Union of Students in Ireland
Aontas na Mac Léinn in Éirinn

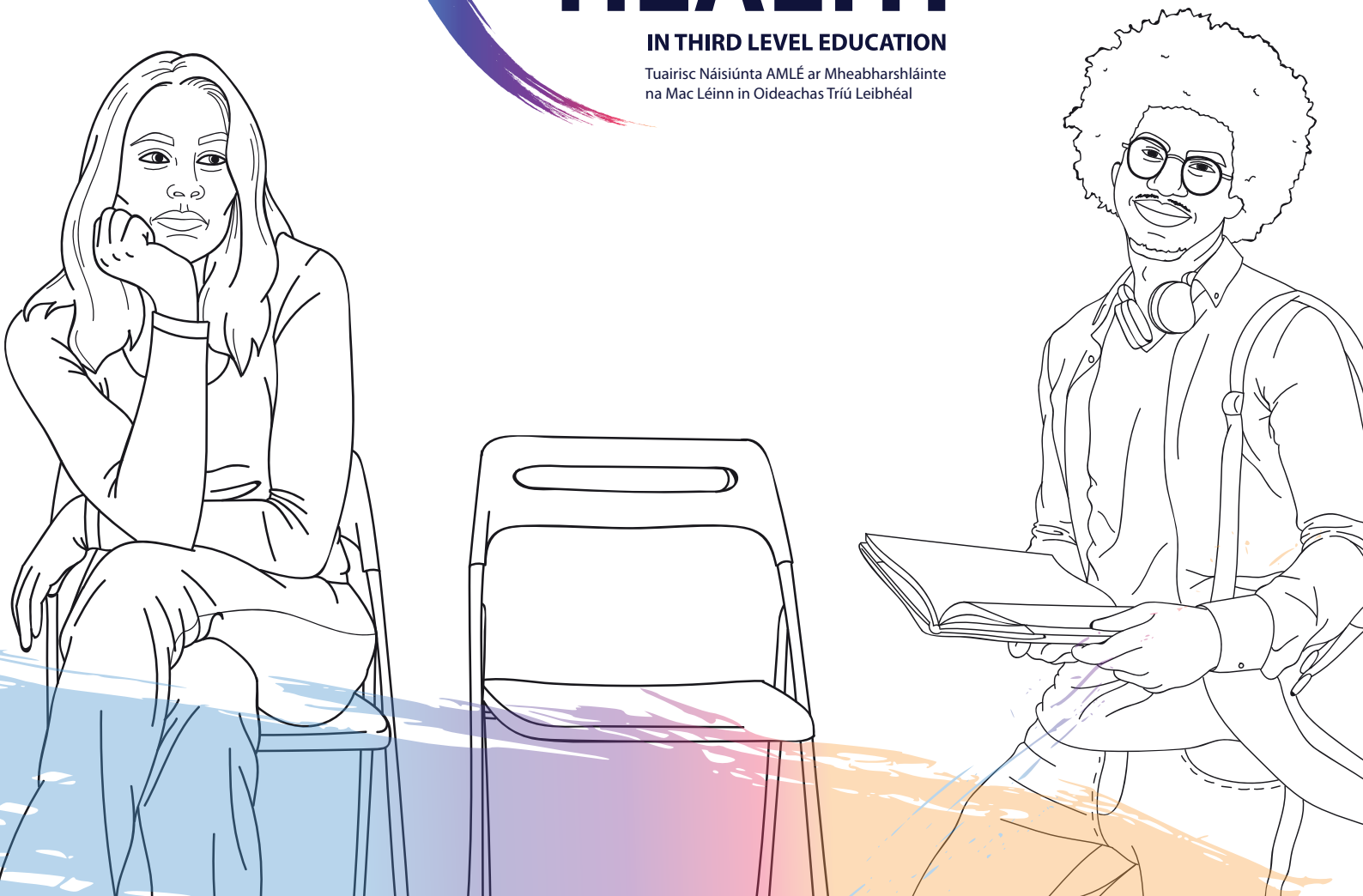
THE UNION OF STUDENTS IN IRELAND NATIONAL REPORT ON STUDENT MENTAL HEALTH

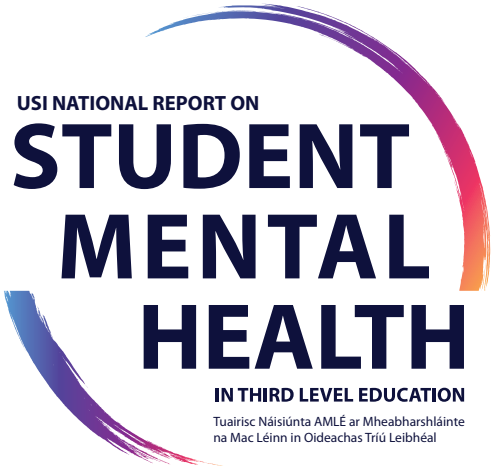
USI NATIONAL REPORT ON

STUDENT MENTAL HEALTH

IN THIRD LEVEL EDUCATION

Tuairisc Náisiúnta AMLÉ ar Mheabharshláinte na Mac Léinn in Oideachas Tríú Leibhéal





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Suggested citation:
Price, A. Smith, H.A. And Kavalidou, K. (2019). USI National Report on Student Mental Health in Third Level Education, Dublin: Union of Students in Ireland.

About USI
The Union of Students in Ireland (USI) is the sole national representative body of over 374,000 third level students across the island of Ireland. USI works to improve and protect the lives of students on academic and social issues through campaigns, advocacy, training and research. Throughout its history, USI has worked relentlessly in pursuit of students rights.

The Mental Health Project in USI is funded and supported by HSE Mental Health and the National Office for Suicide Prevention (NOSP).

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ISBN 978-1-5272-4522-8

FORWARD FROM THE PRESIDENT

Lorna Fitzpatrick - *President, Union of Students in Ireland 2019/2020*

In 2018, the Union of Students in Ireland launched the USI National Student Mental Health Survey and reached out to students across the island of Ireland to participate and give honest and raw feedback about their mental health, the services provided for them both on and off campus and everything in between. Little did we know, the sheer depth of information that we would gain from this report and it is all due to students honesty when taking part in the survey. Whilst reading the findings, it is easy to see that students shared with us their most inner thoughts and emotions and for this, we are extremely grateful. Students gave us a wealth of data that we now see so clearly laid out in the pages of the National Report on Student Mental Health in Third Level Education, we will use this data and strive to improve mental health services at third level for all students.

This document should be used as a point of reference going forward giving it a place on every desk and table when the discussion of students mental health is brought forward. It is of paramount importance that students are listened to when it comes to their health and well-being and this study gives each reader the chance to hear exactly what students have to say. Share these findings with your colleagues, friends and family, start the conversation and break the stigma of mental health. The days of hiding our struggles are behind us, we need to be vocal and demand that our difficulties are taken seriously.

The road ahead will be long and will be met with challenges, but the National Student Movement will be at the forefront of lobbying for change when it comes to student mental health. We will continue to take action and fight for change, because the students we represent need us to. The findings are clear, students need better services, now more than ever.

STUDENT RESPONSES

Ruairi - *3rd year student at Maynooth University (NUIM)*

This research lays out clearly much of what we knew anecdotally. Namely that students are an at-risk group and are relying consistently upon the on-campus counselling service. Unfortunately, it is also clear that there is an inconsistency in the quality of assistance available. What we can see is that on-campus counselling services have the potential to make a huge difference nationally to the success of a group which suffers from staggeringly high rates of anxiety.
The qualitative reports ring true to me as to what has been working and what is needed. Waiting lists are having a negative impact but on the positive we can see how effective a diverse team can be which includes an occupational therapist and an option for CBT. Crucially, students have highlighted the need for psychiatrists on staff so more serious concerns can be handled within the service we are most likely to use. I'm personally feeling very positive about this report and how it reflects our experiences.

Lillian - *3rd year student at Institute of Art Design and Technology (IADT)*

Third level students suffer from poor mental health. That sentence to me, a third level student, is no big shock. Regardless of someone's mental constitution, each person will suffer periods of poor mental health in their lifetime. Everyone needs help at some point. Mental health is a difficult subject to talk about, especially in Ireland. It did not surprise me that the report exposed over a fifth of the significant number of students surveyed felt like they didn't have anyone to talk to about their personal and emotional difficulties. This country is fantastic for people telling others how they are feeling grand, never anything vulnerable and not often something real. What struck me most from the report was the waiting list that students were put on when they wished to avail of services on campus. There is nothing more heart-breaking than to read that a student looking to confide in someone may have to wait over 4 months for that to happen. It's extremely unfortunate and coming from a small college with this big issue, it's extremely dangerous. Students deserve more, and hopefully, from the findings of this report, we are going to get it.

Sorcha - *Recent graduate from Dublin City University (DCU)*

A lot can be taken from the Union of Students in Ireland's survey into mental health. Firstly you may be taken aback by the eagerness of 3,340 students to share, in depth, their experience with mental health in third level education. Secondly, you may find yourself in disbelief at the findings, particularly the worrying percentages of students presenting with extremely severe anxiety (38.4%), depression (29.9%) and stress (17.2%). Finally, you may feel disheartened upon reading the stories and quotes provided from students at their lowest and their frustrations with the support at hand. However, what is most concerning for me, is the overarching narrative that has formed. Students highlighted how 'distressing' it is to take the step in looking for help, only to be met with a lack of support. They spoke of triggering online assessments and the use of surveys to assess one's level of need. One student said that they felt 'too complex for them' when they couldn't receive help where they looked for it. The importance of 'peer support' emerged but then so did the effects of dependency on others. And yet, through all of this, there was a narrative of helpfulness. That to me is the most frightening finding of this survey. Students offered advice on how to run the system better, how to help students in waiting rooms and on waiting lists, how to run campaigns better and how to help students through their curriculum. The eagerness of the 3,340 students to share didn't come from a place of personal gain, but of an urgency to make sure that no one else would suffer in the same way.

ACKNOWLEDGEMENTS

A sincere thank you to all the students who took the time to complete the online survey. This report would not have been possible without the time and information you gave to the study. The survey was promoted through local Students' Unions and we are indebted to all the Officers who prioritised and promoted the survey. We are grateful to the Psychological Counsellors in Higher Education Ireland (PCHEI) who gave their time to help in the development of the survey, particular thanks to Treasa Fox and Olivia Fox. The Student Mental Health Advisory Panel played a key role in the development of the survey and many thanks to every member of that group. We would also like to thank Professor Mark Morgan (Dublin City University/Trinity College Dublin), Dr. Sinead Reynolds (Health Service Executive), Dr. Maja Haals Brosnan (Marino Institute of Education) and Tony Monohan (PCHEI) who formed the ethics committee for this research project. Finally, we are grateful to the project funders, the HSE National Office for Suicide Prevention (NOSP) for their support throughout the project, both financial and practical.

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INTRODUCTION AND EXECUTIVE SUMMARY

Third level education is a key life transition and can be an extremely stressful time for students. We already know that levels of mental illness, mental distress and low wellbeing among students in Higher Education is increasing (IPPR 2017; McLafferty et al 2017). According to the Association for Higher Access and Disability (AHEAD) the number of students registering with the disability services in third level for mental health related disabilities has increased by 127% over the past five years (AHEAD 2019). Kessler and Wang's (2008) research shows that 75% of adults with mental illness first experience symptoms before the age of 25 and the peak onset occurs between 18-25 years of age, coinciding with time spent in third level.

Students in third level education are exposed to many stresses, which can trigger or exacerbate mental health difficulties. These include living away from family and friends for the first time, coming directly from a structured learning setting, as well as many students taking on additional work commitments to support themselves financially (McLafferty et al 2017). For early adults who have not yet established a stable life structure third level education can bring instability around romantic status, peer groups, financial pressure, course selection, academic demands, and career choices (Auerbach 2018).

While mental illness, mental distress and low wellbeing can affect all kinds of people, they are more common among those from deprived socioeconomic backgrounds (Stansfeld et al 2016). Widening participation to students from diverse socioeconomic backgrounds may account for some of the increase in prevalence among students as well as the increase in students with disabilities attending third level education.

There is growing appreciation that mental health matters for both individuals and society in general. For individuals it can affect their ability to learn, form meaningful relationships and to live healthy lives. For society and third level institutions, it can have an impact on demand for services as well as an added risk for student drop out. As awareness grows it requires institutions to adjust and respond to the growing level of demand. To be able to adequately respond with an understanding of the student population and their mental health is needed. This report looks to provide an understanding of the current status of student mental health on the island of Ireland.

WHY CONDUCT?

The primary aim of this survey was to provide an overview of students mental health in third level education in Ireland.

The objectives were to:

- Describe the demographics of students in third level education in Ireland.
- Explore the proportion of third level students that report mental health distress and ill health.
- Provide information on the mental health of specific groups such as LGBTI+, third level students and students with disabilities.
- Report on the availability and usage of mental health support services for third level students.
- Produce recommendations for policy relating to student mental health at third level.

WHAT WAS IN THE SURVEY AND HOW WAS IT DEVELOPED?

The literature indicated that some students are more vulnerable to mental health difficulties including females, students who struggle financially, as well as those who identify as LGBTQI+ and students with disabilities. A focus in the study was to include questions on the mental health of these groups. There was also a noted lack of information on students use and experience of services and this was something we choose to focus on within the study. The study was informed and developed alongside an expert group, including mental health professionals and academics. Consultation on the study design was held with students in third level education, the USI Executive Team and healthcare professionals. The survey was distributed and promoted through local Students' Unions. The study design was a point prevalence anonymised survey and implied consent was assumed when surveys were submitted. The study's only inclusion criteria was that to participate was you had to be third level student on the island of Ireland. No other limitation was applied. The survey had both open (qualitative) and closed (quantitative) questions allowing us to gather rich data and provide a space for students to express how they feel about services and how things could be improved going forward.

WHO PARTICIPATED IN THE STUDY?

The survey link was sent to all of USI's Member Organisations (Students' Unions) who together represent over 374,000 students across the island of Ireland. This includes Universities, Institutes of Technologies, Art Colleges and Further Education settings. Most students (n=231,710; 61.95%) are based in the Republic of Ireland. In total 3,340 students submitted the survey. This gives a total response rate of 0.89% across the island of Ireland. However, there was a very poor response rate from Northern Ireland with only 74 students taking the survey compared to the 3,266 (97.8%) of those who took it from Institutions in the Republic of Ireland, totalling the RoI response rate at 1.4%. Of those who took the survey from the Republic of Ireland; 41.2% (n=1376) attended University and 47.2% (n=1578) attended Institutes of Technology. Most of the respondents were females, aged 18-24 and in undergraduate education. The authors acknowledge the limitation of the poor response rate and our subsequent inability to refer to results as nationally representative, but feel the findings still hold value.

KEY FINDINGS

- Students are experiencing extremely severe levels of anxiety (38.4%), depression (29.9%) and stress (17.3%).
- Close to a third (32.2%) of students had a formal diagnosis of a mental health difficulties at some point in their lives.
- A fifth (20.9%) of students did not have someone to talk to about personal and emotional difficulties.
- Most students (35.3%) were made aware of support services through their Students' Union.
- Students use(d) both on campus and off campus services to support their mental health.
- A free on campus counselling service was important for students.
- Working impacted on student's ability to socialise with classmates.
- Those who were involved in activities outside of their coursework had better mental health.

Is ionann oideachas tríú leibhéal agus idirthréimhse thábhachtach sa saol agus d'fhéadfadh sé a bheith ina tréimhse thar a bheith strusmhar do mhic léinn. Tá fhios againn cheana féin go bhfuil leibhéil an mheabhairghalair, an mhíshuaimhnis mheabhraigh agus na folláine ísle i measc mac léinn san Ardoideachas ag méadú (IPPR 2017; McLafferty et al 2017). De réir an Chumainn um Rochtain agus Míchumas san Ardoideachas (AHEAD) mhéadaigh líon na mac léinn a bhí ag clárú le seirbhísí míchumais sa tríú leibhéal maidir le míchumais a bhaineann le meabhairshláinte faoi 127% thar na cúig bliana seo a chuaigh thart (AHEAD 2019). Taispeántar le taighde Kessler agus Wang (2008) go bhfulaingíonn 75% d'aosaigh a bhfuil meabhairghalar orthu na céad siomptóim sula mbaineann siad 25 bliana d'aois amach agus go mbíonn tús an mheabhairghalair níos coitianta idir 18-25 bliana d'aois, ag an am céanna agus a chaitear am in oideachas tríú leibhéal.

Bíonn mic léinn in oideachas tríú leibhéal gan chosaint ar go leor strus, lena bhféadfadh deacrachtaí meabhairshláinte a spreagadh nó a ghéarú. Áirítear leo sin cónaí a bheith orthu i bhfad óna dteaghlach agus óna gcairde don chéaduair, teacht go díreach ó shuíomh foghlama struchtúrtha, chomh maith leis an bhfíric go nglacann go leor mac léinn le ceangaltais oibre bhreise chun iad féin a thacú ó thaobh airgid de (McLafferty et al 2017). Dóibh siúd sa luath-aosacht nach bhfuil struchtúr saoil cobhsaí curtha ar bun acu go fóill d'fhéadfadh oideachas tríú leibhéal míshocracht a chruthú maidir le stádas cumainn, piarghrúpaí, roghnú cúrsaí, éilimh acadúla, agus roghanna gairmréime (Auerbach 2018).

Cé gur féidir go gcuireann an meabhairghalar, míshuaimhneas meabhrach agus folláine íseal isteach ar chineálacha uile daoine, tá siad níos coitianta i measc daoine a thagann ó chúlraí socheacnamaíocha faoi mhíbhuntáiste (Stansfeld et al 2016). D'fhéadfadh sé go bhfuil leathnú na rannpháirtíochta go mic léinn ó chúlraí socheacnamaíocha éagsúla ina chúis le cuid den mhéadú ar leitheadúlacht i measc mac léinn agus leis an méadú freisin ar líon na mac léinn faoi mhíchumais atá ag freastal ar oideachas tríú leibhéal.

Tá léirthuiscint ann atá ag dul i méid go mbaineann tábhacht le meabhairshláinte do dhaoine aonair agus don tsochaí i gcoitinne araon. Do dhaoine aonair d'fhéadfadh sí cur isteach ar a gcumas chun foghlama, chun caidrimh fhiúntacha a chruthú agus chun saoil shláintiúla a chaitheamh. Don tsochaí agus d'institiúidí tríú leibhéal, d'fhéadfadh tionchar a bheith aici ar an éileamh ar sheirbhísí agus d'fhéadfadh sí an riosca breise a chruthú go dtarraingeodh mic léinn siar. De réir mar a mhéadaíonn feasacht éilítear ar institiúidí léi dul i dtaithí agus freagairt a dhéanamh ar leibhéal méadaitheach an éilimh. Chun a bheith in ann freagairt imleor a dhéanamh teastaíonn tuiscint ar dhaonra na mac léinn agus ar a meabhairshláinte. Déantar iarracht leis an tuarascáil seo tuiscint a sholáthar ar stádas reatha mheabhairshláinte na mac léinn ar oileán na hÉireann.

Cad is cúis leis an suirbhé?

Ba í aidhm phríomhúil an tsuirbhé seo forbhreathnú a sholáthar ar mheabhairshláinte na mac léinn in oideachas tríú leibhéal in Éirinn.

Ba iad na cuspóirí:

- Cur síos a dhéanamh ar dhéimeagrafaic na mac léinn in oideachas tríú leibhéal in Éirinn.
- Cion na mac léinn tríú leibhéal a fhiosrú a thuairiscíonn míshuaimhneas meabhairshláinte agus drochshláinte.
- Faisnéis a sholáthar maidir le meabhairshláinte grúpaí sainiúla amhail mic léinn tríú leibhéal LADTI+ agus mic léinn faoi mhíchumais.
- Tuairisciú ar infhaighteacht agus ar úsáid seirbhísí tacaíochta meabhairshláinte do mhic léinn tríú leibhéal.
- Moltaí a tháirgeadh do bheartas a bhaineann le meabhairshláinte mac léinn ag tríú leibhéal.

Cad é a bhí sa suirbhé agus conas a forbraíodh é?

Léiríodh leis an litríocht go mbíonn mic léinn áirithe níos leochailí maidir le deacrachtaí meabhairshláinte lena n-áirítear mná, mic léinn atá ag streachailt ó thaobh airgid de, chomh maith leo siúd a aithníonn iad féin mar LADTAI+ agus mic léinn faoi mhíchumais. Ba fhócas é sa staidéir ceisteanna a chur san áireamh maidir le meabhairshláinte na ngrúpaí sin. Tugadh faoi deara freisin go raibh easpa faisnéise ann maidir le húsáid seirbhísí ag mic léinn agus a n-eispéiris ar úsáid na seirbhísí sin agus ba rud é sin a roghnaíomar chun díriú air laistigh den staidéar. Rinneadh an staidéar a threorú ag grúpa saineolaithe agus forbraíodh é i gcomhar leo, lenar áiríodh gairmithe meabhairshláinte agus acadóirí. Chuathas i gcomhairle maidir le dearadh an staidéir le mic léinn in oideachas tríú leibhéal, le Foireann Fheidhmiúcháin Aontas na Mac Léinn in Éirinn agus le gairmithe cúram sláinte. Scaipeadh agus cuireadh an suirbhé chun cinn trí Aontais áitiúla na Mac Léinn. Ba ionann dearadh an tsuirbhé agus suirbhé anaithnidithe poncleitheadúlachta agus tugadh comhthoil le tuiscint nuair a cuireadh suirbhéanna isteach. Ba iad critéir chuimsiúcháin amháin an tsuirbhé nach mór go raibh an duine ina m(h)ac léinn tríú leibhéal ar oileán na hÉireann chun páirt a ghlacadh ann. Níor cuireadh aon teorainn eile leis. Bhí ceisteanna oscailte (cáilíochtúla) agus ceisteanna dúnta (cainníochtúla) araon sa suirbhé, rud lenar ligeadh dúinn an-chuid sonraí a bhailiú agus spás a sholáthar do mhic léinn conas a bhraitheann siad faoi sheirbhísí a léiriú mar aon le conas ar féidir rudaí a fheabhsú uaidh seo amach.

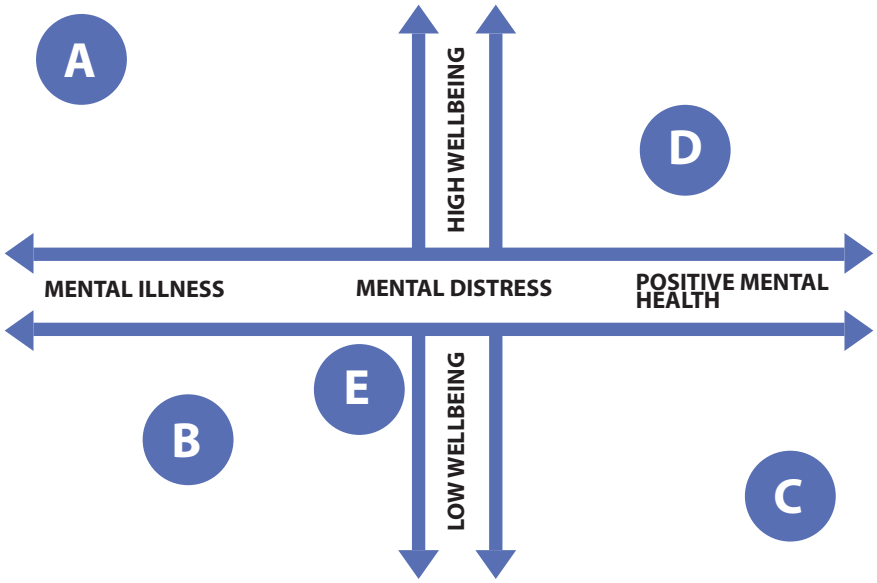
Cé a bhí rannpháirteach sa suirbhé?

Seoladh nasc an tsuirbhé chuig Eagraíochtaí uile ar Baill iad Aontas na Mac Léinn in Éirinn (Aontais na Mac Léinn) a dhéanann ionadaíocht le chéile do níos mó ná 374,000 mac léinn ar fud oileán na hÉireann. Áirítear leis na hinstitiúidí sin Ollscoileanna, Institiúidí Teicneolaíochta, Coláistí Ealaíne agus timpeallachtaí Breisoideachais. Tá an chuid is mó de na mic léinn (n=231,710; 61.95%) lonnaithe i bPoblacht na hÉireann. San iomlán chuir 3,340 mac léinn an suirbhé isteach. Is ionann sin agus ráta freagartha iomlán de 0.89% ar fud oileán na hÉireann. Bhí ráta freagartha an-íseal ann ó Thuaisceart Éireann, áfach, agus níor ghlac ach 74 mhac léinn páirt sa suirbhé i gcomparáid le 3,266 mhac léinn (97.8%) a ghlac páirt ann ó institiúidí i bPoblacht na hÉireann, agus ráta freagartha ó Phoblacht na hÉireann ag 1.4% san iomlán. Astu siúd a ghlac páirt sa suirbhé ó Phoblacht na hÉireann; bhí 41.2% (n=1376) ag freastal ar Ollscoil, agus bhí 47.2% (n=1578) ag freastal ar Institiúidí Teicneolaíochta. Ba mhná iad an chuid is mó de na freagróirí ag 73.5% (n=2455) agus iad 18-24 bliana d'aois agus in oideachas fochéime.

Príomhthorthaí

- Tá leibhéil thar a bheith géar d'imní (38.4%), de dhúlagar (29.9%) agus de strus (17.3%) á bhfulaingt ag mic léinn.
- Diagnóisíodh go foirmiúil go raibh deacrachtaí meabhairshláinte ag beagnach trian de mhic léinn (32.2%) ag pointe éigin ina saoil.
- Ní raibh aon duine ag cúigiú (20.9%) de mhic léinn le labhairt leis/léi maidir leis na deacrachtaí pearsanta agus mothúcháin dá gcuid.
- Cuireadh ar an eolas an chuid is mó de na mic léinn (35.3%) faoi sheirbhísí tacaíochta trí Aontas na Mac Léinn dá gcuid.
- Bhain mic léinn úsáid agus baineann siad úsáid as seirbhísí ar an gcampas agus lasmuigh den champas chun tacú lena meabhairshláinte.
- Ba rud tábhachtach é do mhic léinn seirbhís comhairleoireachta saor in aisce ar an gcampas.
- Imríodh tionchar le hobair ar chumas na mac léinn chun bualadh le chéile le comhscoláirí.
- Bhí meabhairshláinte níos fearr acu siúd a bhí rannpháirteach i ngníomhaíochtaí lasmuigh dá n-obair chúrsa.

