



STUDENT MENTAL HEALTH &  
WELLBEING

# GAPS & PRESSURES

## ANALYSIS REPORT

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DEC 2019 | PREPARED BY STEPHEN MCCRYSTALL



**QUEEN'S  
UNIVERSITY  
BELFAST**





# CONTENTS

Acknowledgements	03
Introduction	06
Methodology	07
Executive Summary	09
1. Presenting Issues & Triggers	12
2. Challenges, Pressures & Gaps	22
3. Support for Staff	35
4. Student Support	51
5. Diversity & Inclusion	60
6. Improving Student & Staff Experience	71

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Introduction  
**CONTENTS**



## SUSTAINABLE DEVELOPMENT GOALS



The UN Sustainable Development Goals play a key role in the development of our Institutional Framework to support good health & wellbeing, access to quality education, and tackling inequalities, including stigma and negative perceptions towards mental health.



# ACKNOWLEDGEMENTS

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- AHSS Student Support Sub-Group
- School of Arts, English & Languages
- School of Biological Sciences
- School of Chemistry & Chemical Engineering
- Disability & Wellbeing
- School of Electronics, Electrical Engineering, and Computer Science
- School of History, Anthropology, Philosophy & Politics
- Institute of Professional Legal Studies
- School of Law
- School of Maths & Physics
- School of Medicine, Dentistry & Biomedical Sciences
- School of Natural & Built Environment
- School of Nursing & Midwifery
- Queen's Management School
- School of Pharmacy
- School of Psychology
- Senator George J. Mitchell Institute for Global Peace, Security & Justice
- School of Social Sciences, Education & Social Work





**“ WE REALLY WELCOMED IT, SOMETHING WE HAVE BEEN PAINFULLY AWARE OF. WE’VE BEEN STRUGGLING TO COPE AND REALLY FEELING WE NEEDED MORE CENTRAL SUPPORT, AND IT WASN’T THERE. SO IT’S REALLY GREAT TO SEE THAT BOTH THE STUDENTS’ UNION AND UNIVERSITY, IN PARTNERSHIP, APPEAR TO BE TAKING THIS SERIOUSLY AND WANTING TO FIND APPROPRIATE SOLUTIONS TO BETTER SUPPORT STUDENTS AND THE STAFF IN THE PROCESS TOO.**

**”**

# INTRODUCTION

Improving student mental health and wellbeing is an increasing priority for many universities across the world. Particularly in the UK and Ireland, it has been a growing issue for universities to tackle, in partnership with students, staff, the wider community, and the NHS.

At a national level, an increase in the number of student suicides, combined with significant government and media interest, has escalated this on the agendas of institutions across these islands.

Locally, the number of students registering with Disability Services at Queen's with a mental health condition has grown significantly in recent years, and the number of students presenting to the Student Wellbeing Service and other support services across the University has also increased.

The Education Strategy at Queen's, enabled by the Student Wellbeing Strategy, sets out our commitment to supporting students. It recognises that 'wellbeing is fundamental to a positive student learning experience, and...that students who are happy, confident and able to establish meaningful relationships are better placed to achieve their full potential.'

The People & Culture Strategy for staff, 'People First', also recognises the important role that staff wellbeing plays in creating a positive employee experience.

In February 2019, the University's Executive Board (UEB) approved the creation of a new three-year Institutional Framework to support staff, students, and staff who were supporting students as part of their role. This Framework would support our people's health and wellbeing, including mental health.

The purpose of collecting the information contained in this report is to:

- Benchmark current levels of support at the University;
- Hear directly from staff who are supporting students;
- Identify examples of best practice of student support across the University;
- Provide an indication as to how we can improve our supports, both directly to students, and to the staff who may find themselves supporting students.

In reading this report, it is important to note that it should not be viewed as an exhaustive list of concerns from students or staff. Rather, these are the perceptions of staff who find themselves in positions of student support. Given the diversity of issues affecting people's lives, it is a summary of some of the most common issues, and the common challenges colleagues can experience in carrying out these roles.

Indeed, a number of the interviews highlighted that the University should endeavour to tackle the 'root causes' of what leads to poor mental health and wellbeing. Several participants used language such as avoiding a 'Band-Aid' approach, and called on the University to tackle structural challenges, as well as important awareness-raising campaigns and initiatives focused on mental health and wellbeing.

