides extra security and added privacy. Other common themes brought up include support groups, therapy, using charities such as Mind, faith groups such as Christian Union; and society members. Overall, most students reported they would turn to friends and family or seek external help in the form of their GP, therapy, or private counselling.

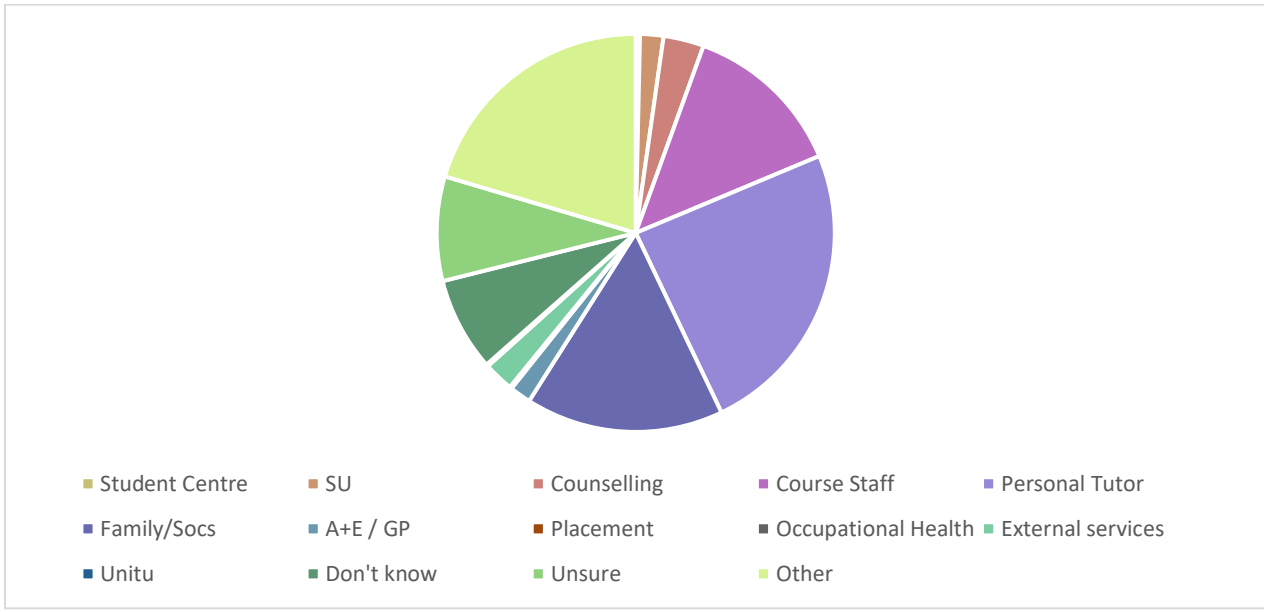
## **15. SCENARIOS**

In this section of the survey respondents were presented three possible scenarios and asked them to select one support service they would employ in that situation.

### **Scenario 1**

***“You have two assignments due next week which are causing an increase in your anxiety, who would you turn to for help?”***

There were 576 recorded responses to this scenario. The top three support services were personal tutor (24%), ‘other’ (20%), and university families and societies (16%). Figure 6 shows the distribution of answers for this scenario.