Much like physical health, mental health is something that is experienced by everyone, all the time. It exists along a continuum and can be both positive and negative to different degrees. Understanding the fluidity of mental health and the possibility for it to change over time is important. Wellbeing also exists along a continuum and while mental health and wellbeing affect one another they should be understood as being distinct. The figure and description below is one that was used in the Institute for Public Policy Research report Not by Degrees Improving Student Mental Health in UK's Universities (2017) and is useful in explaining where different students in third level may be on the continuum.



ADAPTED FROM K TUDOR "(1996) MENTAL HEALTH PROMOTION: PARADIGMS AND PRACTICE"

Person A experiences a severe and enduring mental illness, but also experiences high levels of wellbeing. This person may, therefore, be managing their mental health condition effectively and receiving the appropriate treatment, and otherwise leading a happy and fulfilling life.

Person B experiences a common mental health condition but is also experiencing low wellbeing. This person may be failing to receive effective treatment, affecting their happiness and causing them added stress. Similarly, they could be receiving effective treatment, but other factors in their life might be causing them to experience low wellbeing.

Person C experiences positive mental health, but low wellbeing. They are mentally healthy – in the sense that they do not have a diagnosable mental health condition or exhibit symptoms of mental distress – but may also experience low levels of happiness or satisfaction with their life.

Person D experiences positive mental health and high levels of wellbeing. They do not have a mental health condition, are not exhibiting symptoms of mental distress, and are generally happy and satisfied with their life.

Person E is exhibiting some symptoms of mental distress. It is not clear that this meets the threshold for a clinical diagnosis of a mental health condition, but they are nonetheless reporting that they do not consider their mental health to be positive. This is coinciding with low wellbeing, indicating they are also experiencing low levels of happiness and satisfaction.

METHODOLOGY

A study methodology group, including mental health professionals and academics, was formed to develop a study specific survey. Consultation on the study design was held with students in third level education, the USI Executive Team and healthcare professionals. The literature indicated that some students are more vulnerable to mental health difficulties including females, students who struggle financially, as well as those who identify as LGBTQI+ and students with disabilities. There was focus placed in the study to include questions on the mental health of these groups. There was also a lack of information on students use of services, this was a key focus of the study. The study design was a point prevalence anonymised survey and implied consent was assumed when surveys were submitted. The study's only inclusion criteria was participants had to be studying at third level within the island of Ireland. No other limitation was applied.

The survey was piloted with a group of students on the Mental Health Advisory Group. Based on their recommendations and feedback changes were made to the survey including changes in wording to make it more student friendly and understandable to all and several questions that were deemed unnecessary for the study were taken out. The final survey included two validated scales; the Depression, Anxiety and Stress Scale (DASS-21) and the General Help Seeking Questionnaire (GHSQ). In total there were 131 items in the survey, 4 of these questions were open-ended. It would take students 10-20 minutes to complete the survey.

The survey was uploaded to LimeSurvey and hosted on USI's website. The electronic link was shared with all third level Member Organisations in Ireland. Local Students' Union's then distributed the survey to their student body via all student email. As some Students' Unions did not have access to all student email the survey was also promoted on social media platforms and by word of mouth. USI also promoted the survey through a national mental health roadshow. A record of response rates from each college was kept and the mental health project manager kept regional officers informed of response rates in efforts to push promotion.

The survey was open from late January to the end of April 2018. Students were invited to enter a prize draw to win one tablet or one of 4 One4All vouchers. Emails of students who entered the draw were stored in another site to ensure no breach in confidentiality took place. Once the draw was complete, all emails were destroyed.

For analyses, data was extracted from LimeSurvey into Microsoft Excel (2016). Data was cleaned prior to being imported into IBM's Statistical Package for Social Sciences version 23 for coding and analysis. Categorical data are presented as numbers with their percentages and examined using Chi-Square Test. Open-ended questions were analysed using thematic analysis informed by Braun and Clarke (2006).

FINDINGS

DEMOGRAPHICS

Most students who took the survey were female (73.5%) followed by male (24.6%), and a small proportion of students identified as non-binary (1.9%). The majority (82.7%) of those surveyed were aged 18-24 years old. As students age-range increased, the proportion of students in each age-category decreased. One fifth (20%) of the students surveyed identified as members of the LGBTQI+ community while just over 1.2% of the population identified as Transgender. In terms of living arrangements, the majority (46.6%) lived with parents or relatives. The next largest category was students living in privately rented accommodation (23.6%), followed by purpose built student accommodation (17.5%). A total of 0.5% students reported having no stable accommodation.

20%

OF STUDENTS SURVEYED IDENTIFIED AS

LGBTQI+

MOST STUDENTS WHO TOOK THE SURVEY WERE

FEMALE
73.5%

MALE
24.6%

NON-BINARY
1.9%

Most (88.3%) students were enrolled in an Undergraduate Degree, 6.4% were registered Postgraduate students, 4.3% were undertaking a Certificate or Diploma and 1.0% were involved at other educational levels including Apprenticeship. Students studied at various third level institutions throughout Ireland including Universities, Institutes of Technologies and Art Colleges.

STUDENTS SURVEYED STUDIED AT VARIOUS

- **UNIVERSITIES**
- **INSTITUTES OF TECHNOLOGIES**
- **ART COLLEGES**

Over 95% of students were registered as taking their course as full-time and 3.7% were registered as part-time students. A small proportion 0.4% fall outside either full or part-time category and this included distance learning and repeating students. Just over a tenth (13.5%) were repeating one or more elements of their course and 4.8% were studying abroad at the time of the study.

13.5%

WERE REPEATING
one or more elements of their course

77% OF STUDENTS WERE DEPENDANT ON FINANCIAL ASSISTANCE

A total of 41.8% of those who participated in the study were receiving social welfare support of some kind. Many were dependent on financial assistance from parents (63%), partner (3.8%), as well as bank (4.7%) and Credit Union loans (6.0%). A total of 77.8% of students were dependant on financial assistance from at least one of the named sources above.

DEPRESSION, ANXIETY AND STRESS BY DEMOGRAPHICS

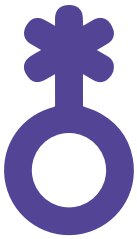
38.4%
OF STUDENTS WERE
EXTREMELY SEVERELY ANXIOUS

29.9%
OF STUDENTS WERE
EXTREMELY SEVERELY DEPRESSED

17.2%
OF STUDENTS WERE
EXTREMELY SEVERELY STRESSED

GENDER

Gender had an influence on anxiety, depression and stress levels. In terms of anxiety, non-binary students had the highest levels of extremely severe anxiety symptoms at 61.3% followed by female at 41% and males at 28.9%. Stress levels correlated with this; students who identified as non-binary were most distressed and less likely to be within normal ranges followed by females and males. However, males were slightly more likely to be extremely severely depressed than females.



NON-BINARY STUDENTS HAD THE HIGHEST LEVELS OF EXTREMELY SEVERE SYMPTOMS AT..... 61.3%

LEVEL OF STUDY

Those who were studying towards a Certificate or Diploma were most likely to experience extremely severe symptoms of anxiety (48.6%) depression (34.0%) and stress (22.2%) and less likely to be in the normal ranges when compared to the other levels of study across all three scales. Those studying a Postgraduate Masters were most likely to be within normal ranges across all scales.

STUDENT STATUS

Those who studied part time were less likely to experience extremely severe anxiety, depression and stress than those who studied full time.

REPEATING STUDENTS

Students who were repeating one or more element of their course were more likely to be on the extremely severe end of all three scales and less likely to be within normal ranges when compared with those who had not repeated any element of their course.

STUDYING ABROAD

Those studying abroad had lower levels of extremely severe anxiety (29.8%) depression (24.8%) and stress (10.6%) when compared to those who studied at home.

Those studying abroad lower levels of extremely severe anxiety 29.8%

AVAILABILITY OF MONEY

Those dependent on financial assistance from others had high levels of anxiety, depression and stress. Those dependent on Credit Union loans were most likely to be extremely severely anxious (52.0%), depressed (36.5%) and stressed (25.5%). Those dependant on financial assistance from a partner were least likely to fall within the normal range when looking at stress (31.3%) followed by social welfare (31.4%) with Credit Union loan following this (32.5%).

AREA OF STUDY

There were some differences between key areas of study. Those studying in the areas of health science appear to be more likely to be within normal ranges (34.6%) and less likely to be extremely severely anxious (33.5%). Those studying hospitality were also likely to be within normal ranges (40.0%). Those studying engineering were least likely to be extremely severely anxious (32.9%). In terms of depression those studying business, health sciences and hospitality were most likely to fall within normal ranges, with those studying business and law as well as students not falling into any of the usual categories were most likely to be extremely severely depressed. When it came to stress, students studying in the hospitality industry ranked highest in both normal ranges and extremely severely stressed.

HEALTH & SCIENCE STUDENTS APPEARED MORE WITHIN NORMAL RANGES

LIVING ARRANGEMENTS

There were some differences in students mental health depending on their living arrangements. Those who had a home they owned were much more likely to be within normal ranges and less likely to be extremely severe on all three scales. As expected those without stable accommodation were most vulnerable when it came to anxiety (50.0%) and depression (77.8%) while those falling into the other category were more likely to be extremely severely stressed (35.7%) this included those living in a variety of settings including with friends, family owned accommodation and a mobile home.

WITHOUT STABLE ACCOMMODATION

50% ANXIETY

77.8% DEPRESSION

SEXUAL ORIENTATION

Sexual orientation had an impact on students mental health. Both intersex and pansexual groupings were found to have high levels (66.7%) of extremely severe anxiety followed by transgender students at 61%. Those who identified as gay were least likely to be extremely severely anxious and most likely to be within normal ranges (excluding hetrosexuality). When it came to depression, transgender were most likely to be extremely severely depressed (56.1%) followed by pansexual (51.7%), and those who identified as gay were most likely to be within normal ranges (27.5%). Again, with stress, those who are gay are most likely to be in the normal ranges within the sexual orientation groupings. Students who identify as pansexual and transgender were most likely to be extremely severally stressed and least likely to be within normal ranges.

STUDENTS WHO HAVE A DISABILTY

YES 28.1%

NO 71.9%

Over a quarter of students (28.1%) had at least one kind of disability with several students having multiple disabilities. Over 20% of the students surveyed had a disability relating to mental health. Of those with a disability only 40.1% had registered with the on-campus disability service. In comparison, 48.7% of students had disclosed their disability to academic staff.

59.9%

HAD NOT REGISTERED WITH THE DISABILITY OFFICE

DISABILITY IMPACTING MENTAL HEALTH

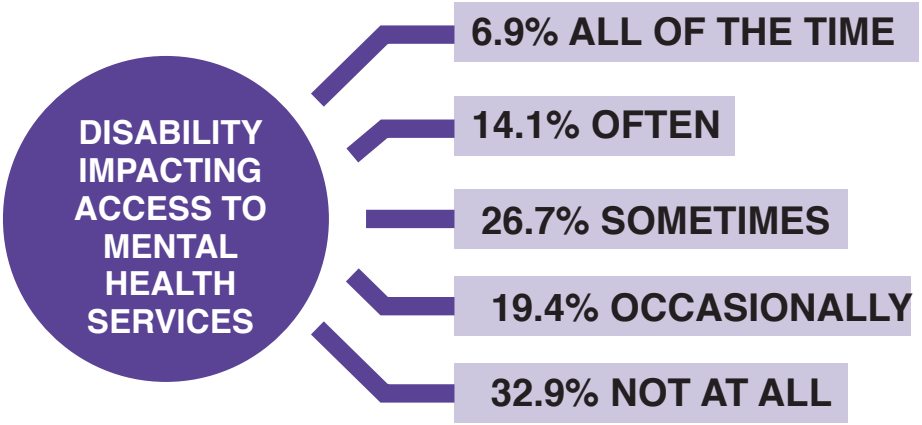
Disability was found to impact on students mental health with 25.3% saying that it impacted them all of the time and the majority said that it impacted them often at 34.4%. A further 25.3% said that it sometimes impacted on them and 10.9% said occasionally. Only 4% said that their disability did not have an impact on them at all.

25%

SAID IT IMPACTED THEIR MENTAL HEALTH ALL OF THE TIME

DISABILITY IMPACTING ACCESS TO MENTAL HEALTH SERVICES

Disability did not appear to affect students' access to mental health services for the most part. Close to a third (32.9%) said that it did not impact on them at all. Nearly 20% said that it impacted on them occasionally and 26.7% sometimes. However a total of 6.9% of students indicated that their disabilities impacted on their access to support services all of the time with a further 14.1% saying that it often impacted on them.



DISCLOSURE OF DISABILITY

Most students (51.5%) were unsure about disclosing their mental health difficulties on leaving college and entering into the workplace. This was followed by 35.1% stating that they did not plan to disclose their disability with only 13.4% saying they planned to do so.

DEPRESSION, ANXIETY, STRESS AND DISABILITY

There were disparities when comparing those with disabilities with the overall population. Taking disability overall 58.7% of those with disabilities were at the extremely severe end of the anxiety scale with only 13.1% within normal range. Students who were Deaf and hard of hearing were particularly high with rates of anxiety at 72.7%. Those with physical or mobility related disabilities were most likely when compared to other disabilities to be in the normal ranges (26.1%). When it came to depression, those who were blind or visually impaired were most likely to be in the extremely severe bracket (56.3%). Those with physical and mobility related issues were the most likely of all disabilities to be in the normal range (27.5%). Again, with stress levels this group appears to be the largest grouping within the normal range at 31.9%. Those with ADD or ADHD were the most likely grouping to be severely stressed at 34.0% . Those registered with the disability office were more likely to be within normal ranges and less likely to be extremely severely anxious, depressed and stressed compared to those who had not registered. There were also similar differences in those who had disclosed to academic staff that they had a disability.

56.3%
BLIND/VISUALLY IMPARED STUDENTS WERE EXTREMELY **SEVERELY DEPRESSED**

13.1%
WITH DISABILITIES WERE WITHIN THE **NORMAL RANGE OF ANXIETY**

58.7%
WITH DISABILITIES WERE EXTREMELY **ANXIOUS**

34.0%
WITH ADD/ADHD WERE EXTREMELY **SEVERLY STRESSED**

72.7%
DEAF OR HARD OF HEARING WERE EXTREMELY **SEVERLY ANXIOUS**

EMPLOYMENT

STUDENTS IN EMPLOYMENT

YES 47.8%

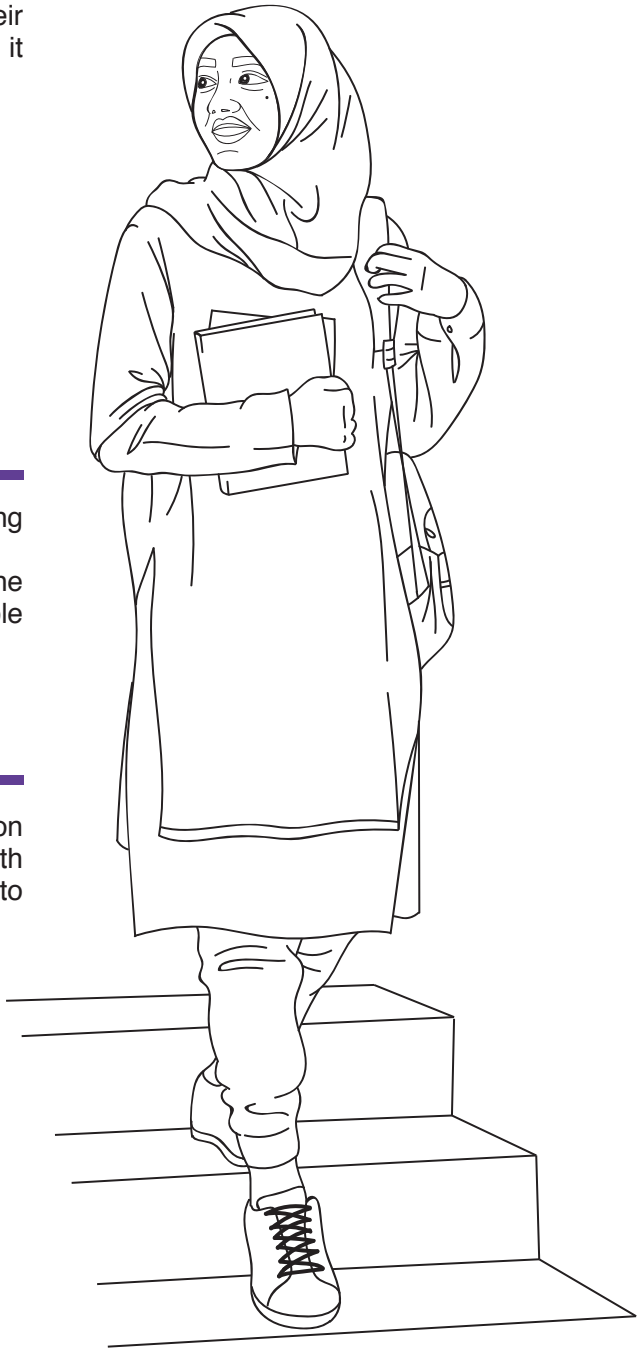
NO 52.2%

Just under half of the students that completed the survey were in employment (47.8%). Most worked part-time (79%) with others working occasional jobs (12.3%) and a small number working full time (8.7%) as well as studying.

IMPACT ON ACCESS TO SUPPORT

Most people indicated that work did not impact on their access to support services. Although 11.8% said that it impacted on them often and 4.7% said all of the time.

11.8%
SAID IT IMPACTED THEM OFTEN



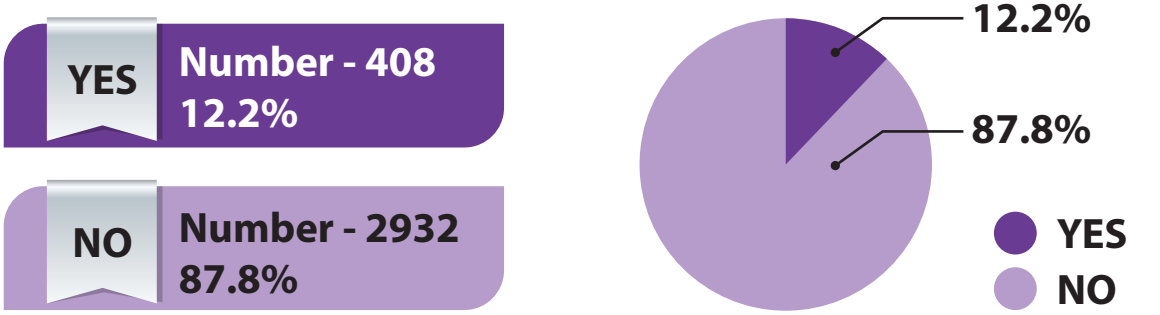
IMPACT ON MENTAL HEALTH

There was a normal distribution when it came to looking at the impact on mental health of students working. Similar amounts of people said not at all and all of the time as well as occasionally and often with most people in the middle.

IMPACT ON SOCIAL LIFE

Employment does appear to have an impact on student's social life and socialising with classmates, with 28.8% saying that it often impacts on their ability to socialise and 11.3% said all of time

DEPENDANTS AND TIME AND CARE - *Figure 1*

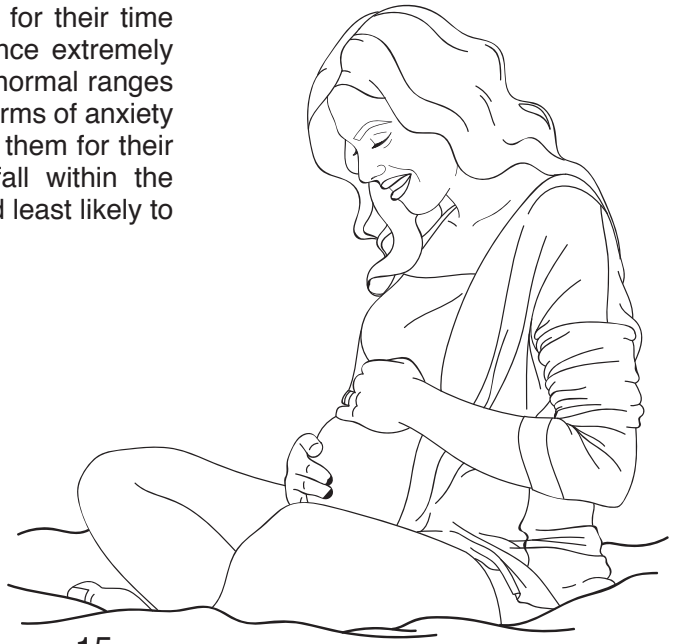


DEPENDANTS AND FINANCIAL SUPPORT - *Figure 2*

Over 12% of people had at least one person depending on them for their time and care, with 6.9% having people depending on them for financial support. Those who had dependents named those depending on them as children, parents, partner, siblings, grandparents, friends and other family members.

DEPRESSION ANXIETY AND STRESS AND DEPENDANTS

People who had dependents on them for their time and care were more likely to experience extremely severe symptoms and fall outside the normal ranges for anxiety, depression and stress. In terms of anxiety those who had a sibling dependent on them for their time and care were most likely to fall within the extremely severe category (54.7%) and least likely to be within normal ranges (16%).



DEPRESSION ANXIETY, STRESS AND DEPENDANTS

In terms of depression those with a partner dependent on them (37.3%) were most likely to experience extremely severe depression. Looking at those falling within the normal ranges, those looking after a sibling were least likely to (20%). Stress is similar to depression with those who have a dependant partner being most stressed and those with a dependant sibling being least likely to fall within normal range. In terms of those who have dependents on them financially similarities were found. In both the anxiety and depression scales those with sibling's dependent on them were most likely to experience extremely severe symptoms and least likely to be within normal ranges. Those with a partner dependent on them were most likely to be extremely severely stressed followed by sibling. Those with a sibling dependent on them financially were also least likely to fall within normal ranges with a high percentage experiencing moderate symptoms.

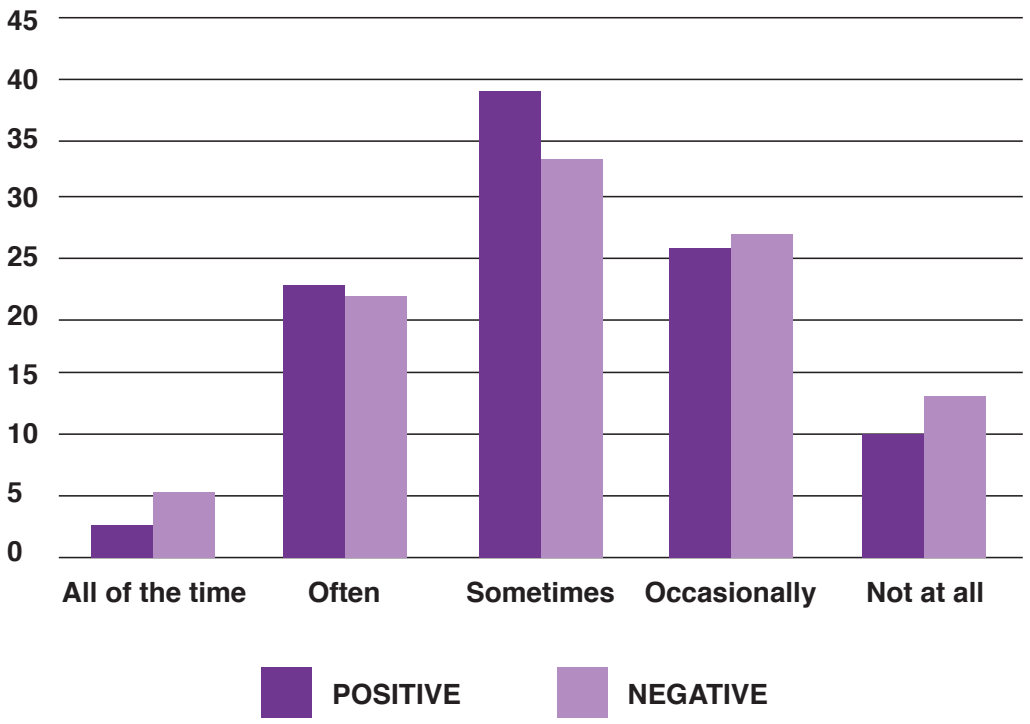
SOCIAL MEDIA USAGE

YES 99.3%

NO 0.7%

The vast majority students (99.3%) had at least one social media account. Students found that social media had both positive and negative effects on their mental health and results show a normal distribution for both.

POSITIVE AND NEGATIVE IMPACT ON MENTAL HEALTH



DIFFICULTIES WITH MENTAL HEALTH IN PREVIOUS 12 MONTHS

Many students experienced difficulties with their mental health over the previous 12 months with most (32.4%) recording that they often had difficulties and 17% said they had difficulties at all times. Only 9.6% of students said that they had no difficulties whatsoever. A further 19.9% experienced difficulties occasionally and 21.1% said they sometimes had difficulties.

32.4%

OF STUDENTS SURVEYED SAID THEY OFTEN HAD DIFFICULTIES

EFFECT ON STUDIES

The largest proportion of students (28.4%) stated their difficulties often impacted on their studies. A further 10.9% said that it impacted on them all of the time with only 14.9% stating that it has no impact on their studies at all.

28.4%

STATED THEIR DIFFICULTIES OFTEN IMPACTED ON THEIR STUDIES

EFFECT ON COLLEGE EXPERIENCE

Most people said that mental health difficulties often affected their overall experience in college (27.5%). A further 24.6% said that it affected them sometimes, with 20.6% stating that it affected them occasionally. A total of 12.3% said that it affected them all of the time and 15% said that it had no impact at all.