The evidence bases of the OMNI Student Survey, the Staff Survey, and the contents of this report will be taken forward by our established Strategic Group to agree next actions, and implemented by our Operational Group.



# METHODOLOGY

In designing the methodology for this exercise, we were keen to get a broad overview of what were the main issues affecting Schools in their capacity of supporting students. In recent years, there was a lot of anecdotal evidence to suggest that Schools were recognising an increase in presenting student support cases which were related to mental health and wellbeing.

In setting out the proposed Institutional Health & Wellbeing Framework, it was agreed that three evidence bases would be required.

COHORT	EVIDENCE-BASE
Students	OMNI Survey
Staff	Staff Survey
Staff Supporting Students	Gaps & Pressures Analysis

A questionnaire was designed with input from colleagues in student support roles and School-based academic staff, including Directors of Education. The themes were selected to help frame participants' thoughts and consider some of the areas that we were keen to receive additional data on.

The questionnaire was circulated to all Schools and

Institutes at the University. Schools were welcome to decide how they wished to complete it, with suggestions that it should include key figures in the student support process. For example, this may be the Director of Education, Lead Personal Tutors, Advisers of Studies, or Disability Advisers. However, anyone who was supporting students as part of their role was welcome to contribute to the questionnaire.

The response and level of engagement was very positive, with a number of Schools commenting on how helpful they found the process. In taking a broad overview, it was helpful to take time to consider where the priorities of their individual areas were, and how student support could operate more seamlessly between School and support services at the University. We were particularly pleased that a number of Schools considered their response in a number of School governance arrangements, such as their Education Committee, or School Board, with input from their School's leadership.

In total, 33 responses were received from Schools and other support providers across the University, including the Disability & Wellbeing Team. Some responses were completed by individual members of staff, whereas others were a composite of colleagues' responses.

Following receipt of the returned questionnaires, Schools were invited to take part in semi-structured interviews in a focus group facilitated by Student Wellbeing.





The purpose of the interviews was to expand on some of the information provided as part of the questionnaire, and ask follow-up questions. In total 20 focus groups were completed.

This process was also very positive, and Student Wellbeing are extremely grateful to colleagues for their participation and committed involvement throughout this process.

After transcription and coding, the report was developed into a thematic analysis, which forms the contents of this report.



Introduction

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# EXECUTIVE SUMMARY

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The main gaps and pressures identified throughout the process are included in this executive summary. The top three identified points are included as the most frequently cited issues. Points included thereafter are not necessarily ranked in order of frequency, but were drawn out as particularly significant for staff supporting students.

## **1. INCREASED STUDENTS PRESENTING WITH STRESS, ANXIETY, AND DEPRESSION**

Staff across all Schools identified a significant number of students presenting with issues around stress, anxiety, and depression. The triggers for these issues were often varied, but typically touched upon assessment, finances, juggling personal lives, transitions, and loneliness and isolation.

## **2. STAFF ROLES VARIED EXTENSIVELY, WITH UNCLEAR DEFINITIONS AND INTERPRETATIONS OF EXPECTATIONS AND RESPONSIBILITIES**

There were many interpretations and definitions across Schools of what exactly staff roles should be in supporting students. The majority of staff believed that an element of signposting would be involved, but identified challenges with this approach, particularly when a student was in extreme distress.

## **3. THE ‘MIDDLE-BAND’ OF STUDENTS ARE MOST CHALLENGING TO SUPPORT**

Students who can be offered general support allow for prevention and early intervention. Students in emergency situations have a clear escalation process. Students who are struggling at the mid-level can often face challenges in accessing support and knowing how to deal with their issues before they escalate.

## **4. STUDENTS ARE STRUGGLING TO COME FORWARD EARLY, AND STAFF ARE STRUGGLING TO IDENTIFY STUDENTS AT RISK AT AN EARLY STAGE**

Schools have observed that many students suffer quietly, initially trying to deal with issues or problems themselves. These issues can escalate to the point where the student reaches out for support, or encounters additional difficulties such as failure, which make them known to the School.

In a similar vein, Schools struggle to identify students who may be at risk at an early stage. Students can blend into the crowd, and may fall through the cracks.



## **5. STAFF ARE NOT ALWAYS RECOGNISED FOR THE WORK THEY DO**

Although roles such as Advisers of Studies and Personal Tutors may well be recognised formally in Workload Allocation Models, some staff do not believe the intensity or emotional labour involved in supporting students is acknowledged properly or adequately.