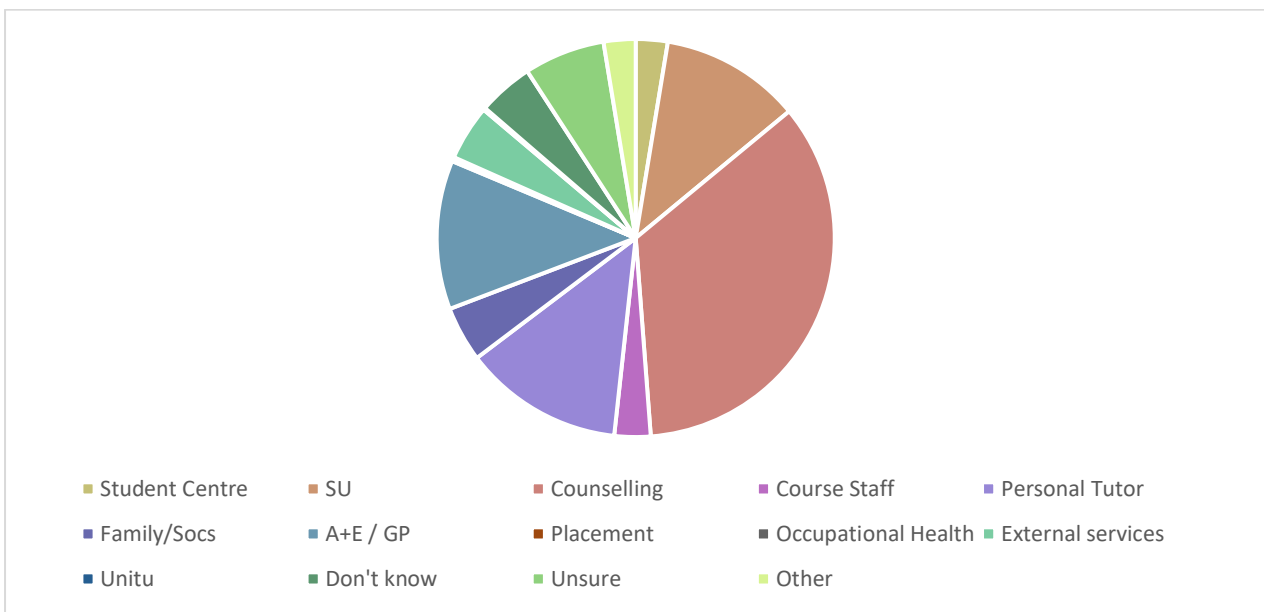


**Figure 6: Responses for Scenario 1 – participants could only pick one option**

**Scenario 2**

*“You have noticed that one of your flatmates has been more withdrawn over the last month or so, is there a particular service you would signpost them towards?”*

There were 577 recorded responses to this scenario. The top three support services were counselling (35%), personal tutor (13%), and A&E/GP (12%). Figure 7 shows the distribution of answers for this scenario.



**Figure 7: Responses for scenario 2 – participants could only pick one option**

Under the 'Other' option, students have said they would approach their flatmate first and try to talk to them. Another approach would be to get the parents of the flatmate involved, if they have a good relationship, or even their friends.

### **Counselling**

For those who picked the 'Counselling' option they indicate it is quick and easy to access (there are drop-in clinics and it is based in the university). They maintain confidentiality (some feel as though other services do not), are university specific and there are no expenses involved. Many would signpost this service based on personal experiences or experiences they have heard from friends.

Other reasons as to why they would signpost this service:

- A lesser intimidating alternative to going to the GP and the least intimidating from all the options.
- This service is run by trained professionals.
- It is a safe space to talk.
- Low commitment
- The counsellors are isolated from the situation and this is good; maybe students would be more comfortable speaking to someone they do not know.
- A good way for someone to open up and address the issue.
- Not biased as they are not connected to the university itself (some of the other options like personal tutors and course staff introduce a bias if withdrawal/other mental health issues are tied with the university).

A student reported that although they would suggest the counselling service, there are limited counsellors and sessions available.

### **GP/A&E**

The most common reason for signposting this option is that it is the quickest and easiest option and that there is guaranteed confidentiality.

There is the benefit of receiving help from a medical profession as they can do a holistic assessment and provide the necessary medical treatment. They can refer you to a specialist should the case be more severe.

Other reasons include:

- GPs are not based at the university.
- GP is an external source and students feel this is more trustworthy than internal university services.
- Some have had a better experience of going to their GP than services offered by the university e.g. counselling.

### **Course Staff**

For those who said they would suggest course staff have said that the issue, that is the cause of the flatmate's withdrawal, may be academic related and therefore this option would be the best. Other reasons include having their own positive experience, in terms of availability of the staff and their response and having someone familiar to talk to.