27.5%

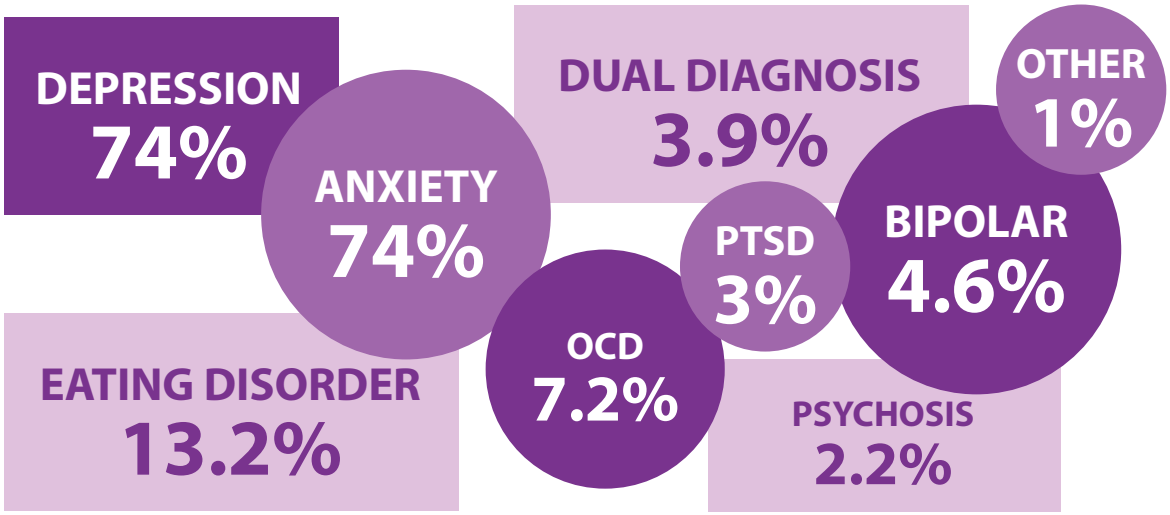
STATED THEIR DIFFICULTIES OFTEN IMPACTED THEIR OVERALL COLLEGE EXPERIENCE

CONSIDERATION TO LEAVING COLLEGE

Looking at the impact of mental health difficulties on the consideration of students to leave college, most students said that they would not have considered leaving college at all because of their mental health difficulties (39.5%). However many students thought about it occasionally (21.9%), sometimes (16.8%) and often (14.8%) with 7% of students thinking about it all of the time.

FORMAL DIAGNOSIS

Just under a third of students (32.2%) had received a formal diagnosis at some point in their lives. Most of these students received a diagnosis of Depression (74%), Anxiety (73.5%), followed by Eating Disorders at 13.2% and then OCD, Bipolar, Borderline Personality Disorder, Dual Diagnosis, PTSD, Psychosis and other. Some students selected more than one formal diagnosis.



ANXIETY, DEPRESSION AND STRESS BY FORMAL DIAGNOSIS

Students with Bipolar were most likely to be within normal range (18.4%) for anxiety compared to students (2.4%) with a dual diagnosis. Those with a dual diagnosis were also most likely (73.8%) to be extremely severely anxious. Those with OCD were most likely to be within normal ranges (20.8%) while those with bipolar were most likely to be on the extremely severe end of the depression scale (59.2%). Students with depression were most likely to be within normal ranges of stress (17.1%) with students diagnosed with Bipolar ranking most likely to be extreamly severely stressed (44.9%).

DEVELOPING PERSONAL RELATIONSHIPS

Similar amounts of people found it very difficult (7.9%) and very easy (11.3%) as well as difficult (22.7%) and easy (25.7%) to make friends and develop personal relationships with most people remaining neutral and neither easy or difficult (32.4%).

7.9% VERY DIFFICULT

11.3% VERY EASY

FEELING LONELY

Only 11.6% of students reported not feeling lonely at all with the remainder feeling it occasionally (25%), sometimes (28.6%), often (26%) and 8.9% felt lonely all of the time.

SUPPORTING A FRIEND

The majority of students (87.0%) felt confident supporting a friend, but 77.0% of students also wanted more information on supporting a friend going through a difficult time.

77.0% OF STUDENTS WANTED MORE INFORMATION ON SUPPORTING A FRIEND GOING THROUGH A DIFFICULT TIME.

ACTIVITIES

Just over half (51.4%) of those surveyed were involved in activities outside their coursework. This varied from being involved in clubs and societies, volunteering and being involved in sports activities on and off campus. Some students were involved in multiple activities. Being involved in activities outside coursework impacted on students mental health. Those involved in activities outside of their coursework were less likely to be extremely severely anxious, depressed or stressed. Those involved in sports scored particularly well. Those who volunteered with the Students' Union were less likely to be within the normal ranges and more likely to be extremely severe compared to others.

DEPRESSION, ANXIETY AND STRESS AND MAKING FRIENDS

Depending on how easy or difficult it was to make friends and develop personal relationships with other students impacted on students mental health. Those who found it very easy experienced less severe symptoms and were more likely to be within normal ranges compared to those who found it very difficult. This was most evident in the depression scale with those who found it very easy being most likely to be within normal ranges (53.7%) compared to those who found it very difficult falling into the extremely severe end of the scale at 56.4%.

56.4% **WHO FOUND IT VERY DIFFICULT TO MAKE FRIENDS WERE SEVERELY DEPRESSED**

YES 76.1%

NO 23.9%

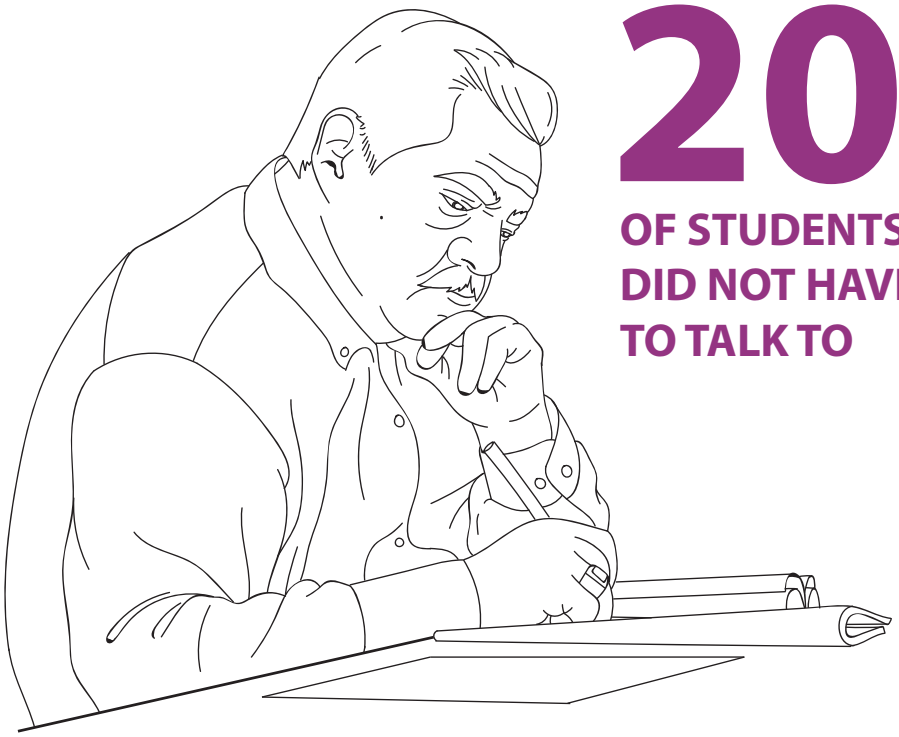
Most students (76.1%) were aware of on campus services to support their mental health however over 20% were not aware of such services. When it came to asking who let students know about the services available to them, the Students' Union was the lead informer to students at over 35.0%, followed by orientation at 27.7%. Student health services and college staff were the next highest categories followed by friends.

35%

SAID THE STUDENTS UNION WAS THE LEAD INFORMER OF AVAILABLE SERVICES

SOMEONE TO TALK TO ABOUT PERSONAL DIFFICULTIES

Over 20% of those surveyed did not have someone to talk to about their personal and emotional difficulties. From the students surveyed, they were very likely to seek help and confide in their intimate partner with 27.7% of students saying that this was extremely likely, the highest of any category. Following this, parents and friends were the next highest category at 12.9% each. People were least likely to confide in a religious leader (84%) and phone helpline (59.2%). Students also said it was likely that they would not seek help with the combined score of extremely likely, most likely and likely being 25.9%.



20%

OF STUDENTS SURVEYED DID NOT HAVE SOMEONE TO TALK TO

SEEKING HELP

Students were very likely not to seek help with 22.5% saying it was very likely they would not seek help and 18.4% said it was likely they would not seek help. This was followed by student counselling with 13.4% saying they were very likely and 22.6% said they were likely to seek help from counselling. Students were very unlikely to seek help from college chaplaincy, SU Class Rep and college disability services.

22.5%

SAID THEY WERE VERY LIKELY TO NOT SEEK HELP

ON CAMPUS COUNSELLING SERVICE

Over half of the respondents (54.5%) strongly agree that a free face to face service is important on campus. Students were least likely to attend group therapy if offered by the counselling services. Many students said that they would attend counselling, but students also said that they did not think that their problems were enough to warrant counselling. People seemed unsure about needing a doctor's referral to get a counselling appointment. In terms of waiting periods many students agreed that waiting periods were too long with the majority not appearing to have strong views either way saying that they neither agreed or disagreed with the statement.

54.5% **STRONGLY AGREE THAT A FREE FACE TO FACE SERVICE IS IMPORTANT ON CAMPUS**

SOMEONE TO TALK TO

As expected, those who had someone to talk to about their personal and emotional difficulties were more likely to be in the normal range than those who did not across the depression, anxiety and stress scale.

USE OF SERVICE BY GENDER

FEMALE
24.5%

MALE
19.9%

NON-BINARY
45.2%

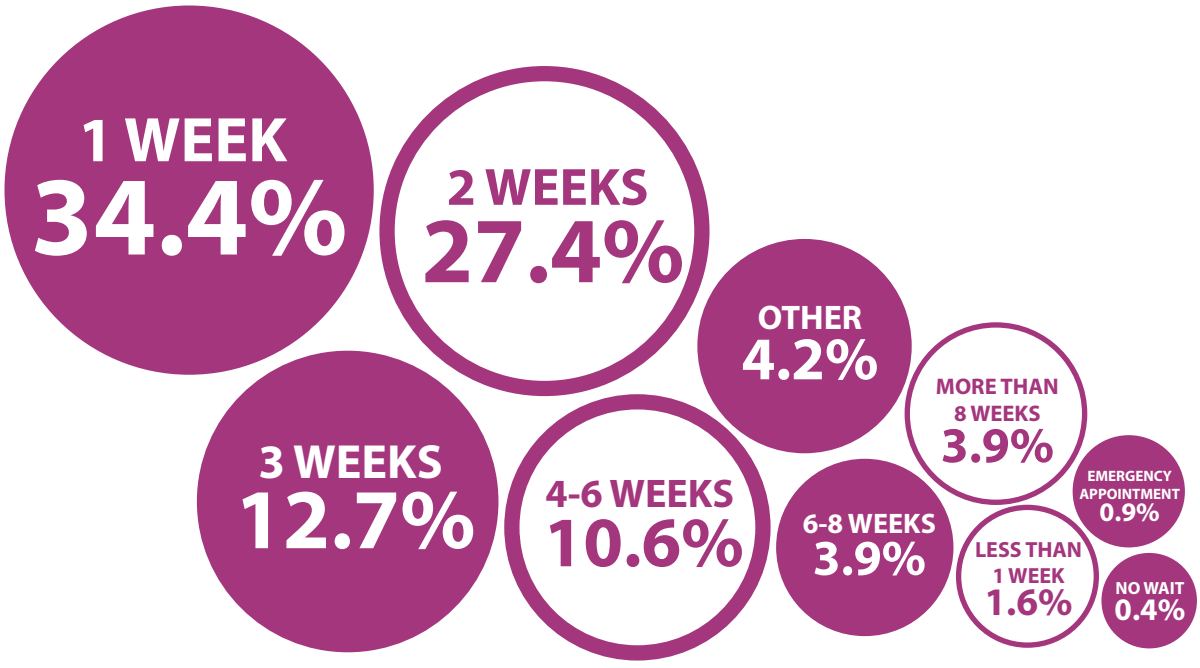
23%

OF STUDENTS SURVEYED USED THE ON-CAMPUS COUNSELLING SERVICE

Over 23% of students surveyed had used the on campus counselling service. Non-binary people at 45.2% were most likely to use counselling services, followed by female at 24.5% and male at 19.9%.

WAITING TIMES

Most students were seen quickly by the counselling services and within one week following assessment. The next highest category were waiting 2 weeks followed by those waiting 3 weeks. A small number of students were waiting more than 8 weeks for an appointment.



IMPACT OF SERVICE

Most people found the service helpful across all categories.

23.5%
VERY HELPFUL IN HELPING THEM STAY IN COLLEGE

IN ADDRESSING THEIR MENTAL HEALTH DIFFICULTIES

35.9%
SAID IT HELPED TO IMPROVE THEIR OVERALL WELLBEING

33.9%
FOUND IT HELPED IMPROVE THEIR OVERALL EXPERIENCE OF COLLEGE

NUMBER OF SESSIONS

Students were offered a varied number of sessions by the counselling service. Most students (36.8%) were offered as many sessions as they felt they needed.

NUMBER OF SESSIONS	N	%
1	85	10.7%
2	47	5.9%
3	62	7.8%
4	52	6.6%
5	19	2.4%
6	135	17%
7	9	1.1%
8	73	9.2%
More than 8	19	2.4%
As many as needed	292	36.8%
Total	793	100

36.8%
OF STUDENTS SURVEYED WERE OFFERED AS MANY SESSIONS AS THEY NEEDED

SATISFACTION WITH NUMBER OF SESSIONS PROVIDED

Students tended to be satisfied or very satisfied with the number of sessions available to them but most did not have a strong opinion on it and were neither satisfied or dissatisfied.

REFERRED TO ANOTHER SERVICE FOLLOWING COUNSELLING

YES 19.3%

NO 80.7%

Just under 20% were referred to another service following counselling and the services they were referred to were

JUST UNDER 20% OF STUDENTS SURVEYED WERE REFERRED TO ANOTHER SERVICE FOLLOWING THEIR ON-CAMPUS COUNSELLING

Most students were referred to a GP, with the next highest number being referred to Adult Mental Health Services (HSE). This indicates that more people were referred to off campus supports versus on-campus services.

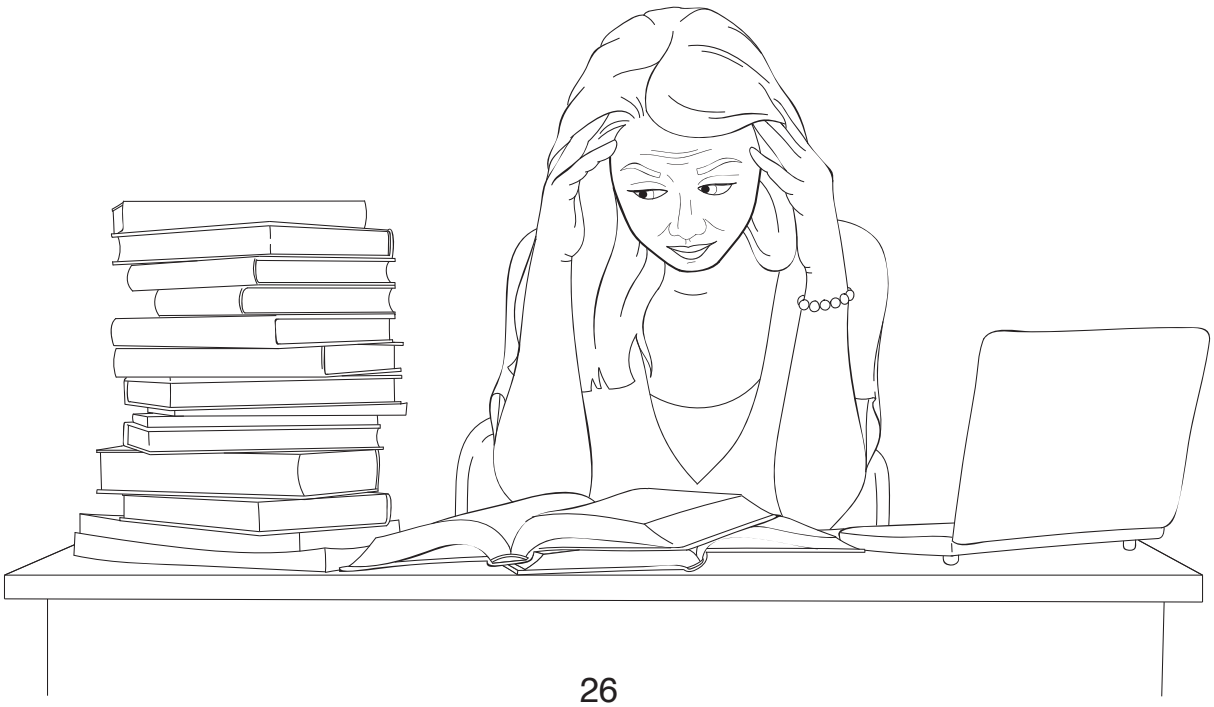
REFEREED TO	VOTES	%
GP	41	26.8%
Adult mental health (HSE)	38	24%
Private counselor		32
21%		
On- campus disability service	28	18.3%
Private psychiatrist	26	17%
On- campus psychiatrist	25	16.2%
On-campus health	23	14.9%
Adult mental health (NI)	7	4.5%

FORMAL DIAGNOSIS AND USE OF COUNSELLING SERVICE

The majority of people who said they had a formal diagnosis of a mental health difficulty used the on campus counselling services (58.9%).

STUDENTS WITH DISABILITIES USE OF COUNSELLING SERVICE

Just over half (50.1%) of students who stated that they had a disability had used the counselling service.



SATISFACTION WITH SERVICE

Many students were satisfied with the counselling service on campus and spoke about its positive impact on them during their studies, as one student said; *"I had a number of sessions with a counsellor and it was hugely beneficial to me, especially as I was going through a very difficult time. I don't know what I would have done without the service"* students also spoke about how an *" on-campus counselling service is extremely important"*. Another student said, *"the service has been a lifeline for me, especially after I was sexually assaulted"*. The significant impact that counselling has had on the following student has been life changing *"The 8 sessions I had honestly changed my life, I just wish more people would take advantage of the wonderful services we have"*. A positive help seeking experience was had by another student; *"personally, I am very slow to seek help from such services, but the counsellor is fantastic and hugely helpful"*. Many students also spoke about the importance of counsellors understanding them, as one student said *"my counsellor understood the struggles I had and offered any help I needed in informing any lecturer or school on my difficulties"*. A free and easily accessible service was important to students *"I believe it is vital for every college to have a free counselling service as students do need these services."* The availability of emergency appointments was also seen as important for students, one student said, *"the emergency appointment service has also been a huge help"*, giving students a sense of reassurance should they require crisis intervention.

DISSATISFACTION WITH SERVICE

Some students were dissatisfied and had a negative experience with on campus counselling. Students told about frustrations of giving up asking for help and not wanting to return even though *"I knew I needed more counselling"* one student said. Some, who had financial means opted for private healthcare *"If I didn't have financial support from my family to get private mental health care and had to depend on college services, I would be dead by now"*. One student *"I found it to be a distressing enough step to take. Only to be met with a lack of support and professionals lacking the necessary skills to help me make positive changes towards improving my mental health"*. Another student *"found the on-campus counsellor very unhelpful, and actually exacerbated some of my issues with self-esteem"*. The sense of feeling judged was had by a student who *"found the counsellors judged me and made me feel worse"*. Another student found it *"difficult at times as I was seeing a student counsellor who didn't seem to entirely understand or feel confident with handling the issues I discussed"*. The inability to change counsellors was also seen as a problem *"I had a really bad experience with mine and they have a rule, that you can't change your counsellor. So, I stopped going all together, she was terrible"*. The feeling of *"not being listed to"* was had by another student. A student with ongoing mental ill health said *"I think my colleges on-campus counselling services are really bad because on three different occasions I was in a bad way and really needed to see someone, but on every occasion I was sent away as they were too busy to see me at the time. Unfortunately, I suffer with mental illness issues so I can't make an appointment a couple of weeks in advance as I can't pick and choose when I'm going to run into difficulties"*

COMMUNICATION, CONTINUITY AND CHOICE AROUND CARE

The continuity and choice of care in relation to change of counsellors emerged as a theme that was important to students. One student said *"I didn't get to see the counsellor that assesses me first, who I was far more comfortable with. Didn't feel at ease with my assigned counsellor for my first scheduled session and trying to get an appointment with someone else was too difficult so I ceased my appointments".* Those who had used counselling in the past also had to re-enter the system and some have been waiting for months to be seen again, one said *"I attended counselling in second year before Erasmus and since returning from Erasmus, I have been on a waiting list to see on-campus counselling for 4 months".* Having to re-enter the system and waiting list each year caused annoyance to students *"having to reapply to the service each year unless you keep going over the summer is also ridiculous"*. Communication seems to be a problem for many students. One said that *"no follow up check done after attending counselling service"*. Another said, *"I was advised by the counsellor she would arrange my next appointment and email me as she couldn't at the time, but she never got back to me".* A student said that they *"filled out application for the counselling service stating that I was self-harming and having suicidal thoughts and never heard back from the service… I have since been in contact with pieta house".*

> **I have been on a waiting list to see on-campus counselling for 4 months**

ASSESSMENT

Students referred to the assessment as difficult and triggering in some cases. One student said *"on - line assessment is very difficult; they ask questions that make people feel on edge. It's hard to tell a computer how you're feeling and one of the questions asks to have you tried to harm yourself. How have you tried to harm yourself, how many times have you tried to harm yourself. When you're feeling low and insecure these are not the type of questions you should be answering to a computer".* Another said *"the first time I accessed the counselling service I had to fill in a survey to assess my level of need. Some of the questions in the survey I found a little triggering/distressing so I think it would be helpful to ensure a counsellor could be present when a student is filling out that survey (if the student feels they would like that) to address any immediate negative emotions the survey brought up. After my first 6 sessions were complete, later on in the semester I had to access the counselling service again and was asked to fill out the same survey and undergo the same initial consultation that I did the first time I went and was provided with a different counsellor. I feel it would have been better to connect me with the same counsellor I saw the first time I went for stability, and to ensure the same questions weren't having to be answered over and over again".*

WAIT PERIODS

Many spoke of the wait periods to see on campus counsellors and how in cases this resulted in deterioration and excessive stress on student's mental health. One student said, *"my issue was time sensitive and having had to wait over 6 weeks, I had to face the fears I wanted to discuss alone"*. Others echoed this saying *"I signed up I was really depressed and could have really done with it then rather than 7 weeks later" and "by the time I was offered a service it was a couple of months later and I had already been through a great period of stress".* Another said *"The wait between me going on the waiting list and getting an appointment was so long that in the meantime I started self-harming, then when I got the appointment I was told that since I was self-harming they didn't have the capacity to support me and had to refer me elsewhere, which is obviously totally unacceptable"*. Some students indicated that people were missing out on early intervention due to the triage systems in place *"waiting lists are too long which means that those with less severe issues are not properly cared".*

WAITING PERIOD BETWEEN SESSIONS

As well as wait times entering the system students expressed concerns at the wait periods between sessions. One student said *"one month wait times between sessions is far too long. I've only accessed counselling in my last semester of my repeated final year. My problems are quite acute and waiting one month between sessions means that it's very difficult for the service to really help me."* Another said: *"It is only possible to get an appointment once every two weeks and I think that it too infrequent in serious cases. The alternative is going to emergency appointments but in that case, you cannot build a rapport with a certain counsellor as they may be different every time. I think it should be possible to go every week if needs be".*

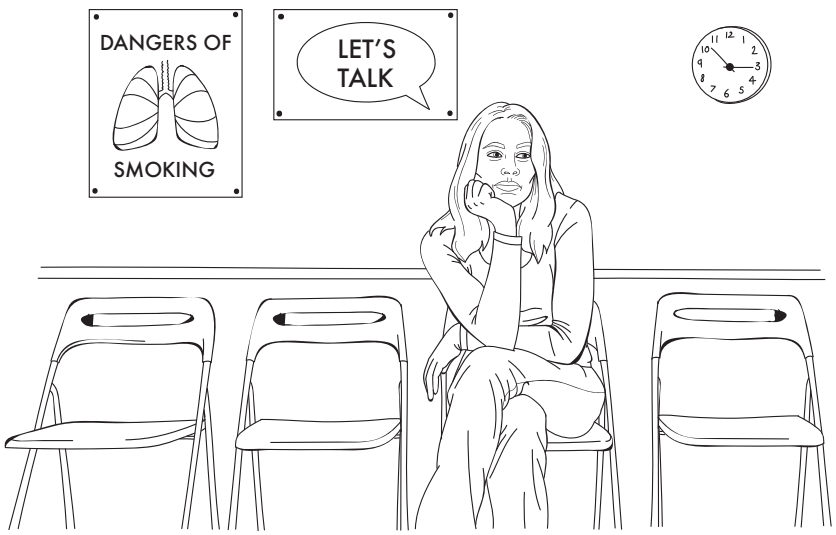
> one month wait times between sessions is far too long

HELPFUL FOR THOSE ON WAITING LIST

Students suggested solutions and ideas to help those on waiting list such as including the idea of key staff to reduce students worries, *"there should be more staff if possible, to reduce the worries students face"* while they wait. Another suggested *"group sessions for certain topics"*. While one student believed there should be *"mandatory stress management classes available to students to manage the stress of their course and how to deal with it"*.

LIMIT ON SESSIONS

The issue of placing a limit on the number of sessions offered to students by the counselling service was something that concerned students. One student said *"I feel the sessions should continue for as long as the counsellor sees fit…. The price of hiring another professional should be insignificant in comparison to the help they would give to somebody. It could be the difference between dropping out or staying in. I'm sure colleges would prefer higher statistics of graduates over drop-outs"*. This was echoed by another student who said *"capping the sessions to 4 per semester is bad. Students should be advised to take 4 but allowed to take more if they need to"*. The idea of add on sessions where necessary was suggested by a student *if necessary 1 to 2* add on *sessions should be provided following completion of the set number of sessions as a recap and check in on student to see how they're coping long-term and if they do need any further supports outside the college counselling services"*. Students spoke about being unable to afford a private counsellor but needed more than the capped sessions on campus *"Before I came to college, I had a private counsellor, I couldn't afford it, so I stopped going. I quickly deteriorated and tried to go to the college counsellor I was offered only 6 sessions which is clearly not enough"*. Students spoke of the pressure to get well knowing that there was a limited number of sessions *"knowing you have only six sessions of 45 minutes each puts pressure on and makes you feel as though you're rushed to have better mental health"*. Another said *"sessions should not be limited. It puts pressure on a student to get better within a certain time frame, which is not always achievable".*



FLEXIBILITY

Students spoke about the lack of flexibility around fitting the counselling appointments around their study and life commitments. One said *"it falls short of expectations. They weren't able to make appointments to fit my study schedule. If I missed an appointment (due to illness) rescheduling could take up to two weeks the same counsellor could not be promised, and a missed appointment was counted. In other words, this was subtracted from the 6 allotted to you per year"*. Another said *"I went to two counselling sessions and could not attend at that time slot anymore. There were no more available slots. When I requested to be notified when one did, I did not receive a reply. That was 4 months ago"*. A further student said *"only issue would be lack of flexibility due to timetables clashing and counsellors only being there at certain times"*.