## **6. STAFF DO NOT FEEL ADEQUATELY TRAINED IN THIS AREA**

Many staff have either not received any training in this area, or feel that the training for their roles did not adequately prepare them for supporting students in distress.

## **7. OUT OF HOURS PROVISION FOR STUDENT SUPPORT IS VERY CHALLENGING**

Staff recognised that student life does not operate entirely from 9:00am – 5:00pm. Significant challenges exist in relation to supporting students in evenings, weekends, holiday periods, and even across different time zones.

## **8. STAFF BELIEVE THERE IS A POOR SENSE OF COMMUNITY AND BELONGING AMONGST STUDENTS**

Staff perceive there to be a poor sense of community amongst students. There are many complex reasons for this, including lack of integration in academic environments, intense shyness or social anxiety, and loneliness and isolation.

## **9. CURRENT RESOURCES ARE GREAT, BUT VERY STRETCHED**

Although colleagues spoke positively about the support services on campus, they agreed that current resources were very stretched,. This meant that it was difficult to close the feedback loop on signposting students, thereby ensuring the staff members had to continue to carry the stress of the situation.





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# PRESENTING ISSUES & TRIGGERS

# PRESENTING ISSUES & TRIGGERS

*What would you say are the main presenting student wellbeing issues in your area? What do you believe are the main triggers for these issues?*

## OVERVIEW & SUMMARY

The main presenting issues and triggers highlighted by colleagues were:

- Stress, anxiety, and depression
- Students are under immense pressures
- Assessment, including deadlines
- Perfectionism
- Families and parents
- Key pressure points within the student lifecycle
- Loneliness and Isolation
- Stigma
- Professional practice courses
- Finances, fees, and paid employment
- Relationships
- Accommodation
- Additional barriers experienced by identity groups
- Sexual misconduct
- Crime
- Suicidal ideation, self-harm, and trauma
- Underlying issues
- Addiction and substance usage
- Social media

## INTRODUCTION

This section sought out to get an overview of what were the main presenting student wellbeing issues in each of the academic Schools at Queen's. School-based staff, including academic and support staff, are often described as 'being at the coal-face of student support'. This would help to get a sense of what issues were presenting before them in their capacity of supporting students.

Many of the participants acknowledged that presenting issues and triggers were often incredibly varied and widespread. Indeed, there was a consistent

acknowledgement that there was typically a significant overlap between academic and non-academic issues, reinforcing that students' personal and academic lives are deeply intertwined and inter-connected.

The main presenting issues and triggers included:

## STRESS, ANXIETY, AND DEPRESSION

Described as 'the unholy trinity of stress, anxiety, and depression', this was the overwhelmingly commonly reported presenting issue.

Looking at the triggers, this would appear at key pressure points such as deadlines for assignments, or exceptional circumstances timeframes. However, Schools highlighted that the issue pervaded across the whole academic year.

There was a mix of reported different kinds of stress and anxiety, from students struggling to recognise the difference between healthy and unhealthy levels of stress. Sometimes this would be flippant comments such as 'I'm so stressed', whereas others experience and endure long-term, unhealthy levels of stress, simultaneously struggling to recognise when they transcend beyond normal levels.

Other triggers for stress included: feelings of being overwhelmed by the volume of work, number of assignments, and preparation work required to complete assignments.

With anxiety and depression, Schools documented instances of students being too anxious to attend classes, having panic attacks at the thought of contributing to class discussions, or delivering presentations. This also included working in groups, an extreme focus on getting the correct answer, difficulty in receiving negative feedback, having a disagreement with a mentor or member of staff, or juggling personal issues.

## PRESSURES ON STUDENTS

The number of pressures on students recorded as part of this data collection exercise was staggering. It is clear from the staff we spoke to that students are under enormous amounts of pressure, whether this be pressure being placed by themselves, by the University, or by their external environment.

Those pressures are incredibly varied, but often related to difficulties in juggling multiple and competing priorities.



They include the delicate balance between academic studies, and paid employment that they are required to undertake in order to support themselves, or their families, particularly those with caring responsibilities.

Finance was a large theme in responding to debt, money management, and the cost of living. For some students this meant that they merely submitted assignments but did not attend class due to working so much. This then had the potential to exacerbate issues around attendance, subsequently raised by the School.