### **External Services**

Some of the reasons for students suggesting external services are that they believe external services would be more helpful than the services offered by the university and that there would not be any negative repercussion on them from the university.

There were a few answers where students have had experiences and they felt that the university had not done enough and therefore would be more comfortable approaching their GP or external services.

### **Societies/George's Family**

The main reasons for signposting Societies/George's Family is that it is informal, and they are more likely to find a student who has gone through the same thing. Perhaps going through this service will encourage them to socialise more and this could possibly benefit them.

### **Personal Tutors**

The main reasons for suggesting personal tutor is due to familiarity and their knowledge on other services which they could direct students to. They find personal tutors more approachable or more informal.

### **Student Union**

Those who would suggest the SU have had positive experience. They have a good knowledge about other services which students can seek help from.

### **Student Life Centre**

Students have said that the Student Life Centre is a good referral point to seek the right kind of help.

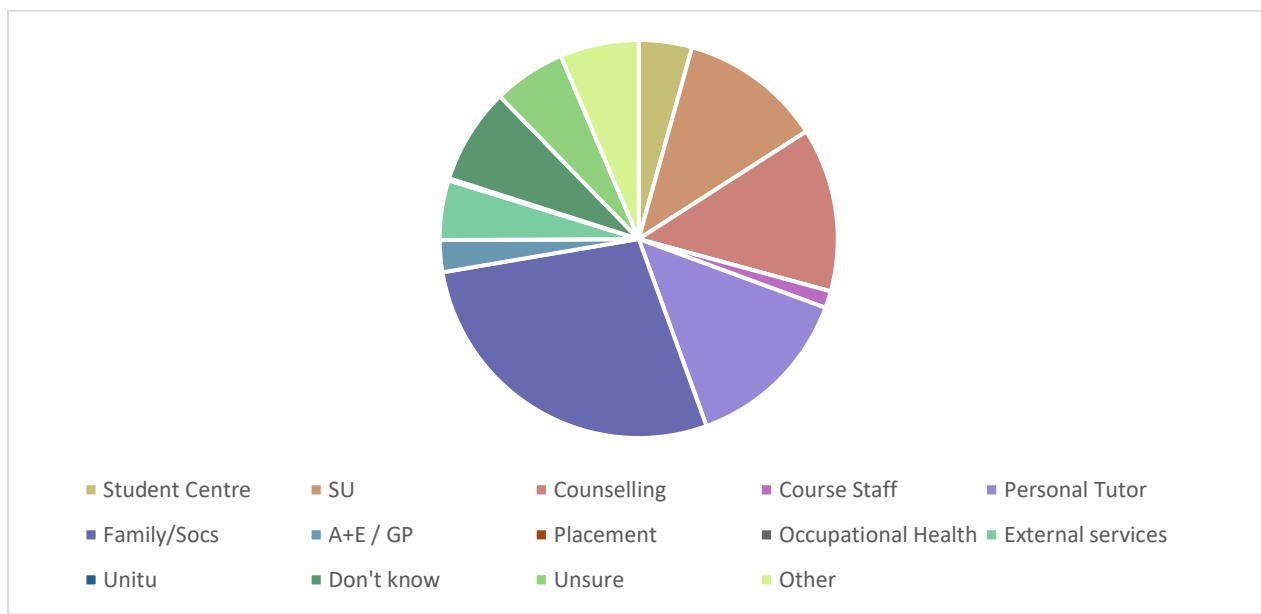
### **Other**

Those who have picked the option 'Don't Know' and 'Unsure which one to go to' have picked these options because they would talk to their flatmate instead of suggesting a service. Others, that fall under this category, have said they do not know which service would be best (do not know much about these services) or that they do not want to intervene, without invitation.

### Scenario 3

*“You are beginning to feel lonely and isolated and you would like some advice as to how you can overcome this, become more involved and adjust better to university life. Who would you talk to?”*

There were 576 recorded responses to this scenario. The top three support services were university families and societies (28%), personal tutor (14%), and counselling (13%). Figure 8 shows the distribution of answers for this scenario.