STYLE

The style and methods used by the counsellor was also seen as important to students. Some students reflected on the undirected nature of the counselling *"my experience was very undirected with little work on addressing my underlying problem and instead only took the form of free talking and support, which was of limited benefit and as a result I disengaged"*. Another said *"I felt the counsellor acted as more of a listener/ "shoulder to cry on" rather than the professional and practical advice I needed. I was in a place where I did not need so much as someone to talk to, as I expressed to the counsellor that I have this sort of support from friends but needed clear and productive medical and professional guidance"*. Another student said, *"It is helpful as a place to talk but it didn't help solve any issues I had"*. Some students believed that the support offered by counselling was too generic *"I felt the counsellor spoke more than me and was telling me what to do and giving very generic advice like exercise. I understand exercise is important but was not specific to my needs"*. A number of students referred to the preference of use of CBT as a style and method *"I feel like the counsellor that I attended was focusing on talk therapy which I didn't find very helpful. I think that more CBT in college counselling would be beneficial"*. Another went on to say *"Went to the college counsellor and was given an "anxiety book" which I found very unhelpful as I felt like it was a generic solution, they gave to all students rather than personalizing a solution/plan to help. Have attended counselling outside of college and found it was a lot more helpful"*.

> my experience was very undirected with little work on addressing my underlying problem

DEALING WITH SPECIFIC ISSUES

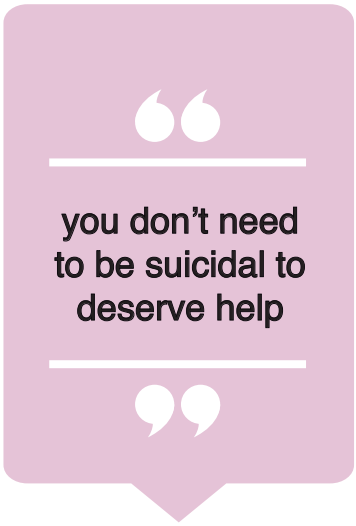
Students spoke about specific issues they had that the on-campus counselling services could not meet. One said they were *"not capable of dealing with more than depression or anxiety. They are also very understaffed, especially during the exam period and do not offer any advice regarding specific mental illnesses"*. Another said *"I just feel like on campus counselling is too generic and doesn't provide the help needed for specific situations"*. One student spoke about feeling down hearted given that the service was not willing to deal with the complexity of her situation "*The counselling service said they only do counselling for 3 or 4 sessions for someone with a "small" problem like a break up or bereavement or disappointment in performance in college or something, rather than someone with an actual mental illness. It was very down heartening, I was "too complex" for them"*. Similarly, another student *"found that the service wasn't enough for my needs and realised quickly that I needed more intensive help which I felt the service was unable to provide". Another student said "on-campus counsellors are not really equipped with severe anxiety/depression disorders so students with such disorders and backgrounds with severe abuse/trauma don't get adequate help because it's beyond the scope of what the counsellors on-campus are able to do"*. One student who had an eating disorder said *"personally, I needed a specialised approach to treat chronic anorexia nervosa which on campus counsellors weren't able to fully address. For less life-threatening mental health issues student counselling is very beneficial"*.

SEXUALITY & GENDER IDENTITY

Students referred to the focus on their sexuality as opposed to their mental health difficulties, one student said, *"the person I saw focused on my sexual orientation and not the problem I presented, thus I refused to return"*. Another said, *"our counsellors on campus are not helpful at all, I had lost several friends to suicide which was why I was having a negative reaction and the counsellor made it all about my sexuality rather than the actual issues I was experiencing"*. One student felt that the councillor was homophobic towards them *"I had a homophobic counsellor who made inappropriate comments about my sexual orientation. Checks need to be in place to ensure that people with harmful personal views are not in positions like these. Thankfully it did not affect me so much and I dismissed the idea - but if it were a vulnerable person who heard that it could have been a much more dangerous situation"*. Another said *"I wasn't satisfied. Was struggling a lot to come out of closet to friends and cried during session. Explained I've felt suicidal in the past over being gay. Felt it was brushed over and I wasn't suggested any follow up sessions. The counsellor emailed me a video after that was supposed to be helpful of a drag queen giving a motivational speech. I still don't understand how that was supposed to help me personally..."* Another said *"they need to have some form of training for gender related issues as it is hard to discuss mental health issues with someone who misgenders you or implies you have chosen to be trans. Sometimes they also make gender into the biggest issue when the mental health issues may relate to other aspects of life"*.

VISIBILITY OF SERVICE

Some people spoke about the lack of visibility about the service on campus. One said *"while there is plenty of information available about the service if you go looking for it, the existence of the services is not well known by students"*. Another said *"it's not very widely known about and in my own experience, I only learned about their services when I got to a very low point in my anxiety. On-campus counselling needs to be visible"*. One student spoke about the need to let people know that counselling is open to all students, *"I think there is also need for more awareness that it is a service offered to all students and that you don't need to be suicidal to deserve help"*. Some students referred to the stigma that still exists in relation to help seeking for mental health difficulties. One student said, *"there is not much awareness around campus about counselling service either and it has a certain sense of shame"*.



ACCESS

The accessibility of counselling services to repeat students was also something that emerged as a problem. One student said: *"feel it's not fair how if you're a repeat learner you can't access counselling services on campus. You would think someone who had to repeat a year had a difficult time, yet the campus won't offer their services to repeat learners"*.

UNDERSTAFFED & OVERWORKED

The pressure on student counselling services was identified as a problem to students. One student said *"counselling service is great however I feel the counselling service is extremely busy with students and require more workers/resources"*. Another said, *"unfortunately I feel there is not enough councillors to facilitate the growing numbers of students on-campus"*. Students expressed the need for further investment in the service *"more investment needed to meet the demand[s] of the student body in need of these services on campus"*. Many spoke about the impact and importance of the service but need for investment *"on-campus counselling services are vital and, in some cases, life-saving. However, they are extremely underfunded and under-resourced. This needs to change"*.

USE OF ON CAMPUS SERVICES (OTHER THAN COUNSELLING)

USE OF SPECIFIC SERVICES

SERVICE	VOTES	%
Disability Service	166	35.9
Student Health GP	161	34.8
Academic Staff	109	23.6
Student Nurse	95	20.6
SU Welfare	84	18.2
On Campus Psychiatrist	53	11.5
Peer Support Programme	28	6.1
Chaplaincy	22	4.8

HEALTH CENTRE (NURSE, GP AND PSYCHIATRIST)

SATISFACTION WITH SERVICE

Many students were satisfied and felt well supported by student health centers. Listening and referring on to other services was important to students. One said, *"The GP I saw at the health center was extremely helpful, listened to me, prescribed me medication that has been very helpful and booked me an appointment with a psychiatrist at the health unit which I will be attending soon".* Another said *"It was with one of the GP's that I decided to go to counselling. They also helped me come to terms with the fact that I had an eating disorder, and that I need to mind myself before it affects me permanently. They were very supportive and kind when we spoke"*. The referrals were important to students in relation to facilitating accommodations required by students *"the GP was very good, and he referred me to some other services. I had been receiving support outside college but the services within college were helpful with my work and with facilitating extensions etc"*. Students felt confident that the nurse and doctor understood what they were going through *"I found it very helpful as the nurse and doctor where both understanding of the issues around my mental health and physical issues stemming from it. They provided the medical help but were also informed around the mental health aspect and were good at making sure I was supported with that"*. One student spoke about student health being *"excellent and very practical"*. A student said that it was *"probably the best health service I've ever used"*. Another said, *"the college GP was very knowledgeable on mental health issues, especially compared to other GPs I've seen in my local practice"*. Students also spoke to the positive experiences they had with the on-campus psychiatrist. One said the *"on campus psychiatrist is the only reason I'm still in college and one of the only people who has ever really listened to me and given me help"*. Another said the *"psychiatrist was extremely helpful, and I felt less afraid disclosing things to her than other support workers. I feel like I've gotten somewhere with my medications".*

DISSATISFACTION WITH SERVICE

Students also spoke about dissatisfaction with the health service. One student said the *"nurse & GP were excellent at responding, however the first time I presented with suicidality, the nurse and doctor was booked up and I was turned away. Perhaps there is a way to communicate the urgency"*. Another said *"The student health centre nurse was awful. She made me feel very uncomfortable. It was mandatory to see her before seeing the GP. I would not return to the student health centre GP with mental health concerns because of this"*. A student spoke about their experience with GP as *"negative, downplaying [the] significance of mental health"*. Others spoke about the waiting list to see the GP being too long *"despite being in a distressed state, I had to wait over 4 weeks"*. Students spoke about the demand for the service and how they felt this impacted on care. One student said, *"as a whole, I found that they were under far too high demand and as such I felt more like another number in a queue to be quickly dealt with and move onto the next person"*. Another said *"the hours are restrictive, and the queues are excessively long. Especially when there are so few free hours in many courses"*. *Students referenced negative experiences with the on-campus psychiatrist, one student had a "very poor experience and negative outcome with psychiatrist"*. Another student spoke about the time between appointments and how it was *"good for getting your prescriptions, however not much else as the waiting period in between appointments is 6-10 weeks"*.

DISABILITY SUPPORT SERVICE

SATISFACTION WITH SERVICE

Students felt supported and satisfied with the service, one said *"I feel very supported by the disability service"*. Students spoke about the service being approachable should their level of need change, one student said *"I have been supported with extra time and supervised rest breaks for exams. I have not been offered any additional help to cope with my studies, but I am coping okay and feel that I could ask if I did need it"*. Another spoke about how the service was helpful in dealing with logistics around exam administration and accommodations *"they were very helpful in organising deferrals/dealing with college administration which is extremely complicated and stress-inducing. They were able to provide smaller-centre exams and rest breaks during exams which was useful"*.

DISSATISFACTION WITH SERVICE

Students had difficulty accessing the service, one student said it was *"really quite awful. I experienced a lack of information regarding how to register with the service"*. Someone else spoke about the delay in registration with the disability service I *"was referred to disability support service September 2017, had first appointment February 2018. I've 8 weeks left of final year... it's a bit late in the year, I really needed the occupational therapy from day 1 as I'm a final year student"*. Another student said that it wasn't until their case was got *"worse"* that the service was helpful to them *"the disability services was not initially helpful as I don't think they took my case too seriously and it was difficult to register. In my second year when things got worse, they then were helpful and now in my final year they check in on me a couple of times a semester and make sure I'm doing okay"*.

OCCUPATIONAL THERAPY

Many students referred to occupational therapy provided by some of the disability service and how it was helpful in *"giving concrete plans and short and long-term solutions".* One student said *"I have had nothing but good experiences with the service at my college. I can't speak highly enough for this service, if it was not for service, I would have dropped out of college long ago".* Another echoed this saying *"I can honestly say that if it were not for the service in my college, I would have dropped out of college on many occasions. I cannot praise my occupational therapist from service enough, if the academic staff were half as good as him, college would be a much more positive experience for me".* Students spoke about the occupational therapy service providing them with specific strategies to cope with, one student said *"the OT has taught me some strategies to try and ease my anxiety"* and another said *"I attend OT support in the college to help with strategies for coping with daily life".* One student spoke about how the service is excellent, but you have to be well enough to attend. She said the *"disability service is excellent. I use the OT. However, I feel that it's a big problem that engagement with an OT is only through being (mentally unwell enough) able to register with disability services".*

ACADEMIC STAFF

SATISFACTION

Students referred to the academic staff as being *"generally understanding and helpful (with the odd exception)".* One student said *"all very helpful and supportive when I was going through a difficult time. They put a lot of my worry and stress about missing class at ease".* Another said, *"academic staff have always been kind… and extremely supportive".* One student felt that they did not need the disability service because the academic staff were very accommodating *"academic staff were amazing; I did not really need the disability services as the staff were so understanding".* The college tutor played a key role in students' facilitation, one student said the *"college tutor was also very helpful over a specific issue, responded to my emails very quickly and made sure my issue was sorted out as best it could be. Personally, I believe the college tutor system that is in place to be the best in terms of mental health support".* Another said, *"my tutor has been incredible and has had to step in when college services weren't good enough".* One student spoke about how they felt academic staff understood her situation best *"I always find academic staff understand my struggles the best and I feel like I have a relationship with these people therefore trust them more than a counsellor. I also feel like going to a counsellor has a negative stigma attached to it".* One student referred to the area of study and how the staff may havea better understanding of their situation in terms being able to help *"academic staff in my area are amazing, but they are psychologists so that's a huge plus".* Students spoke about the practicality of academic staff in helping students around exams and in deferring. One student said, *"my department head was very supportive in helping me defer a college year due to my mental health issues" another said they were "very supportive with regards to sitting exams, leaving class early"*

DISSATISFACTION

Students also had negative experiences interacting with academic staff in relation to mental health. They spoke about the lack of signposting, one said *"academic staff where the first people to be aware of my difficulties but did not make any attempt to direct me to any services either within or outside of college".* Another said, *"he advised me to register with the disability service but did not show me how to, so I never ended up registering".* One student said they would feel comfortable talking to some staff but not to others and that felt academic staff need to be trained in understanding struggles faced by students *"There are a number of academic staff that I would feel comfortable talking to and other members of academic staff that I would never want to know if I was struggling. Many staff I feel need to be trained to be more aware and even just to have a better understanding of the struggles that students face on a day to day basis. I'm sure they know but understanding is extremely important"*. A student spoke about the fact that she met with tutors regarding their mental health, but they tend to forget in class *"I have not had a great experience so far. Lecturers and tutors have a tendency to forget in classes, and, of course, you can't necessarily blame them - they teach a lot of students - but I did meet with numerous different tutors, and any mental health issues I have had were never spoken about since".* Another student spoke about how she was encouraged to drop out and that this was *"extremely unhelpful, didn't provide any support, basically said if I was that bad then I should drop out or defer (which would have lost me my SUSI grant)".*

STUDENTS' UNION

The Students' Union (SU) were helpful and facilitating as well as being respectful and a listening ear to students. One student said *"SU were v helpful and facilitated an urgent referral to counselling services when I first approached them"*. Another said the support was "amazing, felt listened to and respected". One student spoke about how she felt supported when her grandmother was unwell *"the Welfare Officer was extremely kind when I got [the] news that my Grandmother was having emergency surgery and that she may not make it. I burst into tears in a public place and the Officer brought me into his office, made me a cup of tea and talked me through my support options. He was wonderful"*. A student spoke about the office being a safe place *"The Students' Union is my safe place, it is where I run when I need anything".* Another said *"I had a very positive experience with my SU. They really calmed me down and helped simplify my situation. They then rang me to check up on me again".* Students spoke about feeling comfortable speaking to the Welfare Officer and being there whenever needed, one said *"she was there to talk whenever I needed it and I felt very comfortable talking to her and she made me feel very at ease. I didn't feel as anxious or depressed when I was talking to her and her support has meant a lot to me especially in my recovery".* It was an important signposting service for students, one student found it *"very positive. SU Officers were great at helping to point you in the right direction"*. Another said they were *"very informative and helpful, Students union are extremely helpful with providing support and information on different aspects of college"*. Some students did not have positive experiences with their SU, one said they were *"not fantastic. The officer was naturally limited re what they could do to help, and the contact details provided to me and my friend I attended with were all out of date".* One student felt that the SU Welfare Officer *"does not always seem to take issues seriously… I asked the Education Officer for help, and she was fantastic".*

CHAPLAINCY

Some students spoke about the chaplaincy service as a means of a supporting service. One student had a positive experience saying, *"the chaplain has been such a good support, especially on days where I was having a meltdown".* Another spoke about how the service helped out financially *"I had a money problem and needed food to get me over the week. I was given Tesco vouchers and canteen meal vouchers, and this helped me greatly"*. Some students had negative experience with the service one said the *"Chaplain did not want much to do with me and just asked me if I had taken anything"* another said *"the chaplaincy offers aid but in the form of a loan. which is useless".*

ACCESS OFFICE AND STUDENT ADVICE CENTRE

The access office staff provided support to students. One said *"the staff from the Access Office provided lots of tips on time planning and study techniques. Very lovely women, comfortable to talk to and willing to offer help and guidance at the drop of a hat."* Another said *"they were very helpful with communicating with lecturers over mental issues and suggesting amenities \ available to ease stress levels. They were wonderful support for helping with exam situations and guidance on financial issues."* One student found the staff at the student advice centre to be *"extremely accommodating. I was having issues attending a particular lecture as it was causing me a lot of anxiety and they helped me to overcome the situation and gave me the necessary information to try to resolve the problem".*

OFF CAMPUS SERVICES SINCE BEGINNING COLLEGE

YES 26.4%

NO 73.6%

Over a quarter (26.4%) of students had used an off-campus service to support their mental health since beginning college. See Table below for use of off-campus services.

SERVICE	N	%
GP	486	55%
Counsellor private	358	40.5%
Adult Mental Health (RoI)	240	27.2%
Private psychiatrist	161	18.2%
Pieta House	67	7.6%
Jigsaw	49	5.5%
CAMHS (RoI)	39	4.4%
Primary care psychology	33	3.7%
Other Charity	26	2.9%
Adult Mental Health (NI)	10	2.2%
CAMHS (NI)	9	1%

The main service used by students was their GP, followed by a private counsellor, Adult mental health (HSE) and a private psychiatrist. Some students used multiple services.

SATISFACTION WITH SERVICE

Many use(d) public health services and are satisfied with the service they received. One student said *"the HSE provided an life-changing service to me… genuinely don't know what state I would be in if I didn't go"*. Someone else said the service was *"brilliant, can't honestly express how life changing these services can be. The support is exceptional, and my illness was taken very seriously"*. Many spoke about the skills and ways of coping that they had learnt through the service, one student said, *"It helped in providing me with skills with dealing with my mental health issues in the moment"*. The service aided students in getting people back on track, as one student said *"very good and helped me get back on track and deal with my mental health"*. One student spoke about how the multidisciplinary team worked well to ensuring a positive service *"I had a really good experience with the HSE. They really worked with me to find medication that suited me with little side effects. They also provided a psychiatrist to work alongside the medication. I really clicked with my counsellor and he helped me to overcome small battles with my anxiety in day to day life. He also helped me get to the reasons why mood is low and to try to find coping skills to deal with this"*. A student told of how the service was important in their recovery; *"The HSE services have been extremely efficient and helpful in my recovery"*. Another spoke about how they have transitioned from child to adult services and how it is a good follow on service *"I am a regular patient at the Adult Mental Health services in my area and find it a very useful facility especially as a follow on from CAMHS"*; People referred to CBT being a therapy that worked for them one said *"CBT has completely changed me for the better. I have not suffered any relapse with anxiety/depression since I got CBT"*; Another said, *"I was really happy with the help that I received. I think it was a form of CBT and the therapy has completely changed my outlook on life and greatly alleviated my stress and anxiety levels"*. A student spoke about the importance of the service being available no matter how big or small the problem *"very good, they all help as best they could. No problem is too small, or unlike the college counselling, no problem is too big"*.

DISSATISFACTION WITH SERVICE

Students spoke about the unsatisfactory service that they received from the HSE. One said *"I was under the care of the outpatient HSE mental health clinic in my area, and it was awful. No specific appointment times, all disorders were in together which as a sufferer of anxiety was very distressing and made me feel worse. It was purely psychiatric care, ten minutes per visit, no in-depth care or counselling was ever offered to me"*. A student spoke of how they had to retell their problems due to change in staff *"I see a new person each time I go there so I have to repeat my problems over and over again"*. A student said the cap of 6 sessions in relation to community psychology was too low *"6 sessions was not enough before being up for renewal"*. People spoke about being treated with disrespect, one said *"Shocking. I've been treated with utter disrespect and ignorance"*. Another said, *"I found a majority seemed more interested in writing prescriptions and having me out of the way as quickly as possible"*. One student spoke about their failed attempt to change counsellors and how it was resulting in them ending the therapy *"The counsellor I was referred to on the HSE was a bad match and I was refused the opportunity to transfer to another counsellor (I was told they don't permit that) so I ceased therapy. I can't afford private therapy"*. One student said they were left feeling that they are wasting time *"I feel like I am just wasting their time, that's how I feel when I leave"*. Another said *"Sometimes I just felt as if they were looking through me rather than hearing or seeing me. After all I'm just another file number to them after I'm gone from the service"*.

MIXED EXPERIENCES

People also had mixed experiences of use of the HSE services. One explained that *"CAHMS makes you feel a little better about what you are going through, Psychiatry makes me feel like a complete idiot and GP didn't help at all. Adult mental health services works very well for me as they give me the mechanisms I need for personally progressing"*. Another said *"My GP was helpful as was the adult psychology sessions, but the child and adolescent, and primary care facilities were dismissive or haven't got back to me yet"*. A student said they *"have a lot of complaints but not everyone is bad. I met a great team and they helped me"*. One student spoke about the differences in care on one team *"I really hate the psychiatry, I usually leave feeling worse than when I came. I'm always waiting for close to an hour only to be seen for ten minutes and given an appointment for three months away. However I was also attending psychology appointments with the same service for over a year which honestly benefited me so much and saved my life. I had a great relationship with my psychologist and really trusted her so I got a lot from the appointments, even when I was struggling again after finishing my therapy I saw her for a kind of 'booster session' and it was helpful, showed that they really do care if you're suffering."* They went on to say *"what concerns me is that the psychiatrists are the ones who control my meds and I see a new person every time who doesn't even know me and after ten minutes can make a decision about my care. And now that I have finished my therapy it's hard because I don't feel supported by the psychiatrists and even when I do talk about how I'm feeling it's like they don't care or can't offer any constructive help which is hard because having someone to talk to has always been important for my mental health"*. One student spoke about the service being excellent but the difficulty in accessing it *"the HSE was excellent for when my situation was very dire, however it was incredibly difficult to get help. One has to pretty much attempt suicide before they will see you and it was very much thanks to my parents that I got seen otherwise I don't know what would have happened."*

SPECIALISED SERVICE

A number of students said that the support wasn't specialised enough to deal with their needs. One said *"Trans healthcare in this country is truly horrible. HRT shouldn't be this hard to start, it has had a hugely detrimental effect on my mental health"*. Another said they were afraid to mention their sexual orientation for fear of focus on it *"I was afraid to mention sexual orientation even when it was a problem as I did not want it to be the focus of the sessions like had happened in the college"*. Another was unhappy with treatment following a diagnosis of borderline personality disorder *"because I have a diagnosis of borderline personality disorder the psychiatrist and team weren't interested and told me I had social problems. I felt belittled and dismissed and they even saw me less and less often before discharging me"*. One student said the *"first counselling service offered was not suited to me as I have quite bad depression and this service was for mild depression. Then had to wait 7 months for the next service to be available to me"*. Another said that they *"felt like services were stretched thinly and I didn't receive tailored treatment for difficulties".*

LACK OF SERVICES AND WAITING LIST

Many students spoke about the wait list for care being too long. One student said the service was *"Very good, long waiting times though"*. Another said they had to access a private psychiatrist as *"much too long waiting on HSE services"*. Not everyone can afford to go private, a student said, *"I cannot afford therapy or counselling and the wait lists for public services are all more than a year"*. Students spoke about the resources being *"overstretched"*. One student said, *"I felt like services were stretched thinly and I didn't receive tailored treatment for difficulties"*. Another said that they would "have been better a lot faster if I had been able to see a clinical psychologist". A student said that the service was excellent but she was required to go back on a wait list after 8 sessions *"one particular service was excellent, but the waiting list was long (+1 year) and they only offer 8 sessions before you need to go back on the waiting list"*. One student spoke about being "*discharged from the service without any notice"*; and having to go back on a wait list *"to be re-referred into the service"*.

SCHEDULING WITH COLLEGE LIFE

Students spoke about the difficulty balancing their mental health and college at the same time. One student said the service was *"good but difficult to commit to due to a busy schedule of college and other activities"*. Another said: *"I couldn't see the CBT nurse until the summer because I had college but when I did get to talk to the CBT nurse I found those sessions very helpful"*. A student said the service was *"very good but hard to get into the system. And [it's] hard to juggle with college commitments. Would have been easier to have the same services on campus"*. Another said *"appointments [are] months apart and then [the] date clashes with [college] timetable or exams"*.

GP

Many students had positive experiences with their GP. One student said *"GP was very understanding of my situation, prescribed medication to deal with anxiety and referred me to a counsellor"*. Another said *"I found it was good to talk to someone and the follow up treatment, i.e. blood tests, medications etc were useful"*. One student said "*they knew exactly what to do. I had experienced panic attacks for the first time and was all of the time concerned about my health. They did all of the necessary checks to put my mind at ease and taught me how to recognize when I was going to have another one"*. A student said *"going on medication for depression and anxiety prescribed by my local GP saved me without a doubt"*. Another student *"My GP is a very understanding man he knows my condition very well he is a great listener and gives very good clear simple and practical advice as well as being exceptionally thorough I have great faith in him and I feel I can trust his judgement and to be honest with him also"*. Students also had negative experiences with GP's. One student was unhappy with their GP saying *"they put me on medication which I didn't need. Treated symptoms and not the source"*. Another said *"my GP just asked if maybe college was too much for me, even though I'd told her I was enjoying it"*. One student spoke about feeling overlooked because of their age *"I felt overlooked due to my age. One doctor told me that because I was a young woman it was unlikely I was depressed but rather "just moody"*. Another said *"The off-campus GP was great, but, as an international student without a medical card, I was disappointed that I had to seek and pay for the services of an off-campus doctor"*. Another student spoke about being unable to afford therapy and was dependant on the GP for prescriptions *"I cannot afford therapy or counselling and the wait lists for public services are all more than a year. My GP prescribed me medication instead, which is unideal"*. Another said *"GPs are out of their depth and under resourced. All they can offer is medication as counselling or alternatives are either unavailable or have dangerously long waiting lists"*.