A number of conflicting feelings exacerbate pressures on students. There are family pressures, particularly parental pressures, to perform well and not drop-out. This created the conditions which allowed perfectionist traits to spiral. Additionally, self-blaming feelings may intensify, in some cases due to poor time management or procrastination.

A number of colleagues spoke about pressures which affect the current generation of students which may present themselves differently to previous generations.

Students can sometimes spiral, or struggle when they receive bad news or criticism from a mentor or member of staff.

There are also issues around self-esteem, body image and eating disorders, issues around sexuality and gender, and worries about life beyond graduation.



## DIFFICULTY IN DEALING WITH ASSESSMENT

Assessment was a large focus of those who took part in the semi-structured interviews in relation to triggers for students struggling with their mental health and wellbeing.

This includes group work, anxiety with delivering presentations, contributing to, or speaking in front of the class, and the huge amounts of work in writing dissertations.

Some Schools have made efforts to accommodate students with difficulties, but have also noted the frequency at which this is occurring and the administrative resource that is caused by this at the same time.

The changes to models of assessment was a pronounced theme, noting how students were under significant pressure to carry out more in-term assessment, and this made it challenging for both the student and the School to identify at an early point how they were performing and whether any interventions may be required. Some Schools felt that a gap existed in relation to waiting until close to the summer to detect concerns about student progress.

## PERFECTIONISM

Schools reported how many students struggled with perfectionist traits. This was particularly true in courses with high entry-requirements or professional courses, where students were viewed as 'high-fliers'.

Some of these students would struggle with adjusting to University where typically lower marks are awarded, compared to secondary level education.

## FAILURE & DROP-OUT

At a higher level, this presented itself with thoughts of failure, or in the actual case of failure, thoughts about dropping out of their course. In some cases the Schools were able to accommodate internal transfers to other courses, especially if there was reason to believe that the student was not enjoying their course. However, imposter syndrome was also cited alongside perfectionism in the transition to higher education.

There was a somewhat mixed view in relation to how students could be supported. Some felt that Fitness to Continue in Study processes were a helpful test in identifying whether students were suited to the course, while others felt that these decisions had to be taken on a case-by-case basis. This could be due to the fact that for some students, being enrolled at the University was their safety net, especially when performing well academically. In contrast, for other students, being at the University was actively making those students feel worse. It was suggested that student testimonies may be helpful in educating staff and students in relation to how temporary withdrawal can be either a positive or a negative, depending on the students' situation and circumstances.

## FAMILIES & PARENTS

Families and Parents was a very interesting and multi-layered issue with both positive, negative, and neutral elements contained within. In relation to families, cases were reported of students worrying about health scares and ill-health, financial problems, family breakdowns and divorce, domestic violence and the residual guilt thereafter of moving away from home, being estranged or having a non-supportive family, or living in abusive, toxic, or uncaring homes.



However, homesickness was also reported as a trigger for students, particularly international students. Indeed, some students may be supporting their own families – or have illnesses themselves – which has a direct and profound impact on their family.

Parents also elicited a mixed response. Many colleagues reported the intense pressure students can feel under in relation to parents, in desperately not wanting to let them down. This was often accompanied by feeling that there was a shame in failure, dropping-out, or admitting that they were struggling. Financial contributions often exacerbated these feelings, particularly for international students.

Some parents of course demonstrated a keen willingness to support their son or daughter, and it was positive to have them involved as one of the student's key supporters. However, for other instances, Schools described parents as being somewhat overbearing and needed a healthy separation with their son or daughter. In recognising that their son or daughter is an adult, making decisions constantly for them can sometimes lead to poorer vocalisation and self-advocacy for the student. Indeed, some Schools have had to remind parents of the boundaries when discussing issues related to the student's university record.

Managed expectations was also highlighted as a gap with some staff and support providers, commenting how some parents expected the University or the individual member of staff to assume the role of the parent in their absence, and ensure specific, precise arrangements were put into place for their son or daughter.

## STUDENT LIFECYCLE & KEY PRESSURE POINTS

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Common themes emerged from the semi-structured interviews in relation to pressures around particular points of the student lifecycle for poor mental wellbeing. Examples of this included welcome week, for both first years and all year groups, where some students may struggle with the transition and pressure to fit in. When this does not happen, this can lead to loneliness and isolation for the student. Sometimes, this would be immediately thereafter, but also cases which happen a number of weeks and months later.