**Figure 8: Responses for Scenario 3 – participants could only pick one option**

#### Families and Societies

Students feel going to families and societies is their best choice is to ask older students in the same societies as them. There is a majority consensus among surveyors that since older students have gone through the university life, they will be able to relate and understand any issues a newer student may have due to their own experiences. Surveyors also said that to combat loneliness, they found joining a society and making friends with people with similar interests helps a lot and consequently they can talk to these friends about their mental health struggles as the friends can also relate and if in a year above give advice. Surveyors generally agree that talking to family/ societies is less formal so a more comfortable option for them. A few surveyors though also noted that there are certain things they would not tell their friends and would have to go to a professional at a certain point.

#### Counselling

For the respondents who would go to counselling as their first option it is a combination of them having personally previously going and having positive experience, know someone close to them who had gone and has found it positive

and due to all the posters about it in university are more aware of the existence of university counselling. Surveyors generally agree that due to the counselling being based in the university and the counsellors having experience with students who would have had similar issues, counsellors would be able to give tailored advice and proper coping strategies as well as a plan for further help. Counsellors are considered a neutral, judgment free option (some people say they do not feel comfortable telling close friends/ family everything) who are confidential and accessible to university students in comparison to other services. Surveyors also like that counsellors see students 1 to 1 so the process is more focused on what they need. Surveyors also like that the issue does not have to be 'serious' to go see the counsellors, gives them a strong sense of control and agency that things don't need to escalate in order to be able to get individual help. One surveyor from personal experience did not find them helpful, important to note that not everyone benefits from the same style of help.

### **Personal tutor**

Respondents generally feel comfortable talking to personal tutors about a topic like this mainly because because of the trust and rapport that has been built from the first meeting that has allowed students to trust their tutors enough to feel comfortable bringing it up in the first place. Surveyors say this is because their tutors are easy to talk to, they have already given good advice in their previous meetings regarding academic and socialising topics as their tutors are familiar with the university 'eco-system' so can recommend societies or activists previous students have found useful. As this is a relationship that is cultivated from the beginning of students university life, most students have tutors who know them well, and the formatting of tutorials which a student can request for themselves allows for lengthy discussions of what they need to talk about. Some surveyors say they aren't aware of other services that could help them with loneliness, and they also agree that whilst going to a tutor is more confidential than a friend/ society member, it doesn't make the student feel as if the issue to be discussed is 'too serious', so doesn't feel like unnecessary escalation. However, the relationship between tutor and student is entirely individual, so whilst some students have already discussed topics like loneliness other have and not found it useful to haven't at all. To add onto the confidential point, students enjoy that the sessions can be one to one so they can focus on what they need and that accessing their own tutor is easy in comparison to other services. Students also like the fact that they will be discussing their issue with someone they know, so it's someone they have a good relationship with but will remain professional.

## **16. ADVERTISING SUPPORT SERVICES**

For this question, the following statement was provided:

*“We are aiming to create a resource to include all the possible services available and summarise them concisely on one page, with descriptions of exactly how to access them and where to find them. Where do you think we should present this resource, so that as many SGUL students can see it? (Please feel free to tick more than one)”*

The consensus is to promote our resource everywhere (this was a suggestion from multiple students) as to raise more awareness so that mental health will be less of a taboo topic. By doing this, we can target a wider variety of students such as those who do not have social media or those who do not use the library, etc. Table 3 demonstrates the areas respondents reported; more than one option could be chosen.