> they put me on medication which I didn't need. Treated symptoms and not the source

PRIVATE PSYCHIATRIST

One student spoke about finding a private psychiatrist *"highly beneficial, though probably too prohibitively expensive to use over the long term, particularly now that my mental health issues have calmed down quite a bit". Another said it was "Very helpful. Vital part of the recovery process"*. A student said *"they helped me get the medication I need and for regularly monitoring". Another student had a positive experience saying "it was good, very professional. They explained me what was happening to me, it helped a lot"*. Another said it was *"very beneficial in that it normalised the anxiety I had developed by informing me about what exact symptoms I was experiencing, why I was experiencing them, what was trigger[ing] these normal human emotions and physical feelings of anxiety and how to begin to regain control and confidence"*. One student said that they were *"lucky enough to find a psychiatrist that is approachable, warm and supportive and I have benefitted since"*. Another said *"my psychiatrist and GP have been very helpful throughout my illness and I frequently keep in contact with them to deal with my illness and the issues it creates in my life, both social and academically"*. A student spoke about how *"took a long time to find the right person to work with. When I eventually did, my recovery has been amazing"*. Other students had less positive experiences, with one student saying it was *"expensive, time consuming, not altogether helpful". Another said that they "didn't seem to understand the problem"*. One student said it was *"shit"* and another that it was *"awkward and unnerving"*. The cost of attending a private psychiatrist was seen as a barrier for students. One said *"For the severity of my condition, I felt monthly visits to my psychiatrist was needed. I work a lot to ensure I can pay for this and my parents try and help me if they can. It is expensive but after two in- patient stays in hospital, I feel I need more support than a college can offer. It is stressful managing the financial commitments of it though"*. Another student said it was *"fantastic and helpful but expensive. I'd imagine they would be inaccessible to lower income individuals and families"*.

PRIVATE COUNSELLOR

Many students accessed private counselling and were satisfied with the service. One student said *"I cannot express how much the counselling helped me. My counsellor helped me through the difficulties I was having and gave me clear options for the future. Although it was expensive, I would never think twice"*. Another said *"It helped me through a tough time. I find it hard to talk to family/people close to me, it was easier to offload my feelings with a stranger. I got some good tips as well on how to deal with anxiety, and I didn't feel like a burden or like I was the only one feeling this way"*. One student said *"I felt that they were very supportive and listened to my problems"*. A student with low mood said they noticed a *"considerable change since attending counselling"*. Some students spoke about seeing the same counsellor over many years and how they were familiar with each other, one said *"I have been going to them for years, so they are familiar to me"*. A student said the *"counsellor at home helped with my personal difficulties at the beginning of college which was great"*. A student spoke about how counselling gave them *"the time and the ability to disclose everything that I wasn't happy with and gave me the ability to move on"*. Another said *"I would highly recommend to everyone, even if you don't have any problem areas, to attend a counsellor just to talk through their lives as it's so cathartic"*. Students were also unsatisfied with private counselling services. One student said *"the counsellor I went to didn't understand the specific worries I had associated with college, which is why I turned to the college counselling service which suited me and my specific needs a lot better"*. Another said it was *"unhelpful, the counsellor didn't understand how doing "art" would be stressful. It was a huge waste of my time and money from my own pocket. I have never went to a counsellor since because of how bad that experience was"*. A student spoke about how *"finding a counsellor who could see me around placement hours / college hours/ working hours was very difficult"*. Another student said how sometimes the aftermath of therapy was problematic for them *"Unfortunately, I did not find the therapy helpful. I was often so upset after therapy that I would not want to speak to anyone, just go home and go to my room. Often crying and unable to do anything for the rest of the day"* The cost of private counselling was one that was a significant issue for students. One student said *"I've had a positive experience however the reality of the situation is that it's just too expensive to go as often as I need"*. Another student said *"it was terrible for about 3 years in public and made things worse for me, but now I am paying an extreme amount of money, it is definitely had an extremely positive effect on my mental health"*.

> My counsellor was fantastic.
> He helped me deal with my depression.

One student said the experience was *"positive but too expensive to be viable long-term"*. A student spoke about a friend who did not have the means to afford private counselling saying *"my counsellor was fantastic. He helped me deal with my depression. I am thankful that I could afford this service. My friend, who was not so fortunate, was put on a waiting list for (college) counselling while he was in the midst of a crisis. I cannot stress how serious that is. It's absolutely unacceptable and could be seen as gross negligence. When somebody has a physical health crisis, he goes to an emergency room and is treated quite swiftly. We need similar urgency in mental health services"*.

PIETA HOUSE

Students spoke about the high level of care and counselling they received from the service. One student said it was *"Excellent. The level of care and the counselling service was so beneficial and extremely good. I cannot praise Pieta House highly enough"*. A student spoke about how it *"was the first service I used while awaiting other services and they honestly saved my life and gave me hope"*. Another said *"Pieta House was exceptional. I was in a very bad place at the time and had been for quite a long time. The environment at Pieta house was exactly what I needed and helped me get back on track. I cannot speak highly enough for their services".* A student spoke about how *"Pieta house is a large reason I'm still in university. They got me out of a tough spell in first year"*. One student said the text service worked for her as face to face would have been too daunting *"excellent text service, as face to face is daunting"*. One student spoke about the positive experience however not disclosing that they were using another service for fear of being turned away, they said *"Pieta House - Had a wonderful experience with them. Had my final appointment last Wednesday and they have helped me turn my life around. I decided not to tell them that I was with the HSE just in case they rejected me like Jigsaw had"*. One student said that while Pieta House was useful at time of crisis there was little support following engagement with the service *"Pieta house - were helpful during a crisis time. Were very fast acting, providing regular, routine appointments. No charge. However, once you finish your appointments you are left with little support"*. Another said that they were *"Okay"* but *"could only provide short term care"*. One student said that *"Pieta house recommended by psychiatrist - was okay, was more of a casual chit chat setting than feeling like a professional service. I'm not sure if I gained a lot from it"*. Some students simply said that the service was *"not helpful"* and could not meet their needs.

JIGSAW

Many students were satisfied with the service provided by Jigsaw. The friendly and safe space was one that was appreciated by students *"Brilliant, loved the friendly and safe feeling in the place. Didn't feel any shame in looking for help as the setting was warm instead of cold and clinical".* Another student spoke about how they had trust in the service saying, *"I have great comfort and trust in Jigsaw".* One student spoke about the practical implementation of coping strategies that they learnt through counselling *"It was very positive overall, and my councillor was very helpful. She showed me how by implementing coping mechanisms, through meditation and doing things I like to do for myself, my mental health can be impacted on positively. When life feels too overwhelming, simply going for a walk makes me feel 100 times better and I am then able to proceed with a clear head space and thought process, instead of rushing things and feeling anxious and panicked".* Being *"free"* was also seen as *"a huge help financially"* by one student. One student had a negative experience in accessing the service, they said *"had an initial appointment for assessment and due to weather conditions couldn't make my first counselling appointment. Tried to call them but couldn't get through on several occasions. Never heard back from them. Family members made me return to the service several months later but had to redo my initial assessment. Was then told that they could not see me due to my involvement with the HSE"*. Another student spoke about Jigsaw's philosophy and reluctance to use labels as a negative saying, *"Jigsaw are too eager to avoid labelling problems as genuine mental health concerns and insist you're just stressed".*

SAMARITANS

Students benefited from the Samaritans helpline; one student said the *"Samaritans helpline was very effective. I've used it while waiting for an appointment with the college counselling service".* Another student said *"at the start of this year I called Samaritans because I had so much pressure in work. For an hour I could talk to someone and they gave me support when I needed it the most"*. One student was not satisfied with the response on the text service saying *"I only used this service once. The long waits for responses made me anxious and I didn't feel easy using the service"*. Another said they weren't *"overly enthused by their service. I wasn't suicidal and felt like they were slightly patronizing, at one point they told me that my problems weren't that big, another tried to problem-solve for me after I'd told them what my issue was, they just went through "what about school?", "what about your family?" etc in quick succession. I'm sure they're a great service but they weren't right for me".*

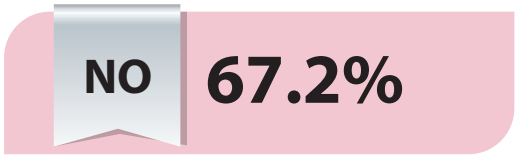
> The long waits for responses made me anxious and I didn't feel easy using the service

RAPE CRISIS CENTRE

Several students used Rape Crisis Centre services. One student explained the impact the service had on them *"Very professional and I probably wouldn't have continued with my degree without the support I received from the DRCC"*. Another said, "*I've attended 2 counsellors and have now been with my second one for 2 months it's going really well and I attended the rape crisis centre in September the staff there were amazing they were so helpful and friendly and brought me back for a check up to make sure I was okay".* A student spoke about using the service for two years *"Fantastic help, offered me two years of sessions and helped me a lot".* One student had a positive experience using the helpline service saying *"positive, only used helpline once".*

USE OF SERVICES PRIOR TO ATTENDING COLLEGE

Nearly a third (32.8%, n=1,095) of students had used a service to support their mental health prior to starting third level. Over half (54.0%) of these students were concerned about being supported once they entered third level education.



SPECIFIC SERVICE USE PRIOR TO STARTING COLLEGE

SERVICE	VOTES	%
Counsellor private	589	53.8%
GP	490	44.7%
CAMHS (RoI)	255	23.3%
Adult Mental Health (RoI)	205	18.7%
Private psychiatrist	199	18.2%
Jigsaw	74	6.8%
Pieta House	67	6.1%
Primary care psychology	54	4.9%
Other Charity	28	2.6%
CAMHS (NI)	15	1.4%
Adult Mental Health (NI)	13	1.3%

CONCERN ABOUT BEING SUPPORTED ON BEGINNING COLLEGE

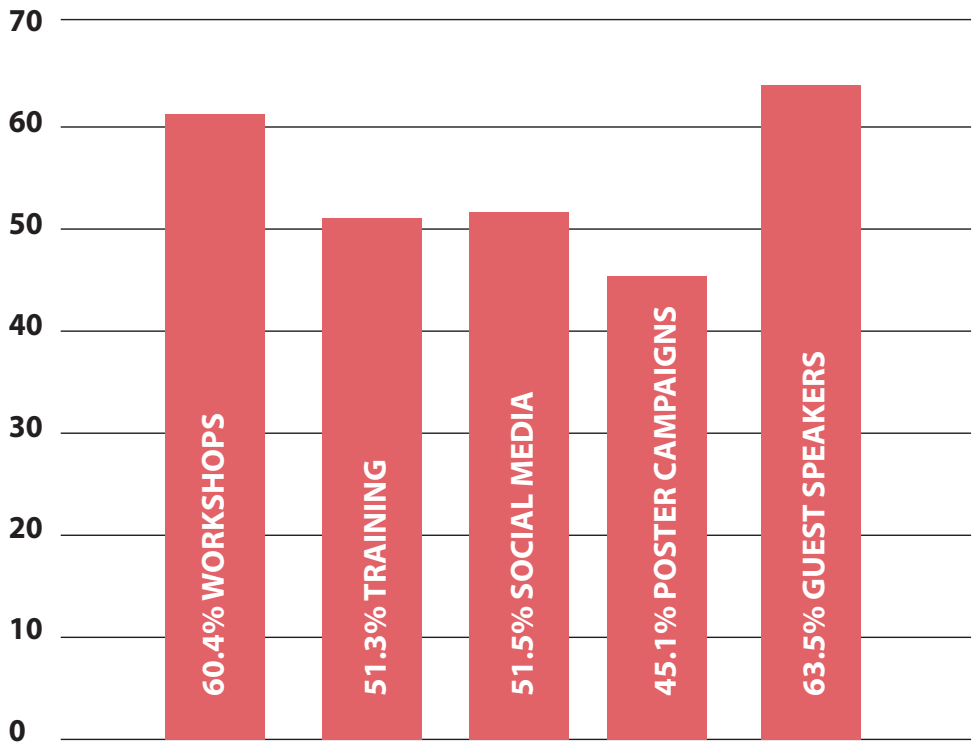
EFFECTIVENESS OF CAMPAIGNS IN GENERAL

Many students believed that campaigns were effective in general and also in terms of encouraging students to seek help and use support services.

40.4%
FOUND CAMPAIGNS EFFECTIVE

WHAT TYPE OF CAMPAIGNS STUDENTS WOULD LIKE TO SEE

There was strong support for the potential of many campaigns but particularly and most strongly for guest speakers and workshops.



GENERAL

Students had mixed opinions about campaigns in general and what specific campaigns they would like to see on campus. One student said *"Every possible thing should be done to raise awareness and help those with mental health issues. Especially with the terrifying suicide statistics and mental health statistics in Ireland". There was acknowledgment of the work Students' Unions [SU] are doing in relation to student mental health, a student said "over the past two years the SU has done amazing work with Campaigns on Campus"*. Some students were not in agreement and saw no point in campaigns being held, one student said *"I feel like campaigns are not useful. People who want help will seek it out, that these campaigns do not attract anyone"*. Another said that *"It's all rubbish"* and what is needed is *"more psychiatrists"*. A further student echoed this sentiment saying "the campaigns are there - the service behind them isn't". Some students spoke about how they would prefer if the money was put into services rather than campaigns, one said *"I'm not sure how helpful campaigns are (at least personally). I think it's better to put the money into the services, and let people know that they're there"*. The reach of campaigns was of concern to some students, one said *"the thing is that these campaigns never have reach. They make it to one building on one side of campus, but not to the other end of campus where science students are, let alone off campus"*. Another student spoke about once off campaigns and how they can be upsetting to those experiencing mental ill health "*there was a "mental health awareness" week on campus in semester one of this year, and every time I saw anything to do with it I got really upset. This is because all of the people campaigning (SU officers etc) were constantly saying that help is always there if you need it and it's okay to talk to people, but the reality was that the help was not there. I waited an entire semester to even get talking to somebody to make an appointment in the counselling service. It's nice to see people campaigning for mental health awareness but it was bitter-sweet".* Another student said *"I think these topics need to be covered on a constant basis rather than one-off pop ups during Mental Health Week"*. A student further suggested putting the funding into services rather than campaigns, stating *"put the workshop funding into the counselling service to actually deal with the problem of it being oversubscribed rather than publicity stunt "campaigns""*. A student added *"Overall, services need to be made EASY to access. Due to huge demand on services like counselling on Campus, it feels like you have to work just to join the several week long waiting list and it's very discouraging"*

> **Every possible thing should be done to raise awareness and help those with mental health issues.**

TYPES OF CAMPAIGNS

Students spoke about the need to lobby for more accessible mental health services, one suggested *"protests to force the government to properly fund mental health services for ill people instead of bloody talking all the time. All well and good telling people to get help when there is no state help available".* Another talked about lobbying individual colleges to invest in the services *"serious lobbying to invest. It's all well and good funding academic research and programmes. But mental health is important, and the funding and level of attention it gets is extremely shameful. Students need care, but our college is not providing it"*. Some students simply want awareness campaigns around the services that already exist. One student spoke about *"a guide telling us the counselling is free".* Another person said they wanted *"actual written details of where and how to access support, not just redirecting to a webpage that 'has all the info"*. The need for *"Clear access to services laid out" is important for students. This could be in the form of an "Information campaigns by email and in student handbooks". Students also requested information for "services available off campus"* as well as on site. The importance on consulting students on what they want was something that students thought was important. One person said *"for someone to actually ask students what they want. Presumption is causing problems"*. A *"further emphasise Trainings & Workshops"* was highlighted as a need for students. One student suggested *"practical training involving activities/ active experiences".* Peer support was something that came out as important to several students. One student said there is *"nothing better than knowing others face tough times and they managed it"*. Another said *"best method is word of mouth and social encouragement (ie. you're likely to try it out if one of your friends says it's good)"*. Spaces for students to have open conversations was seen as important *"group workgroup chats with solid skills for people are the most important. I've given workshops on 'self-care' on campus and people have left saying things like ' I wish we had those spaces more often' , ' I've never spoken about anything like that before " etc' ". "Social events encouraging an open dialogue in a light hearted way young students will relate to without being overbearing"* was seen as being potently beneficial.

> **Mental health is important, and the funding and level of attention it gets is extremely shameful.**

INTEGRATING INTO CURRICULUM

One student spoke about the importance of campaigns but their timetable would not allow them to engage with them *"I would like to see more but I know my course will not allow me the time to avail of them [campaigns]".* A number of students recommended that mental health promotion should be part of the curriculum to allow everyone engage with them one student said *"In class workshops should perhaps be scheduled into a timetable for class"*. Another said *"perhaps it would be beneficial if a speaker could come around for a brief informative talk during classes - similar to how companies come for a brief talk for recruitment purposes"* a further student said that *"understanding of mental health [should be] built into the academic programme".*

CONCLUDING REMARKS & RECOMMENDATIONS

CONCLUDING REMARKS

The study has provided Students' Unions, HEI's, policy makers and others with rich data on student mental health and their use of services. There are many strengths to this study. It had a large response rate of 3340 students. It contains both qualitative and quantitative elements, ensuring that the report provides a more rounded view of student mental health and mental health service use reported in the words of students. The study provides clear evidence on issues only known anecdotally before now. Going forward, the report can be used as a base to further develop and expand upon.

The transition to college coincides with a time when students are most at risk of developing mental health difficulties. The research proves that there is a high level of clinical need across the student population. This is both in terms of self-reported difficulties and those relating to findings from the Depression Anxiety and Stress Scale. Close to a third (32.2%) of students had a formal diagnosis of a mental health difficulty at some point in their lives. The report highlights the fact that many students use(d) both on campus and off campus services to support their mental health. A free on campus counselling service was important for students and it is important that the counselling services are adequately funded to meet the needs of students. Both students with formal mental health diagnoses and those with disabilities used the service in large numbers and it is important that their work is recognised. Students also used disability services, health and other services to support their mental health. It is clear that there is lack of coordination between services and this is causing difficulties for students. Greater integration and cooperation between services both internally and externally is crucial to ensure that students are provided with an integrated model of student mental health care. Most students (35.3%) were made aware of support services through their Students' Union. The influence of the Students' Union in terms of signposting to appropriate services is clear and recognition of their work on campuses around the country is paramount.

High quality services are important to students and there appears to be wide discrepancies in care particularly from findings in the qualitative piece therefore it is important that some kind of an audit or quality assurance tool is introduced to ensure that all students receive the highest quality care in the manner and approach appropriate and that this is universal across third level institutions.

It is a worrying finding that one fifth (20.9%) of students did not have someone to talk to about the personal and emotional difficulties. It is important that we work to reduce this figure and ensure that students support and can confide in each other. It is promising that those who were involved in activities outside of their coursework had better mental health and this should be promoted and encouraged in efforts to improve student mental health.

There is growing appreciation that mental health affects an individual's ability to learn, form meaningful relationships and to live healthy lives. As awareness of mental health difficulties grows and the student population becomes more diverse it requires institutions to adjust and respond to the growing level of demand.

RECOMMENDATIONS

While HEI's are primarily education providers, they also have a responsibility in protecting and promoting student mental health and wellbeing. References to student mental health are limited in national higher education policy frameworks and discourse. Mental health of third level students has been largely absent at government policy level, impacting on the sectors ability to respond to the growing problem of student mental health. Therefore, the following is recommended:

The HEA and HEI's should collectively adopt student mental health as a strategic priority issue and it should be included in strategic plans as well as the development of a framework for mental health at third level. The UK and Australia has seen significant development in relation to this in recent years and similar processes should follow across the island of Ireland.

Mental health task forces with student representation should be used to develop mental health policies and strategies in each institution on foot of the development of an overall Framework. An oversight committee of the implementation of these documents should also be established and meet at least twice yearly and it should be adequately resourced.

Greater integration and cooperation between services both internally and externally is crucial to ensure that students are provided with an integrated model of student mental health care. The Lancet has recently published a model that should be considered (see appendix). There should be a member of staff allocated to this in each institution to ensure that the model and care works seamlessly.

Students value the free student counselling services on campus, and this should continue to be supported and funded. Care for those on waiting lists should be prioritised and promoted. This may include utilisation of online services, peer support and group workshop and/or sessions. More investment is needed to meet the growing demand for services.

Students themselves have been shown to play a key role in informally supporting each other and discussing their difficulties. Peer support programmes should be standardised, further developed and expanded.

Quality assurance is key and there appears to be wide discrepancies in care therefore it is important that some kind of an audit or quality assurance tool is introduced to ensure that all students receive the highest quality care across third level institutions. Poor practices should be highlighted and discontinued and there should be an emphasis on evidence informed interventions.

Research needs to be prioritised. There should be a commitment to improve quality data on mental health and wellbeing of students and an examination of the effectiveness of interventions from a student perspective as well as clinical screening measures such as the Depression, Anxiety and Stress Scale. This could effectively be integrated into the ISSE survey and should be adequately resourced.

Academic staff should be offered tailored training in dealing with and signposting or referring students with mental health difficulties to appropriate services. It is important to provide guidance for university staff to assist students with mental health difficulties. They should be equipped to respond and make referrals as appropriate. Regard should be paid to specific needs of minority groups such as LGBTI+ , international students and those with disabilities. Course design and content should include promotion of mental health and how students can look after their own and others' mental health. This could involve accredited wellbeing modules to promote resilience and wellbeing as well as promote support services across all years.

RECOMMENDATIONS

Institutions should review their balance of coursework and assessment and consider what impact this has on students. Students should have free periods and should be facilitated to access supports available to them when necessary.

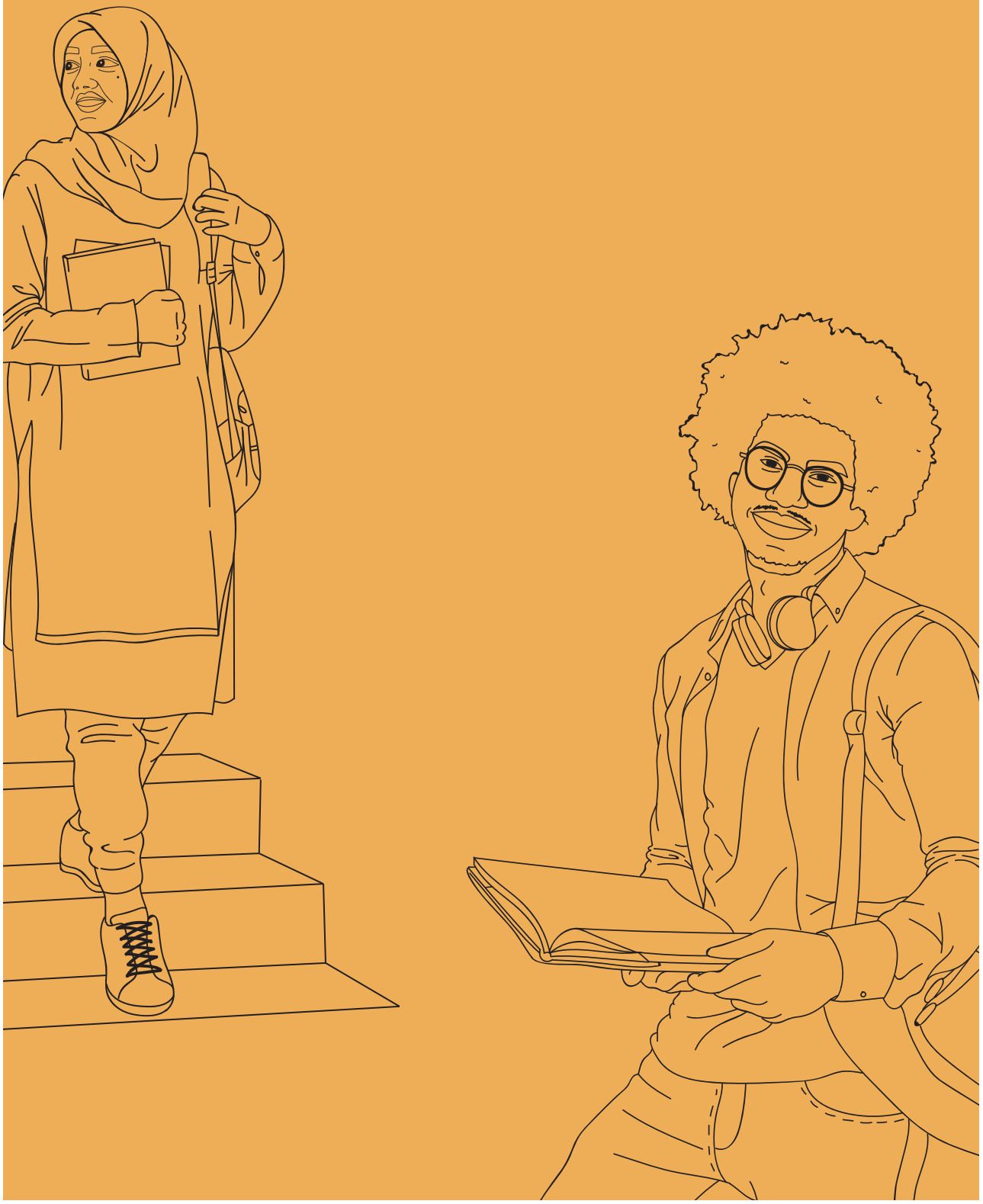
Being involved in activities outside of coursework had a positive impact on students' mental health. The impact of exercise and being involved in sport was particularly evident and thus it is a recommendation that all students should have access to a free gym pass.

Students' Unions should be seen as a key partner in student mental health. The Government should invest in Students' Unions involvement in leading and co production on all aspects of student's mental health.

Students Unions' are the main provider of information on support services to students. It is important to ensure that Students Unions' have the correct and up to date information on sign-posting available to them.

The idea of creating a youth mental health service should be explored. There has been moves internationally and nationally (by Jigsaw 12-25) to develop a 0-25 year health care model. This has the potential to be expanded into more acute health services and would mean that students would not move from child to adult services at a key time of transition for them particularly around starting college and graduating. The health services should also allow for student fluidity in that they may be under one service at term time and another over holiday periods. An ehealth passport could be created to ensure continuity of care between services.