Other pressure points included first assignment deadlines, reading weeks, the assessment period, the deadlines for assessment periods, and results days. Some schools reported how there is a marked drop in engagement from students in the lead up to assignment deadlines, highlighting the significant stress they are under in completing their assignments.

## TRANSITIONS & PREPAREDNESS FOR HIGHER EDUCATION

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This was a frequent concern of staff in recognising the gaps which existed in relation to students' preparedness for higher education. Virtually all responses commented on the diversity of student experiences, particularly at entry points such as first

year. This typically presented itself in a way where students' expectations of university had not been met and they struggle to adapt and adjust to the University setting. This included living away from home, living independently, and skills associated with living independently, trying to make friends and meaningful relationships, coping with homesickness, peer pressure, and adjusting to larger class sizes.

Some staff commented how some students may not be entirely aware of why they have made the decision to come to university. There was a certain perception that, for some students, because they performed well academically in secondary education, that the 'natural route' was to proceed to university, rather than a conscious decision-making process.

The previous induction process at the University was not considered by participants to be overly conducive to a positive transition. This usually was due to the overwhelming amount of information delivered to students in a short space of time, with little knowledge being retained without students disengaging and becoming bored.

Sometimes these worries would not present themselves immediately, but rather would become apparent a number of weeks or months into the course when self-realisation occurs and the student concludes that they may not be enjoying their course, or university, in general.

Staff commented on the shock factor students often feel around independent study, as well as the adjusting to different marking standards where students may no longer be in the higher echelons of grading. Low contact hours, and lack of structure including a clear timetable, were highlighted as issues.

Transitions can also affect students non-academically, whereby the support systems are also different to what they may typically be used to. Evidence of some negative stereotypes became apparent, where the

suggestion that university is much more 'independent' actually serves to give rise to feelings of isolation, and that it represents a failure on the student's behalf to access support. As a result, low confidence and poor self-esteem can occupy students' minds.

Outside the University, students with diagnosed pre-existing conditions can also struggle with transitions. There is a lot of evidence to suggest that when students move to University, this can be around the 'coming of age' point, and may also be making the transition to adult healthcare services. In the context of the transition to adult mental health services, some Schools have identified that students can sometimes fall through the cracks in exiting Child and Adolescent Mental Health Services (CAMHS).

Transitions also does not simply affect first-year students, but can also affect students who are embarking on a placement year, or are indeed transitioning out of higher education.

Another cohort who were identified were 'exam only' students who often face challenges in transitioning back into learning environments, with a different group of peers that they may struggle to integrate with. Moreover, this may be compounded by watching students in original year groups progress on without them.

## LONELINESS & ISOLATION

A strong theme of loneliness and isolation emerged from the research carried out, which has also recently been highlighted as a large issue by national research carried out by Wonkhe,<sup>1</sup> which found that a third of students feel lonely every week.

1 Wonkhe (2019) *Only the lonely - loneliness, student activities and mental wellbeing at university*



At Queen's, it is well documented that some international students may have felt more isolated due to local students travelling home at weekends. However, what is perhaps less documented at a national level is the loneliness and isolation which may affect Postgraduate Research or PhD students. This can be, in part, attributed to the long periods which may be spent studying independently, away from peers and social groups.

The Schools felt that student loneliness and isolation could be due to the larger class sizes and students may struggle to make connections in such big groups. There may also be a perceived 'divide' between the academic member of staff teaching and the student, marking a notable change from the teacher they may have been used to previously. This, in turn, may contribute to compounding their sense of isolation.

This can have a profound impact, with one staff member saying:

*"Someone said to me that there was one student who came in in first year and said that by third year he still didn't know anybody."*

Staff also commented on the challenges in identifying students at risk of loneliness and isolation, suggesting:

*"It really is a Catch 22. You don't know that they're lonely until it's too late almost, until it's tipped over into depression, or if they've just literally dropped out."*

The other aspect in relation to loneliness and isolation also appeared via signposting to support services on campus. When not done correctly or sensitively, this can fuel the sense of isolation as the student can feel alienated by the staff member who is signposting.

A number of best practice initiatives, however, were

identified through examples such as consistent membership for group projects, structured buddy schemes, peer mentoring, and social activities.