**Table 3: Student preference for advertising support services**

Options	Respondents	Percentage of total respondents
Canvas	434	19.5%
Emails	350	15.7%
Screen around university	325	14.6%
Freshers (Fayre, lectures, events)	318	14.3%
Social Media	311	14.0%
Outside library	260	11.7%
Uni/Course Newsletter	199	8.9%
Other	30	1.3%

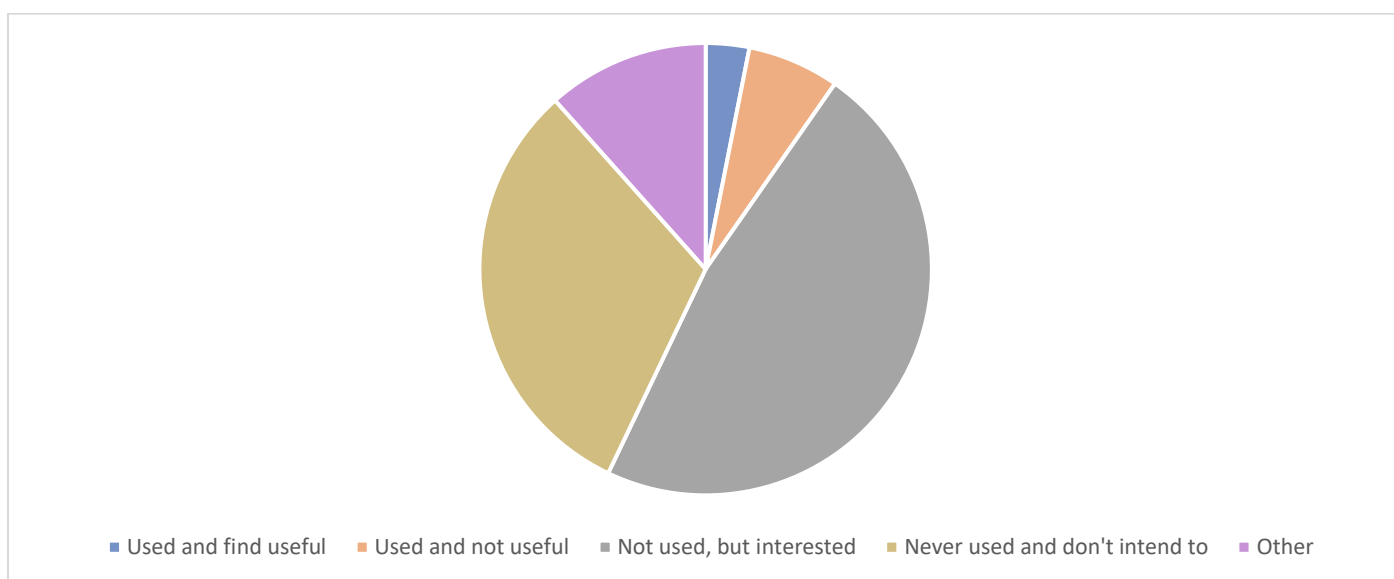
Under the ‘Other’ option, many students made other suggestions including:

- Toilets- at the back of the cubicle door.
  - A student suggested this so that students could read our resource, or a take a picture of it, in complete privacy. (Having this resource outside the library or on screens around the university does not allow this.)
- SGUL Website
- SU website
- Enrolment- give this resource as a handout as part of the enrolment
- Personal Tutors
  - Personal tutors could mention this to students during discussions or pass it on via email, should the student need/ask for a signpost. (Perhaps this could be the case with George’s Family/Societies).

## 17. BIG WHITE WALL

For this question, respondents were advised that the university pays for the 'Big White Wall' (name at the time of the survey, now 'Togetherall') and asked for their views.

This question was answered by all 578 students and the most common answer was that despite not using the service, they would be interested too (47%). 31% of students haven't used the service and don't intend to. 38 (6%) used the service and didn't find it helpful. The least chosen option (3%) was that students used the site and found it useful. Figure 9 showcases views towards Big White Wall.



**Figure 9: Existing views to Big White Wall**

67 students (12%) commented in the 'other' section of the question. An extremely common theme was that they had never heard of it and therefore don't know what the service is able to offer them. This was echoed by 60 of the 67 students who commented (90%). Of the remaining 7 students, some comments included; they dislike the idea of peer-to-peer help, they overlooked it, they received too many emails which prevented them from using it again, they don't believe it would help them personally and that they didn't like interacting through a computer screen.