APPENDIX



GENDER IDENTITY - *Table 1*

	N	%
Female	2455	73.5
Male	823	24.6
Non-binary	62	1.9
Total	3340	100

AGE-GROUPINGS - *Table 2*

	N	%
18 - 24 Years	2763	82.7
25 - 34 Years	371	11.1
34 - 44 Years	134	4
45 Years +	72	2.2
Total	3340	100

EDUCATION LEVEL - *Table 3*

	N	%
Undergraduate	2950	88.3
Master	151	4.5
PhD	63	1.9
Certificate or Diploma	144	4.3
Other	32	1
Total	3340	100

STATUS OF STUDENT - *Table 4*

	N	%
Full time	3203	95.9
Part time	122	3.7
Other	15	0.4
Total	3340	100

REPEATING ONE OR MORE ELEMENT OF COURSE - *Table 5*

	N	%
Yes	451	13.5
No	2889	86.5
Total	3340	100

STUDY ABROAD - *Table 6*

	N	%
Yes	161	4.8
No	3179	95.2
Total	3340	100

SOCIAL WELFARE - *Table 7*

	N	%
Yes	1396	41.8
No	1944	58.2
Total	3340	100

FINANCIAL ASSISTANCE - *Table 8*

	N	%
Parents	2111	63.2
Partner	128	3.8
Bank loan	159	4.8
Credit union loan	200	6
Total	2598	77.8

SEXUAL ORIENTATION - *Table 9*

	N	%
Heterosexual	2671	80
LGBTQI+	669	20
Total	3340	100

DEMOGRAPHICS

LIVING ARRANGEMENTS - *Table 10*

	N	%
Parents or relatives	1555	46.6
Privately rented accommodation	789	23.6
Purpose build student accommodation	583	17.5
In digs	131	3.9
In home own	119	3.6
Partners home	117	3.5
No stable accommodation	18	0.5
Other	28	0.8
Total	3340	100

DEPRESSION, ANXIETY & STRESS SCALE BY %

ANXIETY OVERALL POPULATION - *Table 11*

Normal	29
Mild	5.8
Moderate	16.3
Severe	10.5
Extremely Severe	38.4
Total	100

DEPRESSION OVERALL POPULATION - *Table 12*

Normal	29.9
Mild	9.8
Moderate	17.3
Severe	13.2
Extremely Severe	29.9
Total	100

STRESS OVERALL POPULATION- *Table 13*

Normal	35.1
Mild	9.6
Moderate	15.9
Severe	22.1
Extremely Severe	17.2
Total	100

ANXIETY BY GENDER - *Table 14*

	Female	Male	Non Binary
Extremely Severe	41.0	28.9	61.3
Severe	10.5	10.7	6.5
Moderate	15.0	20.0	14.5
Mild	6.0	5.5	1.6
Normal	27.4	34.9	16.1

DEPRESSION BY GENDER - *Table 15*

	Female	Male	Non Binary
Extremely Severe	29.1	31.1	43.5
Severe	13.4	12.5	14.5
Moderate	18.2	14.2	22.6
Mild	10.0	9.6	4.8
Normal	29.3	32.6	14.5

STRESS BY GENDER - *Table 16*

	Female	Male	Non Binary
Extremely Severe	18.2	13.5	29.0
Severe	23.1	18.6	29.0
Moderate	15.8	15.9	22.6
Mild	9.7	9.8	4.8
Normal	33.3	42.2	14.5

ANXIETY BY INSTITUTION - *Table 17*

	Uni Dublin	Uni Outside Dublin	IT Dublin	IT Outside Dublin
Normal	31.4	26.9	20.1	29.7
Mild	7.2	4.6	4.3	5.3
Moderate	18.9	18.7	12.8	14.8
Severe	10.5	12.1	12.2	9.9
Extremely Severe	32.1	37.7	50.6	40.3

DEPRESSION BY INSTITUTION - *Table 18*

	Uni Dublin	Uni Outside Dublin	IT Dublin	IT Outside Dublin
Normal	31.8	8.1	23.2	31.8
Mild	39.8	8.9	7.9	8.7
Moderate	32.9	10.2	18.3	15.7
Severe	31.8	9.3	12.2	13.2
Extremely Severe	29.5	9.5	38.4	30.6

STRESS BY INSTITUTION - *Table 19*

	Uni Dublin	Uni Outside Dublin	IT Dublin	IT Outside Dublin
Normal	36.8	30.8	29.3	36.1
Mild	11.1	10.5	7.90	9.8
Moderate	15.7	16.4	17.7	15.3
Severe	21.9	25.2	23.2	20.9
Extremely Severe	14.5	17.0	22.0	17.9

ANXIETY BY LEVEL OF STUDY - *Table 20*

	UG Degree	PG Masters	PG PhD	Cert or Diploma
Normal	28.5	44.4	30.2	23.6
Mild	5.7	7.30	9.5	4.9
Moderate	16.5	13.2	20.6	13.2
Severe	10.7	9.30	6.30	9.7
Extremely Severe	38.6	25.8	33.3	48.6

DEPRESSION BY LEVEL OF STUDY - *Table 21*

	UG Degree	PG Masters	PG PhD	Cert or Diploma
Normal	29.0	42.4	39.7	28.5
Mild	10.0	10.6	7.9	4.9
Moderate	17.5	13.2	14.3	19.4
Severe	13.4	8.6	14.3	13.2
Extremely Severe	30.1	25.2	23.8	34.0

STRESS BY LEVEL OF STUDY - *Table 22*

	UG Degree	PG Masters	PG PhD	Cert or Diploma
Normal	34.7	46.4	39.7	29.9
Mild	9.7	9.3	12.7	6.3
Moderate	16.0	13.2	12.7	20.8
Severe	22.4	15.2	27.0	20.8
Extremely Severe	17.2	15.9	7.90	22.2

ANXIETY BY AREA OF STUDY - *Table 23*

	Arts & Humanities	Business	Computing & IT	Creative Arts	Education	Engineering
Normal	24.4	32.9	21.7	24.4	29.1	31.3
Mild	5.4	3.7	7.6	3.6	6.3	6.1
Moderate	16.6	16.2	12.0	16.6	15.8	19.1
Severe	11.2	8.8	12.0	13.7	11.4	10.6
Extremely Severe	42.4	38.3	46.7	41.7	37.3	32.9

	Health Science	Hospitality	Law	Science	Social Science	Other
Normal	34.6	40.0	16.8	30.8	31.7	28.1
Mild	5.9	8.0	8.4	6.6	7.9	14.0
Moderate	15.7	16.0	24.2	16.4	6.3	8.8
Severe	10.3	0.0	11.6	9.2	9.5	10.5
Extremely Severe	33.5	36.0	38.9	37.0	44.4	38.6

DEPRESSION BY AREA OF STUDY - *Table 24*

	Arts & Humanities	Business	Computing & IT	Creative Arts	Education	Engineering
Normal	27.3	34.9	21.7	26.4	25.3	30.9
Mild	8.8	8.1	12.0	7.8	12.7	8.1
Moderate	18.6	15.2	14.1	17.6	20.9	13.4
Severe	14.7	13.0	17.4	15.3	14.6	14.2
Extremely Severe	30.5	28.7	34.8	32.9	26.6	33.3

	Health Science	Hospitality	Law	Science	Social Science	Other
Normal	34.2	44.0	26.3	29.5	30.2	28.1
Mild	10.8	4.0	11.6	11.9	6.3	10.5
Moderate	17.5	20.0	21.1	17.2	19.0	15.8
Severe	12.6	12.0	7.4	10.4	15.9	8.8
Extremely Severe	24.9	20.0	33.7	31.0	28.6	36.8

STRESS BY AREA OF STUDY - *Table 25*

	Arts & Humanities	Business	Computing & IT	Creative Arts	Education	Engineering
Normal	30.0	38.6	27.2	27.7	38.0	38.2
Mild	8.2	10.3	15.2	9.1	4.4	8.5
Moderate	17.1	14.0	17.4	17.6	17.7	14.6
Severe	23.8	22.6	19.6	24.1	21.5	25.2
Extremely Severe	20.9	14.5	20.7	21.5	18.4	13.4

	Health Science	Hospitality	Law	Science	Social Science	Other
Normal	41.3	60.0	28.4	36.3	38.1	35.1
Mild	11.4	8.0	13.7	9.9	11.1	10.5
Moderate	13.0	4.0	20.0	17.4	12.7	19.3
Severe	19.1	4.00	23.2	21.3	22.2	19.3
Extremely Severe	15.3	24.0	14.7	15.2	15.9	15.8

ANXIETY BY FULL VS PART TIME - *Table 26*

	Full time	Part time
Normal	28.4	45.1
Mild	5.7	8.2
Moderate	16.3	14.8
Severe	10.8	4.1
Extremely Severe	38.9	27.9

DEPRESSION BY FULL VS PART TIME - *Table 27*

	Full time	Part time
Normal	29.3	43.4
Mild	9.7	12.3
Moderate	17.4	17.2
Severe	13.5	7.4
Extremely Severe	30.3	19.7

STRESS BY FULL VS PART TIME - *Table 28*

	Full time	Part time
Normal	34.6	49.2
Mild	9.6	9.0
Moderate	16.2	8.2
Severe	22.3	17.2
Extremely Severe	17.2	16.4

ANXIETY BY REPEATING ONE OR MORE ELEMENT OF COURSE - *Table 29*

	Yes	No
Normal	20.4	30.4
Mild	5.5	5.8
Moderate	16.6	16.2
Severe	11.5	10.3
Extremely Severe	45.9	37.2

DEPRESSION BY REPEATING ONE OR MORE ELEMENT OF COURSE - *Table 30*

	Yes	No
Normal	21.7	31.1
Mild	9.3	9.9
Moderate	16.4	17.4
Severe	15.7	12.8
Extremely Severe	36.8	28.8

STRESS BY REPEATING ONE OR MORE ELEMENT OF COURSE - *Table 31*

	Yes	No
Normal	27.5	36.3
Mild	8.9	9.8
Moderate	15.5	16.0
Severe	24.6	21.7
Extremely Severe	23.5	16.2

ANXIETY BY STUDYING ABROAD - *Table 32*

	Yes	No
Normal	38.5	28.6
Mild	6.2	5.8
Moderate	14.9	16.3
Severe	10.6	10.5
Extremely Severe	29.8	38.8

DEPRESSION BY STUDYING ABROAD - *Table 33*

	Yes	No
Normal	37.9	29.4
Mild	11.2	9.7
Moderate	18.6	17.2
Severe	7.5	13.5
Extremely Severe	24.8	30.1

STRESS BY STUDYING ABROAD - *Table 34*

	Yes	No
Normal	49.7	34.4
Mild	11.2	9.6
Moderate	13.0	16.1
Severe	15.5	22.4
Extremely Severe	10.6	17.6

ANXIETY BY AVAILABILITY OF MONEY - *Table 35*

	Social Welfare	Dependant on FA parents	Dependant on FA partner	Dependant on FA bank loan	Dependant on FA credit union loan
Normal	25.9	27.4	34.4	23.7	21.5
Mild	5.70	6.0	3.1	3.2	4.0
Moderate	16.0	16.1	12.5	21.2	14.0
Severe	10.0	11.6	11.7	9.0	8.5
Extremely Severe	42.5	38.9	38.3	42.9	52.0

DEPRESSION BY AVAILABILITY OF MONEY - *Table 36*

	Social Welfare	Dependant on FA parents	Dependant on FA partner	Dependant on FA bank loan	Dependant on FA credit union loan
Normal	26.4	28.3	31.3	31.4	22.5
Mild	9.2	9.9	5.5	6.4	8.0
Moderate	17.9	18.1	20.3	12.8	17.5
Severe	14.3	13.2	16.4	14.7	15.5
Extremely Severe	32.2	30.5	26.6	34.6	36.5

STRESS BY AVAILABILITY OF MONEY - *Table 37*

	Social Welfare	Dependant on FA parents	Dependant on FA partner	Dependant on FA bank loan	Dependant on FA credit union loan
Normal	31.4	34.0	31.3	34.0	32.5
Mild	9.6	10.2	11.7	10.3	5.0
Moderate	17.1	15.6	10.2	14.7	15.0
Severe	23.9	22.8	21.9	21.8	22.0
Extremely Severe	18.0	17.3	25.0	19.2	25.5

ANXIETY BY SEXUAL ORIENTATION - *Table 38*

	Gay	Lesbian	Bisexual	Transgender
Normal	29.4	18.9	16.7	7.3
Mild	2.9	1.1	4.7	4.9
Moderate	12.7	15.6	16.7	14.6
Severe	21.6	15.6	9.7	12.2
Extremely Severe	33.3	48.9	52.1	61.0

	Queer	Intersex	Asexual	Pansexual
Normal	15.8	0.0	19.1	10.0
Mild	1.3	0.0	0.0	3.3
Moderate	17.1	33.3	17.0	8.3
Severe	9.2	0.0	10.6	11.7
Extremely Severe	56.6	66.7	53.2	66.7

DEPRESSION BY SEXUAL ORIENTATION - *Table 39*

	Gay	Lesbian	Bisexual	Transgender
Normal	27.5	20.0	18.9	12.2
Mild	13.7	12.2	8.40	7.3
Moderate	15.7	21.1	19.2	17.1
Severe	9.8	13.3	14.2	7.3
Extremely Severe	33.3	33.3	39.3	56.1

	Queer	Intersex	Asexual	Pansexual
Normal	13.2	0.0	14.9	16.7
Mild	13.2	0.0	14.9	5.0
Moderate	21.1	0.0	19.1	20.0
Severe	11.8	66.7	6.4	6.7
Extremely Severe	40.8	33.3	44.7	51.7

STRESS BY SEXUAL ORIENTATION - *Table 40*

	Gay	Lesbian	Bisexual	Transgender
Normal	33.3	22.2	22.0	14.6
Mild	9.8	11.1	11.4	2.4
Moderate	16.7	20.0	15.9	14.6
Severe	16.7	28.9	27.0	29.3
Extremely Severe	23.5	17.8	23.7	39.0

	Queer	Intersex	Asexual	Pansexual
Normal	14.5	0.0	25.5	11.7
Mild	7.9	0.00	2.1	1.7
Moderate	25.0	66.7	23.4	26.7
Severe	25.0	0.0	21.3	28.3
Extremely Severe	27.6	33.3	27.7	31.7

ANXIETY BY LIVING ARRANGEMENTS - *Table 41*

	Home owner	In digs	No stable accommodation	Other
Normal	50.4	33.6	0.0	25.0
Mild	8.4	7.6	0.0	10.7
Moderate	10.9	12.2	38.9	25.0
Severe	4.2	10.7	11.1	7.1
Extremely Severe	26.1	35.9	50.0	32.1

	Privately rented accommodation	Purpose built student accommodation	With parents or relatives	With partner
Normal	29.3	31.0	26.2	33.3
Mild	4.4	5.3	6.2	6.8
Moderate	15.8	16.0	17.0	15.4
Severe	10.6	9.9	11.4	7.7
Extremely Severe	39.8	37.7	39.2	36.8

DEPRESSION BY LIVING ARRANGEMENTS - *Table 42*

	Home owner	In digs	No stable accommodation	Other
Normal	48.7	28.2	0.0	21.4
Mild	4.2	9.2	11.1	21.4
Moderate	12.6	19.8	11.1	7.1
Severe	11.8	10.70	0.0	14.3
Extremely Severe	22.7	32.1	77.8	35.7

	Privately rented accommodation	Purpose built student accommodation	With parents or relatives	With partner
Normal	29.7	33.6	27.5	33.3
Mild	8.4	11.7	10.4	6.0
Moderate	18.4	17.0	16.8	23.1
Severe	14.6	9.6	14.5	9.4
Extremely Severe	29.0	28.1	30.8	28.2

STRESS BY LIVING ARRANGEMENTS - *Table 43*

	Home owner	In digs	No stable accommodation	Other
Normal	52.9	40.5	11.1	28.6
Mild	5.9	13.0	0.0	3.6
Moderate	13.4	14.5	27.8	10.7
Severe	16.8	11.5	33.3	21.4
Extremely Severe	10.9	20.6	27.8	35.7

	Privately rented accommodation	Purpose built student accommodation	With parents or relatives	With partner
Normal	35.6	39.6	32.0	33.3
Mild	11.9	6.9	9.7	10.3
Moderate	14.3	15.4	17.2	15.4
Severe	21.2	22.1	23.7	21.4
Extremely Severe	17.0	16.0	17.4	19.7

DEPRESSION BY LIVING ARRANGEMENTS - *Table 44*

	Home owner	In digs	No stable accommodation	Other
Normal	48.7	28.2	0.0	21.4
Mild	4.2	9.2	11.1	21.4
Moderate	12.6	19.8	11.1	7.1
Severe	11.8	10.7	0.0	14.3
Extremely Severe	22.7	32.1	77.8	35.7

	Privately rented accommodation	Purpose built student accommodation	With parents or relatives	With partner
Normal	29.7	33.6	27.5	33.3
Mild	8.4	11.7	10.4	6.0
Moderate	18.4	17.0	16.8	23.1
Severe	14.6	9.6	14.5	9.4
Extremely Severe	29.0	28.1	30.8	28.2

STRESS BY LIVING ARRANGEMENTS - *Table 45*

	Home owner	In digs	No stable accommodation	Other
Normal	52.9	40.5	11.1	28.6
Mild	5.9	13.0	0.0	3.6
Moderate	13.4	14.5	27.8	10.7
Severe	16.8	11.5	33.3	21.4
Extremely Severe	10.9	20.6	27.8	35.7

	Privately rented accommodation	Purpose built student accommodation	With parents or relatives	With partner
Normal	35.6	39.6	32.0	33.3
Mild	11.9	6.9	9.7	10.3
Moderate	14.3	15.4	17.2	15.4
Severe	21.2	22.1	23.7	21.4
Extremely Severe	17.0	16.0	17.4	19.7

DISABILITY- *Table 1*

	N	%
Yes	939	28.1
No	2401	71.9
Total	3340	100

TYPE OF DISABILITY - *Table 2*

	N	%
Mental health	715	21.4
Specific Learning Difficulty eg dyslexia	144	4.3
Significant ongoing physical illness	110	3.3
Physical or mobility related disability	69	2.1
ADHD or ADD	50	1.5
ASD or Asperger's	49	1.5
Deaf or hard of hearing	22	0.7
Blind or visually impaired	16	0.5
Other	63	1.9

REGISTRATION WITH DISABILITY OFFICE - *Table 3*

	N	%
Yes	377	40.1
No	562	59.9
Total	939	100

DISABILITY IMPACTING NEGATIVELY ON MENTAL HEALTH - *Table 4*

	N	%
All of the time	238	25.3
Often	323	34.4
Sometimes	238	25.3
Occasionally	102	10.9
Not at all	38	4
Total	939	100

DISABILITY IMPACTING ON ACCESS TO MENTAL HEALTH SERVICES- *Table 5*

	N	%
All of the time	65	6.9
Often	132	14.1
Sometimes	251	26.7
Occasionally	182	19.4
Not at all	309	32.9
Total	939	100

DISCLOSED TO ACADEMIC STAFF - *Table 6*

	N	%
Yes	457	48.7
No	482	51.3
Total	939	100

PLAN ON DISCLOSURE ON LEAVING COLLEGE IN WORKPLACE - *Table 7*

	N	%
Yes	126	13.4
No	330	35.1
Unsure	483	51.5
Total	939	100

ANXIETY BY DISABILITY - *Table 8*

	SLD eg dyslexia	Physical/mobility disability	Blind /visually impaired	Deaf/hard of hearing
Normal	13.2	26.1	12.5	9.1
Mild	1.4	1.4	6.3	0.0
Moderate	13.9	15.9	6.3	9.1
Severe	11.1	2.9	12.5	9.1
Extremely Severe	60.4	53.6	62.5	72.7

	Mental health difficulty	ASD/Aspergers	ADHD/ADD	Significant ongoing physical illness
Normal	8.8	20.4	16.0	8.2
Mild	2.9	0.0	2.0	1.8
Moderate	14.1	18.4	6.0	20.9
Severe	9.8	12.2	14.0	9.1
Extremely Severe	64.3	49.0	62.0	60.0

DEPRESSION BY DISABILITY - *Table 9*

	SLD eg dyslexia	Physical/mobility disability	Blind /visually impaired	Deaf/hard of hearing
Normal	19.4	27.5	6.3	9.1
Mild	6.3	7.2	0.0	0.0
Moderate	16.0	14.5	25.0	27.3
Severe	19.4	14.5	12.5	27.3
Extremely Severe	38.9	36.2	56.3	36.4

	Mental health difficulty	ASD/Aspergers	ADHD/ADD	Significant ongoing physical illness
Normal	11.2	16.3	10.0	15.5
Mild	4.6	8.2	6.0	3.6
Moderate	15.5	16.3	18.0	14.5
Severe	16.4	12.2	14.0	20.9
Extremely Severe	52.3	46.9	52.0	45.5

STRESS BY DISABILITY - *Table 10*

	SLD eg dyslexia	Physical/mobility disability	Blind /visually impaired	Deaf/hard of hearing
Normal	20.1	31.9	12.5	0.0
Mild	5.6	5.8	18.8	18.2
Moderate	15.3	17.4	12.5	22.7
Severe	31.9	27.5	43.8	45.5
Extremely Severe	27.1	17.4	12.5	13.6

	Mental health difficulty %	ASD/Aspergers%	ADHD/ADD%	Significant ongoing physical illness%
Normal	11.7	18.4	12.0	16.4
Mild	7.7	12.2	8.0	11.8
Moderate	16.5	16.3	20.0	10.0
Severe	30.3	24.5	26.0	34.5
Extremely Severe	33.7	28.6	34.0	27.3

ANXIETY BY REGISTERED WITH DISABILITY OFFICE- *Table 11*

	Yes	No
Normal	15.9	11.2
Mild	3.4	2.7
Moderate	16.4	14.2
Severe	9.8	10.3
Extremely Severe	54.4	61.6

DEPRESSION BY REGISTERED WITH DISABILITY OFFICE- *Table 12*

	Yes	No
Extremely Severe	41.6	49.6
Severe	17.8	14.9
Moderate	17.2	15.7
Mild	6.1	5.0
Normal	17.2	14.8

STRESS BY REGISTERED WITH DISABILITY OFFICE - *Table 13*

	Yes	No
Extremely Severe	26.3	31.3
Severe	29.7	28.5
Moderate	15.9	16.9
Mild	7.7	8.9
Normal	20.4	14.4

ANXIETY BY DISCLOSED TO ACADEMIC STAFF - *Table 14*

	Yes	No
Extremely Severe	57.5	59.8
Severe	11.2	9.1
Moderate	14.4	15.8
Mild	2.8	3.1
Normal	14.0	12.2

DEPRESSION BY DISCLOSED TO ACADEMIC STAFF - *Table 15*

	Yes	No
Extremely Severe	46.3	53.7
Severe	50.3	49.7
Moderate	52.3	47.7
Mild	45.1	54.9
Normal	51.4	48.6

STRESS BY DISCLOSED TO ACADEMIC STAFF - *Table 16*

	Yes	No
Extremely Severe	46.90	53.1
Severe	49.30	50.7
Moderate	48.40	51.6
Mild	46.80	53.2
Normal	51.90	48.1

EMPLOYMENT

EMPLOYED - *Table 1*

	N	%
Yes	1596	47.8
No	1744	52.2
Total	3340	100

TYPE OF WORK - *Table 2*

	N	%
Part time	1261	79.0
Full time	139	8.7
Occasional	196	12.3
Total	1596	100

WORK IMPACTING POSITIVELY ON STUDY - *Table 3*

	N	%
All of the time	63	4.0
Often	197	12.3
Sometimes	398	24.9
Occasionally	447	28.0
Not at all	491	30.8
Total	1596	100

WORK IMPACTING NEGATIVELY ON STUDY - *Table 4*

	N	%
All of the time	140	8.8
Often	458	28.7
Sometimes	500	31.3
Occasionally	327	20.5
Not at all	171	10.7
Total	1596	100

IMPACT ON ACCESS TO SUPPORT SERVICES - *Table 5*

	N	%
All of the time	75	4.7
Often	189	11.8
Sometimes	324	20.3
Occasionally	274	17.2
Not at all	734	46.0
Total	1596	100

IMPACT ON MENTAL HEALTH - *Table 6*

	N	%
All of the time	209	13.1
Often	396	24.8
Sometimes	416	26.1
Occasionally	357	22.4
Not at all	218	13.7
Total	1596	100

ABILITY TO ATTEND CLASS - *Table 7*

	N	%
All of the time	53	3.3
Often	140	8.8
Sometimes	250	15.6
Occasionally	421	26.4
Not at all	732	45.9
Total	1596	100

EMPLOYMENT

IMPACT ON SOCIAL LIFE AND SOCIALISING WITH CLASSMATES *- Table 8*

	N	%
All of the time	180	11.3
Often	396	24.8
Sometimes	339	21.2
Occasionally	319	20.0
Not at all	362	22.7
Total	1596	100

DEPRESSION, ANXIETY AND DEPRESSION SCALE BY %

ANXIETY BY EMPLOYMENT *- Table 9*

	Yes	No
Normal	29.6	28.5
Mild	5.7	5.8
Moderate	15.8	16.7
Severe	9.1	11.8
Extremely Severe	39.7	37.2

DEPRESSION BY EMPLOYMENT *- Table 10*

	Yes	No
Normal	30.6	29.1
Mild	10.2	9.5
Moderate	17.5	17.1
Severe	13.3	13.1
Extremely Severe	28.4	31.2

STRESS BY EMPLOYMENT *- Table 11*

	Yes	No
Normal	34.5	35.7
Mild	8.3	10.9
Moderate	16.2	15.7
Severe	23.0	21.2
Extremely Severe	18.0	16.5

DEPENDENTS

DEPENDANTS ON TIME AND CARE - *Table 1*

	N	%
Yes	408	12.2
No	2932	87.8
Total	3340	100

DEPENDANTS ON FINICAL SUPPORT - *Table 2*

	N	%
Yes	229	6.9
No	3111	93.1
Total	3340	100

DEPRESSION, ANXIETY AND DEPRESSION SCALE BY %

ANXIETY BY DEPENDANT TIME AND CARE - *Table 3*

	Child	Parent	Partner	Sibling
Normal	47.7	20.9	29.3	16.0
Mild	4.60	6.5	1.3	2.7
Moderate	11.9	12.9	14.7	17.3
Severe	3.3	15.8	6.7	9.3
Extremely Severe	32.5	43.9	48.0	54.7