## STIGMA

A number of the interviews commented on the stigma which existed in relation to students coming forward to seek out support. Similar to the wider societal stigma, elements such as this could be felt by students at the University. This included perceptions of how other students and staff may feel when a student knowingly receives support.

For students on placement, this also represented a barrier in sharing any reasonable adjustment plans with their placement providers.

Interviewees commented that students sometimes worried that accessing support would alter the relationship between academic staff member and student, thereby suggesting that a more 'impartial' or less directly connected staff member was required.

Staff commented that these students can feel awkward after, or overly apologetic. Conversely, however, the opposite can also be true, which is also discussed later.



## PROFESSIONAL PRACTICE COURSES

With the Schools who offer professionally accredited courses, the staff spoke of a number of additional presenting issues or triggers which were not necessarily applicable or experienced to the same extent by students in other non-professional courses. In other words, some of the fears experienced by students are compounded in the context of students on professional courses.

The first related to the intensity experienced by some of the students enrolled on their respective course. For these students, the intensity of their professional course was beyond what they had initially expected, and feel overwhelmed as a result. In some cases, this meant the School supporting the student to transfer to a different course.

The main presenting issue, however, related to students' concerns and fears about their respective regulatory body. Schools often talked about a number of the unhelpful stereotypes which existed in relation to how regulators viewed students with mental health conditions. As a result, this has the potential to instil fears in students coming forward to disclose that they may be struggling.

Indeed, for those students who may have a formal diagnosis, they are duty-bound to make this declaration to the likes of the General Medical Council (GMC) due to the fact that there are issues of patient safety at play. However, while some students may worry about issues around Fitness to Practice, or that their regulator will see it unfavourably and prevent them from practicing in the future, this is not necessarily the case. Not only does it not necessarily prevent a student from practicing as long as they are receiving treatment, but declaring their conditions to the regulator

voluntarily is viewed positively and a marker of professional behaviour. On that basis, Schools work hard to dispel some of the myths surrounding this via regular reminders in lectures.

Some of these concerns around Fitness to Practice and struggling with the course may also extend to School-based staff. For example, students who may be receiving bad news or negative feedback. In some cases, students' stress and anxiety is heightened as they may fear that means automatic disqualification, when that would not necessarily be the case.

Issues and triggers also present themselves on placement. Again, students with pre-existing mental health conditions or long-term conditions can struggle to have the confidence to disclose this to their placement provider. One School reported how *"a student said once she now felt she was being treated differently because of her plans in place for making her condition known."*

The nature of placement itself can be triggering for students. For example, midwifery students may experience complications with childbirth, including stillborn deaths, which has the potential to be very distressing for students.

All of this highlights why students enrolled on professional courses may struggle even more so with presenting issues and triggers. Fortunately however, in some cases these Schools are able to detect issues at an earlier stage due to their robust attendance monitoring processes. Therefore, sometimes staff are able to detect issues at an earlier stage if a student begins to disengage.

Amongst staff and students in these Schools, there is also a perception that there are gaps within the University's provision for these students. Particularly when looking at the academic calendar where Medicine runs later for their assessments. Although

support services are operational, the general support initiatives across the University run to the traditional timeframe. Indeed, there may also be additional barriers in an 'out of hours' context where students who are on clinical placement may be busy from 9:00am – 5:00pm and therefore struggle to access on-campus support services.

## FINANCES, FEES, & PAID EMPLOYMENT

Worries and concern about money and financial stability were commonly cited by staff supporting students. A number of interviews reported that students were very rarely attending class, and just submitted assignments. Some examples were cited of students who were working either full-time, or close to full-time. Indeed for some students, there was a suspicion that they were working very long hours. It becomes clear very quickly that these students struggle to support themselves, their families, their studies, and results in cyclical stress. Rather obviously, giving up their job is not a realistic option for these students due to the cost of living.

Postgraduate students were highlighted as a group particularly vulnerable to this, especially those PhD students not in receipt of funding, due to there being little support for maintenance funding. Graduate Entry Medicine was specifically highlighted as being particularly vulnerable, including Republic of Ireland students in this context.

On a more sinister level, examples were also cited of students suffering from financial coercion, which typically intertwined with domestic abuse.

It became clear that finances and issues around money can have a considerable knock-on effect on other issues relating to students' wellbeing, for example, students were more likely to commute due to the cost of renting accommodation. This can then have a direct detrimental or negative impact on their

sense of belonging on their course.