An important theme to comment on and flag is that many students do not know what Big White Wall is, or, that it exists. This could be a potential area to focus on in order to increase the information available to students and therefore the number of students that access the site to get help.



## **18. LIMITATIONS**

This project did have limitations. There were 578 respondents which represented approximately 9% of the enrolled student population at the time of the project. However, this total enrolled population includes all undergraduate and postgraduate students. We were unsure whether all students received the survey as it was cascaded through various channels.

Various members of the group analysed different questions which may have affected the depth and detail of the qualitative analysis.

## **19. SUMMARY**

From this survey, students are aware of some of the services available in relation to mental health within the University. Almost half of the 578 respondents to this survey indicated that they had experienced a mental health problem. 28% indicated that they accessed services at SGUL, therefore the University needs to consider the difference between those experiencing mental health and access to services. The counselling service was the service accessed most by these respondents; this was followed by personal tutor. Students cited being too busy as being the major reason for not accessing services.

Students were given three scenarios to review and choose which service was the most appropriate in the circumstances. The first scenario which related to anxiety about assignments due, the most favoured option was to approach a personal tutor. In the second scenario students were asked who which service they would signpost a withdrawn flatmate to, counselling was the preferred choice. In the final scenario students were asked to consider what advice they might need to overcome feeling lonely and isolated. Respondents felt that contacting the SGUL clubs and family network was the best option.

One of the aims of the project was to ask students how best to advertise the support services available within the University. There were helpful suggestions from the respondents, e.g. e-mails, screens around the University, at Freshers Fayre and through Canvas. Therefore we recommend that the University considers these suggestions.

## Appendix 1

Types of self-reported mental health problems experienced by students at SGUL academic year 2019-20

Type of mental health problem (self-reported)	Number of Respondents	% of sample reporting mental health problems (n=281)
Anxiety	72	25.6%
Anxiety and ADHD	15	5.3%
Anxiety and Bipolar disorder	3	1%
Anxiety and Depression	138	49.1%
Anxiety and Eating Disorder	3	1%
ADHD	3	1%
Bipolar Disorder	1	0.35%
Bipolar Disorder and Depression	2	0.71%
Borderline Personality Disorder	1	0.35%
Borderline Personality Disorder, PTSD, Anxiety and Depression	1	0.35%
Borderline Personality Disorder and Anxiety	1	0.35%
PTSD, Anxiety and Depression	3	1%
Depression	37	13.1%
Depression and Eating Disorders	4	1.4%
Dyslexia, ADHD and Depression	1	0.35%
Eating Disorder	7	2.4%
Epilepsy, Cognitive Impairment, Anxiety and Depression	2	0.71%
I don't know/Prefer not to say	13	4.6
Insomnia, Anxiety and Depression	1	0.35%
OCD/PTSD, Depression, Anxiety and Substance Abuse	1	0.35%
OCD and Anxiety	1	0.35%
PTSD and Anxiety	1	0.35%
No self-reported mental health problems	264	45.7% of total sample
PTSD, Depression and Eating Disorder	2	0.7%
Suicidal ideation	1	0.35%
ADHD, Anxiety and Sleeping Disorder	1	0.35%