DEPRESSION DEPENDANT ON TIME AND CARE - *Table 4*

	Child	Parent	Partner	Sibling
Normal	45.7	27.3	29.3	20.0
Mild	8.6	6.5	5.3	9.3
Moderate	9.3	18.0	9.3	21.3
Severe	9.9	12.2	18.7	13.3
Extremely Severe	26.5	36.0	37.3	36.0

STRESS BY DEPENDANT ON CARE AND TIME - *Table 5*

	Child	Parent	Partner	Sibling
Normal	45.0	27.3	30.7	26.7
Mild	7.9	9.4	9.3	6.7
Moderate	11.9	18.0	10.7	16.0
Severe	18.5	23.0	22.7	29.3
Extremely Severe	16.6	22.3	26.7	21.3

ANXIETY BY FINANCIAL DEPENDANT - *Table 6*

	Child	Parent	Partner	Sibling
Normal	46.9	21.5	37.3	11.8
Mild	3.9	7.7	2.0	11.8
Moderate	10.2	16.9	15.0	11.8
Severe	5.5	10.8	9.8	5.9
Extremely Severe	33.6	43.1	35.3	58.8

DEPRESSION BY FINANCIAL DEPENDANT - *Table 7*

	Child	Parent	Partner	Sibling
Normal	43.8	21.5	33.3	11.8
Mild	8.6	7.7	7.8	0.0
Moderate	10.9	13.8	9.8	11.8
Severe	8.6	10.8	15.7	17.6
Extremely Severe	28.1	46.2	33.3	58.0

STRESS BY FINANCIAL DEPENDANT - *Table 8*

	Child	Parent	Partner	Sibling
Normal	43.8	33.3	31.4	17.6
Mild	7.0	7.8	7.8	11.7
Moderate	11.7	9.8	13.7	29.4
Severe	18.0	15.7	17.6	5.9
Extremely Severe	19.5	33.3	39.4	35.3

SOCIAL MEDIA USAGE - *Table 1*

	N	%
Yes	3318	99.3
No	22	0.7
Total	3340	100

POSITIVE IMPACT ON MENTAL HEALTH - *Table 2*

	N	%
All of the time	81	2.4
Often	751	22.5
Sometimes	1306	39.1
Occasionally	863	25.8
Not at all	339	10.1
Total	3340	100

NEGATIVE IMPACT ON MENTAL HEALTH - *Table 3*

	N	%
All of the time	174	5.2
Often	727	21.8
Sometimes	1111	33.3
Occasionally	889	26.6
Not at all	439	13.1
Total	3340	100

DIFFICULTIES WITH MH IN PREVIOUS 12 MONTHS - *Table 1*

	N	%
All of the time	568	17
Often	1082	32.4
Sometimes	704	21.1
Occasionally	666	19.9
Not at all	320	9.6
Total	3340	100

MH DIFFICULTIES EFFECT ON STUDIES - *Table 2*

	N	%
All of the time	365	10.9
Often	949	28.4
Sometimes	850	25.4
Occasionally	680	20.4
Not at all	496	14.9
Total	3340	100

MH DIFFICULTIES AFFECTING OVERALL EXPERIENCE IN COLLEGE - *Table 3*

	N	%
All of the time	411	12.3
Often	919	27.5
Sometimes	819	24.6
Occasionally	689	20.6
Not at all	502	15.0
Total	3340	100

MH DIFFICULTIES AND CONSIDERATION TO LEAVING COLLEGE - *Table 4*

	N	%
All of the time	234	7.0
Often	493	14.8
Sometimes	561	16.8
Occasionally	733	21.9
Not at all	1319	39.5
Total	3340	100

EVER RECEIVED A FORMAL DIAGNOSIS - *Table 5*

	N	%
Yes	1075	32.2
No	2265	67.8
Total	3340	100

WHAT WAS THAT DIAGNOSIS - *Table 6*

	N	%
Depression	795	74.0
Anxiety	790	73.5
Eating disorder	142	13.2
OCD	77	7.2
Bipolar	48	4.6
BPD	47	4.4
Dual diagnosis	42	3.9
PTSD	32	3.0
Psychosis	24	2.2
Other	35	1

ANXIETY BY FORMAL DIAGNOSIS - *Table 7*

	Depression	Bipolar	Anxiety	OCD
Normal	15.2	18.4	10.4	13.0
Mild	4.4	0.0	3.9	1.3
Moderate	12.6	14.3	12.5	10.4
Severe	10.6	4.1	10.6	10.4
Extremely Severe	57.2	63.3	62.5	64.9

	Psychosis	Eating disorder	Dual Diagnosis	BPD	PTSD
Normal	8.3	13.4	2.4	10.6	6.3
Mild	0.0	5.6	0.0	0.0	0.0
Moderate	8.3	9.2	9.5	10.6	28.1
Severe	25.0	12.0	14.3	6.4	9.4
Extremely Severe	58.3	59.9	73.8	72.3	56.3

DEPRESSION BY FORMAL DIAGNOSIS - *Table 8*

	Depression	Bipolar	Anxiety	OCD
Normal	14.3	20.4	15.9	20.8
Mild	6.4	4.1	5.7	0.0
Moderate	13.8	8.2	15.9	16.9
Severe	16.7	8.2	16.6	14.3
Extremely Severe	48.7	59.2	45.8	48.1

	Psychosis	Eating disorder	Dual Diagnosis	BPD	PTSD
Normal	8.3]	13.4	4.8	8.5	21.9
Mild	4.2	4.2	2.4	6.4	12.5
Moderate	8.3	9.9	31.0	14.9	6.3
Severe	25.0	21.1	14.3	12.8	12.5
Extremely Severe	54.2	51.4	47.6	57.4	46.9

STRESS BY FORMAL DIAGNOSIS - *Table 9*

	Depression	Bipolar	Anxiety	OCD
Normal	17.1	16.3	15.1	15.6
Mild	7.8	6.1	8.7	6.5
Moderate	16.0	12.2	16.2	16.9
Severe	28.9	20.4	28.7	28.6
Extremely Severe	30.2	44.9	31.3	32.5

	Psychosis	Eating disorder	Dual Diagnosis	BPD	PTSD
Normal	8.3	16.2	11.9	4.3	18.8
Mild	8.3	5.6	7.1	2.1	3.1
Moderate	8.3	11.3	19.0	23.4	31.3
Severe	45.8	28.2	31.0	29.8	15.6
Extremely Severe	29.2	38.7	31.0	40.4	31.3

MAKING FRIENDS AND DEVELOPING PERSONAL RELATIONSHIPS - *Table 1*

	N	%
Very easy	376	11.3
Easy	859	25.7
Neither easy or difficult	1081	32.4
Difficult	760	22.7
Very difficult	264	7.9
Total	3340	100

EXTENT OF FEELING LONELY - *Table 2*

	N	%
All of the time	297	8.9
Often	867	26.0
Sometimes	955	28.6
Occasionally	834	25.0
Not at all	387	11.6
Total	3340	100

CONFIDENT SUPPORTING A FRIEND - *Table 3*

	N	%
Yes	2905	87.0
No	435	13.0
Total	3340	100

MORE INFORMATION ON SUPPORTING A FRIEND GOING THROUGH A DIFFICULT TIME - *Table 4*

	N	%
Yes	2572	77
No	768	23
Total	3340	100

PEER SUPPORT AND FRIENDSHIPS

INVOLVED IN ACTIVITIES OUTSIDE COURSEWORK - *Table 5*

	N	%
Yes	1624	48.6
No	1716	51.4
Total	3340	100

ACTIVATES INVOLVED IN - *Table 6*

	N	%
Clubs and societies on campus	710	43.7
Sport club off campus	545	33.6
Volunteering off campus	475	28.1
Sports clubs on campus	337	20.8
Volunteering on campus	212	13.1
Volunteering with SU	197	12.1

DEPRESSION, ANXIETY AND DEPRESSION SCALE BY %

ANXIETY BY MAKING FRIENDS AND PERSONAL RELATIONSHIPS - *Table 7*

	Very easy	Easy	Neither easy or difficult	Difficult	Very difficult
Normal	49.7	36.9	26.9	18.6	12.9
Mild	6.6	5.8	6.1	5.7	3.4
Moderate	15.7	16.5	17.0	14.3	18.6
Severe	8.8	11.2	9.6	10.8	13.6
Extremely Severe	19.1	29.6	40.3	50.7	51.5

DEPRESSION BY MAKING FRIENDS AND PERSONAL RELATIONSHIPS - *Table 8*

	Very easy	Easy	Neither easy or difficult	Difficult	Very difficult
Normal	53.7	40.3	27.7	16.3	9.8
Mild	11.4	11.4	10.8	7.2	5.3
Moderate	17.0	17.8	18.1	16.2	15.9
Severe	4.3	11.1	14.8	17.9	12.5
Extremely Severe	13.6	19.4	28.6	42.4	56.4

STRESS BY MAKING FRIENDS AND PERSONAL RELATIONSHIPS - *Table 9*

	Very easy	Easy	Neither easy or difficult	Difficult	Very difficult
Normal	54.8	44.0	33.9	23.6	17.0
Mild	12.2	9.8	10.2	8.0	8.0
Moderate	10.6	16.1	15.3	16.6	23.9
Severe	13.8	16.8	24.8	28.4	21.6
Extremely Severe	8.5	13.4	15.9	23.4	29.5

ANXIETY BY TO WHAT EXTENT DO YOU FEEL LONELY? - *Table 10*

	Not at all	Occasionally	Sometimes	Often	All of the time
Normal	65.4	39.4	25.7	13.3	9.4
Mild	6.2	7.0	6.1	5.1	3.0
Moderate	12.1	18.0	18.4	15.7	11.4
Severe	6.5	10.1	10.8	11.2	14.1
Extremely Severe	9.8	25.5	39.1	54.8	62.0

DEPRESSION BY TO WHAT EXTENT DO YOU FEEL LONELY? - *Table 11*

	Not at all	Occasionally	Sometimes	Often	All of the time
Normal	71.1	47.7	25.0	8.5	3.7
Mild	8.5	13.1	12.1	7.3	2.0
Moderate	10.9	17.0	21.8	18.2	9.4
Severe	3.9	10.6	15.9	17.1	12.5
Extremely Severe	5.7	11.6	25.1	48.9	72.4

STRESS BY TO WHAT EXTENT DO YOU FEEL LONELY? - *Table 12*

	Not at all	Occasionally	Sometimes	Often	All of the time
Normal	71.8	48.9	32.8	17.0	9.4
Mild	7.5	11.6	11.5	7.4	7.4
Moderate	8.3	14.0	18.7	17.9	16.5
Severe	9.0	15.7	22.3	31.0	30.0
Extremely Severe	3.4	9.7	14.7	26.8	36.7

ANXIETY BY ACTIVITIES OUTSIDE COURSEWORK - *Table 13*

	Sports clubs on campus	Sports clubs off campus	Clubs & societies on campus	Volunteering with students union	Volunteering on campus	Volunteering off campus
Normal	39.2	38.3	30.8	27.9	29.7	32.2
Mild	5.3	7.0	4.6	3.6	4.7	4.4
Moderate	18.1	15.2	18.9	17.8	20.3	19.0
Severe	10.4	7.7	11.3	9.1	12.3	13.1
Extremely Severe	27.0	31.7	34.4	41.6	33.0	31.3

DEPRESSION BY ACTIVITIES OUTSIDE COURSEWORK - *Table 14*

	Sports clubs on campus	Sports clubs off campus	Clubs & societies on campus	Volunteering with students union	Volunteering on campus	Volunteering off campus
Normal	40.4	38.2	32.4	26.4	32.5	36.8
Mild	10.1	11.2	11.3	7.1	12.3	12.3
Moderate	13.4	14.3	17.0	22.3	15.1	15.3
Severe	13.1	13.0	12.1	11.2	11.3	12.7
Extremely Severe	23.1	23.3	27.2	33.0	28.8	23.0

STRESS BY ACTIVITIES OUTSIDE COURSEWORK - *Table 15*

	Sports clubs on campus	Sports clubs off campus	Clubs & societies on campus	Volunteering with students union	Volunteering on campus	Volunteering off campus
Normal	45.7	44.6	34.8	28.9	34.9	38.1
Mild	11.9	9.9	9.9	13.7	10.8	10.5
Moderate	15.4	16.0	18.6	14.7	15.1	17.3
Severe	16.6	17.8	21.8	25.9	22.2	21.4
Extremely Severe	10.4	11.7	14.9	16.8	17.0	12.7

AWARENESS OF ON CAMPUS MENTAL HEALTH SUPPORTS - *Table 1*

	N	%
Yes	2542	76.1
No	798	23.9
Total	3340	100

HOW MADE AWARE OF THE SERVICES - *Table 2*

	N	%
Students' Union	897	35.3
Student orientation	703	27.7
On campus health	345	13.6
College staff	341	13.3
Friends	194	7.6
Off campus health	35	1.4
Family member	27	1.1
Total	2542	100

SOMEONE TO TALK TO ABOUT PERSONAL AND EMOTIONAL DIFFICULTIES - *Table 3*

	N	%
Yes	2642	79.1
No	698	20.9
Total	3340	100

GENERAL HELP SEEKING QUESTIONNAIRE - *Table 4*

	intimate partner		Friend		Parent		Other		Mental Health Professional	
	N	%	N	%	N	%	N	%	N	%
Extremely likely	925	27.7	431	12.9	432	12.9	146	4.4	275	8.2
Most likely	455	13.6	497	14.9	299	9	178	5.3	310	9.3
Likely	719	21.5	907	27.2	461	13.8	332	9.9	580	17.4
Neutral	326	9.8	541	16.2	455	13.6	359	10.7	548	16.4
Unlikely	278	8.3	469	14	520	15.6	550	16.5	585	17.5
Most unlikely	127	3.8	251	7.5	428	12.8	453	13.6	437	13.1
Extremely unlikely	510	15.3	244	7.3	745	22.3	1322	39.6	605	18.1
Total	3340	100	3340	100	3340	100	3340	100	3340	100

	Phone helpline		Doctor GP		Religious leader		Not listed		Would not seek help	
	N	%	N	%	N	%	N	%	N	%
Extremely likely	47	1.4	161	4.8	51	1.5	141	4.2	260	7.8
Most likely	74	2.2	183	5.5	20	0.6	40	1.2	239	7.2
Likely	153	4.6	445	13.3	57	1.7	56	1.7	365	10.9
Neutral	197	5.9	470	14.1	94	2.8	351	10.5	483	14.5
Unlikely	404	12.1	564	16.9	139	4.2	173	5.2	462	13.8
Most unlikely	489	14.6	511	15.3	174	5.2	128	3.8	342	10.2
Extremely unlikely	1976	59.2	1006	30.1	2805	84	2451	73.4	1189	35.6
Total	3340	100	3340	100	3340	100	3340	100	3340	100

HELP SEEKING WITHIN COLLEGE - *Table 5*

	Student Counselling		Student Health Centre Nurse		Student Health GP		College Psychiatry		Peer support service		SU welfare officer	
	N	%	N	%	N	%	N	%	N	%	N	%
Very likely	447	13.4	181	5.4	192	5.7	201	6	132	4	157	4.7
Likely	756	22.6	450	13.5	447	13.4	377	11.3	304	9.1	262	7.8
Neither likely/unlikely	679	20.3	645	19.3	649	19.4	636	19	528	15.8	468	14
Unlikely	637	19.1	745	22.3	746	22.3	733	21.9	646	19.3	653	19.6
Very unlikely	821	24.6	1319	39.5	1306	39.1	1393	41.7	1730	51.8	1800	53.9
Total	3340	100	3340	100	3340	100	3340	100	3340	100	3340	100

	SU class rep		College chaplaincy		College disability services		Academic staff		Not listed		Would not seek help	
	N	%	N	%	N	%	N	%	N	%	N	%
Very likely	86	2.6	69	2.1	105	3.1	67	2	158	4.7	751	22.5
Likely	147	4.4	143	4.3	174	5.2	236	7.1	84	2.5	616	18.4
Neither likely/unlikely	343	10.3	321	9.6	347	10.4	520	15.6	563	16.9	603	18.1
Unlikely	474	14.2	442	13.2	443	13.3	602	18	182	5.4	325	9.7
Very unlikely	2290	68.6	2365	70.8	2271	68.0	1915	57.3	2353	70.4	1045	31.3
Total	3340	100	3340	100	3340	100	3340	100	3340	100	3340	100

STATEMENTS RELATING TO USE OF THE COUNSELLING SERVICE - *Table 6*

	My college timetable is too restrictive to access services		I don't think my problems are enough to attend counselling		Counselling services waiting periods are too long		I need a doctors referral to get a counselling appointment	
	N	%	N	%	N	%	N	%
Strongly agree	466	14	724	21.7	684	20.5	420	12.6
Agree	608	18.2	919	27.5	599	17.9	396	11.9
Neither agree/disagree	717	21.5	667	20	1296	38.8	1244	37.2
Disagree	873	26.1	585	17.5	445	13.3	605	18.1
Strongly Disagree	676	20.2	445	13.3	316	9.5	675	20.2
Total	3340	100	3340	100	3340	100	3340	100

	A free face to face counselling service on campus is important		I would attend face to face counselling		I would attend group therapy if offered by the counselling service		I would use use online therapy if offered by the counselling service to complement face to face	
	N	%	N	%	N	%	N	%
Strongly agree	1820	54.5	997	29.9	562	16.8	691	20.7
Agree	574	17.2	735	22	408	12.2	721	21.6
Neither agree/disagree	305	9.1	742	22.2	611	18.3	774	23.2
Disagree	184	5.5	423	12.7	773	21.9	544	16.3
Strongly Disagree	457	13.7	443	13.3	1026	30.7	610	3340
Total	3340	100	3340	100	2354	100	3340	100

ANXIETY BY TO WHAT EXTENT DO YOU FEEL LONELY? *- Table 7*

	Not at all	Occasionally	Sometimes	Often	All the time
Normal	65.4	39.4	25.7	13.3	9.4
Mild	6.2	7.0	6.1	5.1	3.0
Moderate	12.1	18.0	18.4	15.7	11.4
Severe	6.5	10.1	10.8	11.2	14.1
Extremely Severe	9.8	25.5	39.1	54.8	62.0

DEPRESSION BY TO WHAT EXTENT DO YOU FEEL LONELY? *- Table 8*

	Not at all	Occasionally	Sometimes	Often	All the time
Normal	71.1	47.7	25.0	8.5	3.7
Mild	8.5	13.1	12.1	7.3	2.0
Moderate	10.9	17.0	21.8	18.2	9.4
Severe	3.9	10.6	15.9	17.1	12.5
Extremely Severe	5.7	11.6	25.1	48.9	72.4

STRESS BY TO WHAT EXTENT DO YOU FEEL LONELY? *- Table 9*

	Not at all	Occasionally	Sometimes	Often	All the time
Normal	71.8	48.9	32.8	17.0	9.4
Mild	7.5	11.6	11.5	7.4	7.4
Moderate	8.3	14.0	18.7	17.9	16.5
Severe	9.0	15.7	22.3	31.0	30.0
Extremely Severe	3.4	9.7	14.7	26.8	36.7

USE OF COUNSELLING SERVICES - *Table 1*

	N	%
Yes	793	23.7
No	2547	76.3
Total	3340	100

USE OF SERVICE BY GENDER - *Table 2*

	N	%
Male	164	19.9
Female	601	24.5
Non-Binary	28	45.2
Total	793	100

DURATION OF WAIT - *Table 3*

	N	%
No wait	3	0.4
Emergancy Appointment	7	0.9
<1 week	13	1.6
1 week	273	34.4
2 week	217	27.4
3 week	101	12.7
4-6 weeks	84	10.6
6-8 weeks	31	3.9
More than 8 weeks	31	3.9
Other	33	4.2
Total	793	100

IMPACT OF SERVICE - *Table 4*

	How helpful was service in helping you stay in college		Improved overall experience of college		Addressing difficulties with mental health		Improving overall wellbeing	
	N	%	N	%	N	%	N	%
Very helpful	186	23.5	141	17.8	161	20.3	130	16.4
Helpful	250	31.5	269	33.9	279	35.2	285	35.9
Neither helpful/unhelpful	205	25.8	219	27.6	173	21.8	215	27.1
Unhelpful	72	9.1	86	10.8	91	11.5	94	11.9
Very unhelpful	80	10.1	78	9.8	89	11.2	69	8.7
Totals	793	100	793	100	793	100	793	100

NUMBER OF SESSIONS - *Table 5*

	N	%
1	85	10.7
2	47	5.9
3	62	7.8
4	52	6.6
5	19	2.4
6	135	17
7	9	1.1
8	73	9.2
More than 8	19	2.4
As many as needed	292	36.8
Total	793	100

SATISFACTION WITH NUMBER OF SESSIONS PROVIDED - *Table 6*

	N	%
Very satisfied	170	21.4
Satisfied	196	24.7
Neither satisfied/dissatisfied	220	27.7
Dissatisfied	131	16.5
Very dissatisfied	76	9.6

REFERRED TO ANOTHER SERVICE FOLLOWING COUNSELLING *- Table 7*

	N	%
Yes	153	19.3
No	640	80.7
Total	793	100

REFERRED ON TO *- Table 8*

	N	%
GP	41	26.8
Adult mental health (HSE)	38	24
Private counsellor	32	21
On- campus disability service	28	18.3
Private psychiatrist	26	17
On- campus psychiatrist	25	16.2
On-campus health	23	14.9
Adult mental health (NI)	7	4.5
Primary care psychology	4	2.6

USE OF SERVICE BY FORMAL DIAGNOSIS *- Table 9*

	N	%
Yes	467	58.9
No	326	41.1
Total	793	100

USE OF SERVICE BY STUDENTS WITH DISABILITIES *- Table 10*

	N	%
Yes	397	50.1
No	396	49.9
Total	793	100

USE OF ON CAMPUS SERVICES (OTHER THAN COUNSELLING)

OVERALL USE OF OTHER ON CAMPUS SERVICES *- Table 1*

	N	%
Yes	461	13.8
No	2879	86.2
Total	3340	100

USE OF SPECIFIC SERVICES *- Table 2*

	N	%
Disability service	166	35.9
Student Health GP	161	34.8
Academic staff	109	23.6
Student Nurse	95	20.6
SU welfare	84	18.2
On Campus psychiatrist	53	1.5
Peer support programme	28	6.1
Chaplaincy	22	4.8

USE OF OFF CAMPUS SERVICES SINCE BEGINNING COLLEGE - *Table 1*

	N	%
Yes	883	26.4
No	2457	73.6
Total	3340	100

USE OF SPECIFIC SERVICES - *Table 2*

	N	%
GP	486	55
Private psychiatrist	161	18.2
Adult Mental Health (RoI)	240	27.2
Private psychiatrist	161	18.2
Pieta House	67	7.6
Jigsaw	49	5.5
CAMHS (RoI)	39	4.4
Primary care psychology	33	3.7
Other Charity	26	2.9
Adult Mental Health (NI)	10	2.2
CAMHS (NI)	9	1

USE OF SERVICES BEFORE COLLEGE *- Table 1*

	N	%
Yes	1095	32.8
No	2245	67.2
Total	3340	100

CONCERN ABOUT BEING SUPPORTED ON ENTERING THIRD LEVEL *- Table 2*

	N	%
Yes	591	54
No	504	46
Total	1095	100

USE OF SPECIFIC SERVICE PRIOR TO ENTERING COLLEGE *- Table 3*

	N	%
Private counsellor	589	53.8
GP	490	44.7
CAMHS (RoI)	255	23.3
Adult Mental Health (RoI)	205	18.7
Private psychiatrist	199	18.2
Jigsaw	74	6.8
Pieta House	67	6.1
Primary care psychology	54	4.9
Other Charity	28	2.6
CAMHS (NI)	15	1.4
Adult Mental Health (NI)	13	1.3

EFFECTIVENESS OF CAMPAIGNS IN GENERAL - *Table 1*

	N	%
Very effective	92	24.5
Effective	152	40.4
Neither effective/ineffective	88	23.4
Ineffective	30	8
Very ineffective	14	3.7
Total	376	100

EFFECTIVENESS OF CAMPAIGNS IN ENCOURAGING HELP SEEKING AND USE OF SUPPORT SERVICES - *Table 2*

	N	%
Very effective	432	12.9
Effective	1324	39.6
Neither effective/ineffective	1061	31.8
Ineffective	366	11
Very ineffective	157	4.7
Total	3340	100

ASKED WHAT CAMPAIGNS THEY WOULD LIKE TO SEE ON CAMPUS - *Table 3*

	N	%
Workshops	2017	60.4
Trainings	1712	51.3
Social Media Campaigns	1720	51.5
Poster and information campaigns	1505	45.1
Guest speakers	2120	63.5

USI NATIONAL REPORT ON

STUDENT MENTAL HEALTH

IN THIRD LEVEL EDUCATION

Tuairisc Náisiúnta AMLÉ ar Mheabharshláinte na Mac Léinn in Oideachas Tríú Leibhéal

This short survey should take approx 10-15 minutes to complete. The questionnaire is strictly confidential and your email will be kept separate from the survey to protect anonymity. If you want to discuss any aspect of the study you can contact the lead researcher Aoife Price - USI Student Mental Health Project Manager at: mentalhealth@usi.ie or on 0864150924

SECTION A: CONSENT

A1. By filling in this survey you agree to provide anonymised data to be used by the Union of Students in Ireland in the preparation of report and publications into student mental health at third level. This survey will not collect your name, email address or any other contact details. Your confidentiality and privacy will be respected at all times. At the end of the survey, you will be redirected to a separate website. If you wish you can enter your details to take part in a prize draw. This information will not be connected to the survey. You are required to be over 18 to answer this survey.

I understand and I give my consent to continue

SECTION B: BACKGROUND INFORMATION

B1. B1. What is your gender identity? ☐ Male ☐ Female ☐ Non-binary

B2. Do you identify as LGBTI+? ☐ Yes ☐ No

B3. Which of these best describes you? ☐ Lesbian ☐ Gay ☐ Bisexual

☐ Transgender ☐ Queer ☐ Intersex ☐ Asexual ☐ Pansexual

☐ Other _____

B4. What is your national status? ☐ Irish ☐ Northern Irish ☐ British

☐ EU - another country ☐ Non-EU ☐ Other

_____

SECTION B: BACKGROUND INFORMATION

B5. What are your current living arrangements?