Financial concerns could also have the potential to prevent a student from repeating a year or taking a period of temporary withdrawal to focus on their wellbeing. One staff member said:

*“And the whole fees thing with loans, they're conscious that they're building up this massive debt initially, and if you have to take time out or repeat a year, it's going to add to it.”*

For international students in particular, a large proportion of whom may be funded by their family, they may feel under enormous pressure to perform well academically to justify their family's investment. When funded by governments or industry, there is a considerable weight on their shoulders as they may be required to repay their funding in the event of failure or drop-out.

## RELATIONSHIPS, CARING RESPONSIBILITIES, & PERSONAL LIVES

A significant amount of groups of students were highlighted as facing particular challenges which impact on their wellbeing and their ability to participate fully in their course and the wider University.

Relationship difficulties were highlighted as one example, including both platonic and romantic relationships. Some of this included arguments with housemates, spouses, break-ups, and divorce. Family breakdowns and separation of families could affect students whether it be themselves, or part of the family unit that is breaking up.

Closely linked to this was the issue of illness (either themselves or others), and bereavement. Those with caring responsibilities emerged as a particularly



challenged cohort, often quietly suffering with little support, but significant issues. A particularly tragic example was cited of a student who had *“been living with her grandparents and had been supported and raised by their grandparents, and both of them died during the course of the academic year, so on top of the trauma of that, the student was organising all the funeral arrangements and everything, and they’d never mentioned it to anyone.”*

There is more discussion about carers in the Diversity & Inclusion Section, but there is a direct and significant link with their wellbeing, and indeed that of others. In addition to the often gendered division of labour, caring responsibilities are often not recognised as ‘work’ but is something that the students absolutely have to juggle on top of everything else. One staff member poignantly described it as: *“and sometimes I think taking on the concern of another, is often greater than sometimes the concern we would give to ourselves.”*

## ACCOMMODATION

Some Schools talked about students’ difficulties with their accommodation, either in terms of the poor quality of their accommodation, disputes with their landlords, or relationship issues such as arguments and falling out with housemates.

## SEXUAL MISCONDUCT & CRIME

Regrettably, some Schools spoke often about the number of reports of sexual assaults that had been disclosed to them. Particular challenges were noted in relation to the difficult pathways survivors must undertake to receive support, both in terms of

highly pressured external support services, and also in a gendered sense.

The initiatives around the Changing the Culture programme were discussed, including the Safe & Healthy Relationships Wellbeing Adviser, and introduction of the online Report & Support website, but also noting the work still required in this area.

Other crimes included theft, burglaries, assault, and hate crime. Many Schools who discussed this also noted that international students were often at higher risk of hate crime, and this resulted in those students feeling very reluctant and fearful to come forward, or report to agencies such as the PSNI.

## SUBSTANCE USAGE & ADDICTION

A small number of Schools reported the issues with students struggling with dependencies of alcohol or drugs. In some instances, this also appeared through addiction to gambling.

## SOCIAL MEDIA

The risks and dangers of social media was sometimes referenced as reinforcing a ‘perfect’ lifestyle which then caused feelings of inferiority or hopelessness in students.

One school noticed the difference in being connected virtually at all times electronically, while some students then struggled to connect with others in person, thereby fuelling their feelings of loneliness and isolation.

The other case where social media appeared was through the lens of bullying between classmates, groups, or housemates via group chats or online pages. The School then had to intervene and bring these students together in-person to resolve the issues.

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## CHALLENGES, PRESSURES, & GAPS

# CHALLENGES, PRESSURES & GAPS

*Describe the challenges your area is facing. What impact does this have on colleagues?*

## OVERVIEW & SUMMARY

The main challenges, pressures, and gaps highlighted by colleagues included:

- Students are struggling and not coming forward at an early stage
- Staff struggle to identify vulnerable students
- Staff are struggling to support the volume and complexity of cases
- Staff can have fears about supporting students
- The sense of community and belonging could be stronger
- Current resources are great, but overly stretched
- Staff continue to face a number of additional pressures
- Exceptional circumstances and extensions is a large pressure for staff
- Some ways of working can be challenging
- Information-sharing poses a challenge in supporting students
- Culture can be improved upon

## INTRODUCTION

In this section, colleagues were asked to identify the main challenges being experienced in their department. In accompaniment to this, the research would aim to elicit the pressures on the Schools, and gaps in the student support process.