## Appendix 2

Types of services accessed by students in academic year 2019-20

Type of services accessed by students	Number of Respondents	% of sample reporting access to university services (n=172)
Counselling and Big White Wall	1	0.6%
Counselling	44	25.5%
Counselling, A and E or GP	11	6.4%
Counselling, A and E or GP and external services	3	1.7%
Counselling, A and E or GP, external services and occupational health	2	1.1%
Counselling, A and E or GP and occupational health	1	0.6%
Counselling, Course Staff (Admin/Lecturers/Leads), A and E or GP and external services	2	1.1%
Counselling, course staff (Admin/Lecturers/Leads), occupational health	1	0.6%
Counselling, course staff (Admin/Lecturers/Leads), personal tutor	6	3.5%
Counselling, course staff (Admin/Lecturers/Leads), personal tutor, A and E or GP and external services	2	1.1%
Counselling, course staff (Admin/Lecturers/Leads), personal tutor, A and E or GP, external services and occupational health	1	0.6%
Counselling, course staff (Admin/Lecturers/Leads), personal tutor, A AND E or GP, and occupational health	1	0.6%
Counselling, course staff (Admin/Lecturers/Leads), personal tutor, external services	1	0.6%
Counselling, course staff (Admin/Lecturers/Leads), personal tutor, external services, occupational health	2	1.1%
Counselling, course staff (Admin/Lecturers/Leads), personal tutor, occupational health	1	0.6%
Counselling, external services	3	1.7%
Counselling, external services and occupational health	1	0.6%
Counselling, George's Family/Societies	1	0.6%
Counselling, George's Family/Societies, A and E or GP	1	0.6%
Counselling, occupational health	1	0.6%
Counselling, personal tutor	23	13.3%

Counselling, personal tutor A and E or GP	6	3.5%
Counselling, personal tutor, A and E or GP and external services	4	2.3%
Counselling, personal tutor, A and E /or GP and occupational health	2	1.1%
Counselling, personal tutor and external services	4	2.3%
Counselling, personal tutor, external services and occupational health	1	0.6%
Counselling, personal tutor, George's Family/Societies, A and E or GP	1	0.6%
Counselling, personal tutor, and occupational health	2	1.1%
Course staff (Admin/Lecturers/Leads)	1	0.6%
Course Staff (Admin/Lecturers/Leads), A and E or GP and Occupational Health	1	0.6%
Course Staff (Admin/Lecturers/Leads), Personal Tutor	1	0.6%
None/unsure	4	2.3%
Occupational health	1	0.6%
Personal tutor	2	1.1%
Psychiatrist at university, counselling, course staff (Admin/Lecturers/Leads), personal tutor, A and E or GP	1	0.6%
Student disability services, and external services	1	0.6%
Student life centre	1	0.6%
Student Life Centre, counselling, course staff (Admin/Lecturers/Leads), personal tutor, A and E or GP and external services	1	0.6%
Student Life Centre, counselling, course staff (Admin/Lecturers/Leads), personal tutor, A and E or GP, external services and occupational health	1	0.6%
Student Life Centre, counselling, personal tutor	1	0.6%
Student Life Centre, counselling, personal tutor, A and E or GP and external services	1	0.6%
Student Life Centre, counselling, personal tutor, A and E or GP, external services and Unitu	1	0.6%
Student Life Centre, counselling, personal tutor, A and E or GP and occupational health	1	0.6%
Student Life Centre, personal tutor	3	1.7%
Student Life Centre, personal tutor, A and E or GP and occupational health	1	0.6%
Student Life Centre, Student Union, counselling, course staff (Admin/Lecturers/Leads)	1	0.6%

Student Life Centre, Student Union, counselling, course staff (Admin/Lecturers/Leads) personal tutor and external services	1	0.6%
Student Life Centre, Student Union, counselling, personal tutor, A and E or GP, external services and occupational health	1	0.6%
Student Life Centre, Student Union, course staff (Admin/Lecturers/Leads), A and E or GP and occupational health	1	0.6%
Student Union and counselling	4	2.3%
Student Union, counselling and A and E or GP	1	0.6%
Student Union, counselling, course staff (Admin/Lecturers/Leads), personal tutor and A and E or GP	1	0.6%
Student Union, counselling, course staff (Admin/Lecturers/Leads), personal tutor, A and E or GP and External Services	1	0.6%
Student Union, counselling, course staff (Admin/Lecturers/Leads), personal tutor, A and E or GP, external services and occupational health	1	0.6%
Student Union, counselling and external services	1	0.6%
Student Union, counselling, personal tutor	2	1.1%
Student Union counselling, personal tutor, A and E or GP	1	0.6%
Student Union, counselling, personal tutor, A and E or GP; and external services	1	0.6%
Student Union, counselling and Unitu	1	0.6%
Student Union, course staff (Admin/Lecturers/Leads); and personal tutor	1	0.6%