- ☐ Purpose built student accommodation
- ☐ Privately rented accommodation
- ☐ In digs
- ☐ With parents or relatives
- ☐ With partner
- ☐ In a home you own
- ☐ No stable accommodation
- ☐ Other _____

B6. Are you currently studying abroad? *For example ERASMUS and other studies abroad programmes*

- ☐ Yes
- ☐ No

B7. Are you a mature student? *Did you start your undergraduate course while over the age of 23?*

- ☐ Yes
- ☐ No

B8. What age range are you in?

- ☐ 18-24
- ☐ 25-34
- ☐ 34-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65 or older

B9. Are you in receipt of a grant or welfare payments such as disability or back to education allowance?

- ☐ Yes
- ☐ No

B10. Are you dependant on financial assistance from others? *For example off parents, partners and loans*

- ☐ No
- ☐ Yes, my parents
- ☐ Yes, my partner
- ☐ Yes, a bank loan
- ☐ Yes, a credit union loan
- ☐ Other

B11. Which college are you studying at?

- ☐ Athlone Institute of Technology
- ☐ Belfast Metropolitian
- ☐ Carlow College
- ☐ Cork Institute of Technology
- ☐ Dublin City University
- ☐ Dublin Institute of Technology
- ☐ Dundalk Institute of Technology
- ☐ Institute of Technology Carlow
- ☐ Dun Laoghaire Institute of Art, Design & Technology
- ☐ Institute of Technology, Sligo
- ☐ Institute of Technology, Tallaght

SECTION B: BACKGROUND INFORMATION

- ☐ Institute of Technology Tralee
- ☐ Letterkenny Institute of Technology
- ☐ Limerick Institute of Technology
- ☐ National College of Ireland
- ☐ National University of Ireland, Galway
- ☐ National University of Ireland, Maynooth
- ☐ North Western Regional College
- ☐ Northern Regional College
- ☐ Queen's University, Belfast
- ☐ St.Angela's College, Sligo
- ☐ St. Mary's University College, Belfast
- ☐ National College of Art and Design
- ☐ Southern Regional College
- ☐ South Eastern Regional College
- ☐ South Western Regional College
- ☐ Stranmillis University College, Belfast
- ☐ Templemore CEFSU
- ☐ Trinity College Dublin
- ☐ University College Cork
- ☐ University College Dublin
- ☐ University of Limerick
- ☐ University of Ulster
- ☐ Waterford Institute of Technology
- ☐ Other _____

B12. What level programme are you currently enroled in?

- ☐ Apprenticeship
- ☐ Cert or Diploma
- ☐ Undergraduate at Degree level
- ☐ Postgraduate at Masters level
- ☐ Postgraduate at PhD level
- ☐ Other _____

B13. What is your area of study?

- ☐ Arts and Humanities
- ☐ Business
- ☐ Creative
- ☐ Arts
- ☐ Engineering
- ☐ Health Science
- ☐ Law
- ☐ Science
- ☐ Other _____

B14. Are you a full-time or part-time student?

- ☐ Full-time
- ☐ Part-time
- ☐ Other _____

B15. Have you repeated any element of your course?

- ☐ Yes
- ☐ No

SECTION C: DISABILITY

C1. Do you have a disability including a mental or physical illness? ☐ Yes ☐ No

C2. What is your disability?

☐ Specific learning difficulty e.g. dyslexia
☐ Physical or mobility related disability
☐ Blind or visually impaired
☐ Deaf or hard of hearing
☐ Mental health difficulty
☐ ASD or Aspergers
☐ ADHD or ADD
☐ Significant ongoing physical illness
☐ Other _____

C3. Are you registered with the Disability office? ☐ Yes ☐ No

C4. Do you feel your disability impacts negatively on your mental health?

☐ 1. Not at all ☐ 2. Occasionally ☐ 3. Sometimes ☐ 4. Often
☐ 5. All of the time

C5. Do you feel that your disability impacts your access to support services for your mental health?

☐ 1. Not at all ☐ 2. Occasionally ☐ 3. Sometimes ☐ 4. Often
☐ 5. All of the time

C6. Have you disclosed your disability to academic staff such as tutors, lecturers and supervisors?

☐ Yes ☐ No

C7. Do you intend to disclose your disability on leaving college and starting in the workplace?

☐ Yes ☐ No ☐ Unsure

SECTION D: EMPLOYMENT

D1. Do you have a job? ☐ Yes ☐ No

D2. How often do you work? ☐ Full-time ☐ Part-time ☐ Occasionally

SECTION D: EMPLOYMENT

D3. To what extent do you feel that work impacts on your study?

☐ 1. Not at all ☐ 2. Occasionally ☐ 3. Sometimes ☐ 4. Often

☐ 5. All of the time

D4. Do you feel that you work commitments limit you access to support services for your mental health?]

☐ 1. Not at all ☐ 2. Occasionally ☐ 3. Sometimes ☐ 4. Often

☐ 5. All of the time

D5. Do you feel working and studying at the same time impacts negatively on your mental health?

☐ 1. Not at all ☐ 2. Occasionally ☐ 3. Sometimes ☐ 4. Often

☐ 5. All of the time

D6. Does working impact on your ability to attend class?

☐ 1. Not at all ☐ 2. Occasionally ☐ 3. Sometimes ☐ 4. Often

☐ 5. All of the time

D7. Does working impact on your ability to socialise with classmates?

☐ 1. Not at all ☐ 2. Occasionally ☐ 3. Sometimes ☐ 4. Often

☐ 5. All of the time

SECTION E: PEOPLE DEPENDANT ON YOU

E1. Is anyone dependant on you for your time and care? ☐ Yes ☐ No

E2. What is your relationship with the person dependent on you for care and support?

☐ Child/Children ☐ Parent/Parents ☐ Partner ☐ Sibling

☐ Other _____

E3. Is anyone dependant on you financially? ☐ Yes ☐ No

SECTION E: PEOPLE DEPENDANT ON YOU

E4. What is your relationship with the person dependant on you for financial assistance?

☐ Child/Children ☐ Parent/Parents ☐ Partner ☐ Sibling

☐ Other _____

SECTION F: SOCIAL MEDIA

F1. What of the following platforms are you on? ☐ Facebook ☐ Instagram

☐ Snapchat ☐ Twitter ☐ Google + ☐ WhatsApp ☐ Pinterest

☐ LinkedIn ☐ Tinder ☐ YouTube ☐ I am not on any social media platform

☐ Other _____

F2. To what extent do you feel social media impacts on your mental health?

Impacts Negativily

☐ 1. Not at all ☐ 2. Occasionally ☐ 3. Sometimes ☐ 4. Often

☐ 5. All of the time

Impacts positively

☐ 1. Not at all ☐ 2. Occasionally ☐ 3. Sometimes ☐ 4. Often

☐ 5. All of the time

SECTION G: YOUR MENTAL HEALTH

G1. Do you or have you experienced difficulties with your mental health in the past 12 months?

☐ 1. Not at all ☐ 2. Occasionally ☐ 3. Sometimes ☐ 4. Often

☐ 5. All of the time

G2. To what extent have difficulties with your mental health affected your studies?

☐ 1. Not at all ☐ 2. Occasionally ☐ 3. Sometimes ☐ 4. Often

☐ 5. All of the time

SECTION G: YOUR MENTAL HEALTH

G3. To what extent would you say difficulties with your mental health have impacted on your overall experience at college?

☐ 1. Not at all ☐ 2. Occasionally ☐ 3. Sometimes ☐ 4. Often

☐ 5. All of the time

G4. To what extent has your mental health made you consider leaving college?

☐ 1. Not at all ☐ 2. Occasionally ☐ 3. Sometimes ☐ 4. Often

☐ 5. All of the time

G5. Have you ever has a formal diagnosis of a mental health difficulty? Yes ☐ No ☐

G6. What was your diagnosis? ☐ Depression ☐ Bipolar ☐ Anxiety

☐ OCD ☐ Psychosis ☐ Eating Disorder ☐ Dual Diagnosis

☐ Othe _____

SECTION H: PEER SUPPORTS AND FRIENDSHIPS

H1. How have you found making friends and developing personal relationships with other students?

☐ 1. Very easy ☐ 2. Easy ☐ 3. Neither easy or difficult ☐ 4. Difficult

☐ 5. Very difficult

H2. To what extent do you feel lonely?

☐ 1. Not at all ☐ 2. Occasionally ☐ 3. Sometimes ☐ 4. Often

☐ 5. All of the time

H3. Would you feel confident in supporting a friend who was going through a difficult time?

☐ Yes ☐ No

SECTION H: PEER SUPPORTS AND FRIENDSHIPS

H4. Would you like more information on how to look after a friend who was going through a difficult time?

☐ Yes ☐ No

H5. Are you involved in any activities outside your coursework?

☐ Yes ☐ No

H6. What are you involved in? ☐ Sports clubs on campus ☐ Sports clubs off campus

☐ Clubs and societies on campus ☐ Volunteering with Students Union

☐ Volunteering on campus ☐ Volunteering off campus

☐ Other

SECTION I: KNOWLEDGE OF SERVICES AND HELP SEEKING

I1. Are you aware of on-campus services to support your mental health? ☐ Yes ☐ No

I2. How were you made aware of these services? ☐ Student orientation ☐ Your student union

☐ College staff ☐ On campus health service ☐ Off campus health service ☐ Friends

☐ Family member ☐ Other _____

I3. Do you have someone to talk to about personal and emotional difficulties?

☐ Yes ☐ No

I4. If you were experiencing personal and emotional problems how likely is it that you would seek help from the following people? 1 = Extremely Unlikely 3 = Unlikely 5 = Likely 7 = Extremely Likely

Intimate partner	1	2	3	4	5	6	7
Friend	1	2	3	4	5	6	7
Parent	1	2	3	4	5	6	7
Other relative/family member	1	2	3	4	5	6	7
Mental health professional	1	2	3	4	5	6	7
Phone helpline	1	2	3	4	5	6	7
Doctor/GP	1	2	3	4	5	6	7
Religious leader	1	2	3	4	5	6	7
I would not seek help from anyone	1	2	3	4	5	6	7
Not listed above	1	2	3	4	5	6	7

SECTION I: KNOWLEDGE OF SERVICES AND HELP SEEKING

I6. To what extent do you agree/disagree with the following statements?
1. Strongly agree 2. Agree 3. Neither agree or disagree 4. Disagree 5. Strongly disagree

My college timetable is too restrictive to access services

1 2 3 4 5

I don't think my problems are enough to attend counselling

1 2 3 4 5

Counselling services waiting periods are too long

1 2 3 4 5

I need a doctors referral to get a counselling appointment

1 2 3 4 5

A free face to face counselling service on campus is important

1 2 3 4 5

I would attend face to face counselling

1 2 3 4 5

I would attend group therapy if offered by the counselling service

1 2 3 4 5

I would use online therapy if offered by counselling service to complement face to face

1 2 3 4 5

I would use online therapy provided by counselling service over face to face therapy

1 2 3 4 5

SECTION J: USE OF ON-CAMPUS STUDENT COUNSELLING SERVICES

J1. Since coming to college have you used on-campus student counselling service?

☐ Yes ☐ No

J2. How long did you have to wait for your first appointment (excluding assessment)?

☐ 1 Week ☐ 2 Weeks ☐ 3 Weeks ☐ 4 weeks ☐ 4 - 6 weeks ☐ 6 - 8 weeks
☐ Over 8 weeks ☐ Other _____

J3. To what extent would you say that on-campus counselling has helped you stay in college?

☐ 1. Very Helpful ☐ 2. Helpful ☐ 3. Neither helpful or unhelpful ☐ 4. Unhelpful
☐ 5. Very Unhelpful

J4. To what extent would you say that counselling improved your overall experience of college/university?

☐ 1. Very Helpful ☐ 2. Helpful ☐ 3. Neither helpful or unhelpful ☐ 4. Unhelpful
☐ 5. Very Unhelpful

J5. How effective were student counselling in addressing difficulties with your mental health?

☐ 1. Very Helpful ☐ 2. Helpful ☐ 3. Neither helpful or unhelpful ☐ 4. Unhelpful
☐ 5. Very Unhelpful

J6. To what extent do you think counselling has improved your overall wellbeing?

☐ 1. Very Helpful ☐ 2. Helpful ☐ 3. Neither helpful or unhelpful ☐ 4. Unhelpful
☐ 5. Very Unhelpful

SECTION J: USE OF ON-CAMPUS STUDENT COUNSELLING SERVICES

J7. How many sessions were you offered by the counselling service?

- ☐ One
- ☐ Two
- ☐ Three
- ☐ Four
- ☐ Five
- ☐ Six
- ☐ Seven
- ☐ Eight
- ☐ More than Eight
- ☐ As many as required

J8. Were you satisfied with the number of sessions you received?

- ☐ 1.Very Satisfied
- ☐ 2. Satisfied
- ☐ 3. Neither Satisfied or dissatisfied
- ☐ 4. Dissatisfied
- ☐ 5 Very Dissatisfied

J9. Were you referred to another service following counselling?

- ☐ Yes
- ☐ No

J10. Where were you referred to?

- ☐ On-campus Psychiatrist
- ☐ On-campus Health Service
- ☐ On-campus Disability Service
- ☐ Adult Mental Health Services (HSE (Republic of Ireland))
- ☐ Adult Mental Health Services (Northern Health and Social Care Trust (Nothern Ireland))
- ☐ Private Psychiatrist
- ☐ Private Counsellor
- ☐ GP
- ☐ Primary care psychology
- ☐ Other\

J10. Have you any further comments to make on the on-campus counselling services?

SECTION K: USE OF OTHER ON-CAMPUS SERVICES SINCE BEGINING COLLEGE

K1. Have you used other (not including counselling) on campus services to support your mental health since beginning at this college/university?

☐ Yes ☐ No

K2. What services have you used?

☐ Student Health Centre Nurse ☐ Student Health Centre GP ☐ College/university Psychiatrist

☐ Disability Service ☐ Chaplaincy ☐ Academic staff

☐ Peer support programme ☐ Students Union Welfare Officer

☐ SU class representative ☐ Unilink ☐ Student Central

☐ NLN ☐ Other _____

K3. What was your experience with these on-campus services?

SECTION L: USE OF OFF CAMPUS MENTAL HEALTH SERVICES SINCE BEGINGING COLLEGE

L1. Have you used off-campus services for difficulties with your mental health and wellbeing since beginning college?

☐ Yes ☐ No

SECTION L: USE OF OTHER OFF-CAMPUS SERVICES SINCE BEGINING COLLEGE

L2. What services have you used since beginning college?

- ☐ Child and Adolescent Mental Health Services (CAMHS) (HSE (Republic of Ireland))
- ☐ Child and Adolescent Mental Health Services (CAMHS) (Northern Health and Social Care Trust (Northern Ireland))
- ☐ Adult mental health services (HSE)
- ☐ Adult mental health services (Northern Health and Social Care Trust)
- ☐ Counsellor (Private)
- ☐ Psychiatrist (Private)
- ☐ GP
- ☐ Primary care psychology
- ☐ Charity
- ☐ Jigsaw
- ☐ Pieta House
- ☐ Other _____

L3. What was your experience with the services you used?

SECTION M: USE OF MENTAL HEALTH SERVICES PRIOR TO ATTENDING COLLEGE

M1. Did you attend any mental health service prior to entering college?

☐ Yes ☐ No

M2. What service did you attend?

☐ Child and Adolescent Mental Health Service (CAMHS) (HSE (Republic of Ireland))

☐ Child and Adolescent Mental Health Service (CAMHS) (Northern Health and Social Care Trust (Northern Ireland))

☐ Adult mental health services (HSE)

☐ Adult mental health services (Northern Health and Social Care Trust)

☐ Counsellor (Private)

☐ Psychiatrist (Private)

☐ GP

☐ Primary care psychology

☐ Charity

☐ Jigsaw

☐ Pieta House

☐ Other

M3. What was your experience with the services you used?

M4. Prior to beginning college, were you concerned about how to get support for your difficulties while in college?

☐ Yes ☐ No

SECTION N: QUESTIONS ABOUT YOUR MENTAL HEALTH IN THE PAST WEEK

N1. Please read each statement and mark a number 0,1,2,3 which indicate how much the statement applied to you over the past week. There are no wrong answers. Do not spend too much time on any statement.The rating is as follows: 0 Did not apply to me at all 1 Applied to me to some degree, or some of the time 2 Applied to me to a considerable degree, or a good part of time 3 Applied to me very much, or most of the time

1. I found it hard to wind down [0] [1] [2] [3]
2. I was aware of dryness in my mouth [0] [1] [2] [3]
3. I couldn't seem to experience any positive feelings at all [0] [1] [2] [3]
4. I experienced breathing difficulty (eg. excessively breathing, breathlessness and absence of physical exertion) [0] [1] [2] [3]
5. I found it difficult to work up the initiative to do things [0] [1] [2] [3]
6. I tended to over-react to situation [0] [1] [2] [3]
7. I experienced trembling (eg, in the hands) [0] [1] [2] [3]
8. I felt that I was using a lot of nervous energy [0] [1] [2] [3]
9. I was worried about situations in which I might panic and make a fool of myself [0] [1] [2] [3]
10. I felt I had nothing to look forward to [0] [1] [2] [3]
11. I found myself getting agitated [0] [1] [2] [3]
12. I found it difficult to relax [0] [1] [2] [3]
13. I felt down-hearted and blue [0] [1] [2] [3]
14. I was intolerant of anything that kept me from getting on with what I was doing [0] [1] [2] [3]
15. I felt close to panic [0] [1] [2] [3]
16. I was unable to become enthusiastic about anything [0] [1] [2] [3]
17. I felt I wasn't worth much as a person [0] [1] [2] [3]
18. I felt I was rather touchy [0] [1] [2] [3]
19. I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat) [0] [1] [2] [3]
20. I felt scared without any good reason [0] [1] [2] [3]
21. I felt life was meaningless [0] [1] [2] [3]

SECTION O: CAMPAIGN QUESTIONS

O1. Have you heard of chats for change campaign?

☐ Yes ☐ No

O2. To what extent do you think that Chats for Change is an effective campaign?

☐ 1. Very effective ☐ 2. Effective ☐ 3. Neither effective or ineffective

☐ 4. Ineffective ☐ 5. Very ineffective

O3. To what extent do you feel on-campus campaigns are effective in raising awareness and reducing stigma?

☐ 1. Very effective ☐ 2. Effective ☐ 3. Neither effective or ineffective

☐ 4. Ineffective ☐ 5. Very Ineffective

04. To what extent do you think campaigns are effective in encouraging help-seeking and the use of support services?

☐ 1. Very effective ☐ 2. Effective ☐ 3. Neither effective or ineffective

☐ 4. Ineffective ☐ 5. Very Ineffective

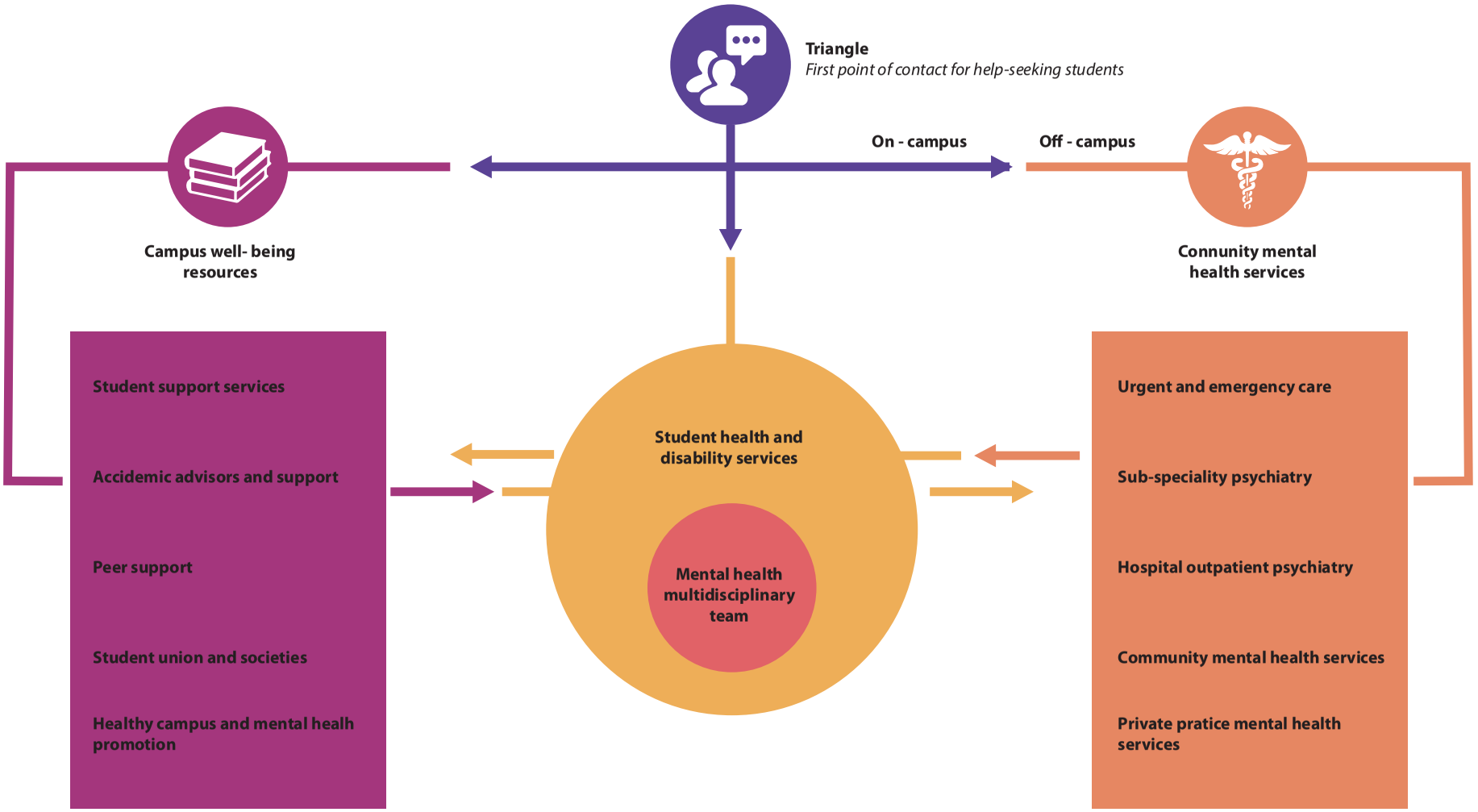
O5. What kind of campaigns would you like to see on campus in the future?

☐ Workshops ☐ Trainings ☐ Social media campaigns

☐ Poster and information campaigns ☐ Guest speakers

☐ Other _____

Thank you for giving up your time to complete the survey and having your say on mental health at third level.



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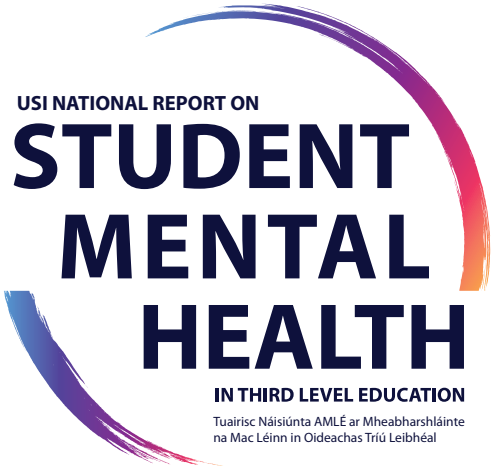


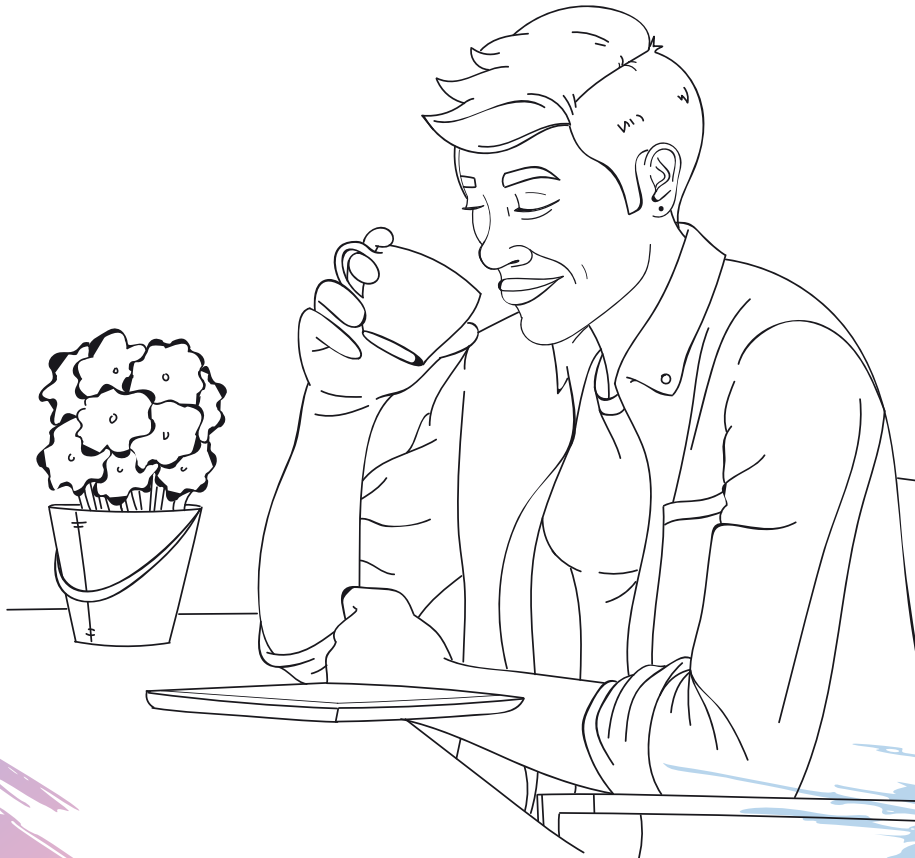
Graphic Design - *JL Designs, Joanne O'Herlihy*
Illustration - *Emer Hyde*

USI NATIONAL REPORT ON

STUDENT MENTAL HEALTH

IN THIRD LEVEL EDUCATION

Tuairisc Náisiúnta AMLÉ ar Mheabharshláinte na Mac Léinn in Oideachas Tríú Leibhéal



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