The number of challenges highlighted were incredibly varied, and served to underline the diverse responsibilities involved in roles of supporting students. Dealing with large numbers of students created a number of additional duties for staff in addition to the complexity of particularly difficult

cases. Processes are not always straightforward, and can have further obstacles such as information-sharing. However, colleagues also recognised that there is potential to build upon organisational culture, and indeed the sense of community for both staff and students.

## STUDENTS ARE STRUGGLING & NOT COMING FORWARD AT AN EARLY STAGE

Virtually all Schools who took part reported that a high percentage of the students that they support only come forward for support at a late stage. This might be when an issue or issues have transcended beyond something manageable to something more serious or crisis.

There was a repeated theme of students either quietly suffering, or a perception that they may be ‘falling through the cracks’ by either not proactively coming forward, or not being detected by the School at an earlier point. Comments such as: *“I think that a major problem is getting students to come forward and tell you what the problem is”* were frequent.

Some staff believed that these issues tend to reflect the idea that students in these situations may struggle on initially, either trying to handle it themselves, or think it is too insignificant to bother a member of staff with. There was also discussion on the gaps in students’ knowledge about the support services available to them at the University.

Language and terminology is important, especially in the context of transitions into university. There was evidence of some unhelpful stereotypes that are common to universities:

*“We say things like ‘now you’re at university you have to take responsibility for your own learning’ and that is obviously true, and it’s obviously one of the big differences, but they don’t know what that means, and it sounds scary and they kind of perceive that as meaning ‘I can’t ask for help’, and it’s fear of the unknown – they just don’t know what to expect.”*

A number of barriers were also discussed in relation to what might prevent students in coming forward earlier.

Both perception of, and relationship with, members of staff emerged. One colleague remarked,

*“If you’re constantly panicking that you can’t go and speak to another member of staff because you are going to look stupid, there’s some of them that come in to me, and they say oh I didn’t want to tell you this because ‘x’, and I’m thinking, after what I’ve heard today, that’s nothing. But in their minds, it has been built up.”*

This is something which tended to affect all cohorts of students, including PGR students:

*“Early identification relies on good communication between student and their supervisory team.”*







The practice of quietly struggling does not entirely exist however as a solely-university issue. It's a wider societal issue in relation to talking about mental health:

*"And so I think that's a common but a totally understandable issue, I think even outside university in normal life, people reach crisis points that they're trying to juggle other elements of their life that they can't juggle anymore. So, as to how to support it earlier and to provide earlier intervention, or to create an environment in which students become more self-aware and seek out support earlier, that would be great. And it's a really complicated sort of thing to do, and the stigma around mental health doesn't help. But that's a societal issue, it's not a Queen's issue. And it's particularly a Northern Irish issue."*

Indeed, again these issues which appear to affect students across every cohort and School particularly affect students enrolled on professional practice courses, compounding fears about future career or Fitness to Practice concerns.

Gaps in knowledge about support services at the University emerged as a theme, despite a number of good intentions both centrally and locally to promote and advertise these services:

*"And they haven't taken on board in some cases...where to go. Last week I asked who is your Advisers of Studies and your Personal Tutor. And they don't know. You sort of think from this stage, you should at least know who that person is."*

## STAFF STRUGGLE TO IDENTIFY VULNERABLE STUDENTS

It was clear from the majority of interviews that staff are often left worrying about students, or at least the potential for students to be at risk. Detecting warning signs, vulnerabilities and underlying issues, amongst very large numbers can be a challenge for staff.

*"If we could deal with those cases, and I've always struggled to find out exactly how many there are, but if we could deal with those cases in advance, that could be a game changer."*

Some staff described the fear they have felt:

*"[The student's parent] phoned us and was able to tell us which room they were hiding in....And we found them hiding in the corner with their computer."*

Another School simply described the "main challenges include the timeliness in which vulnerable students are identified and supported".

With regards to warning signs, staff can be on constant look out for red flags or concerns in relation to the students' levels of engagement. Attendance, or lack thereof, was undoubtedly the largest or most frequently used indicator for staff to suspect something may be wrong.

*“But the attendance often helps us in other ways because as you know it helps us to identify an early warning sign about when things aren’t going well. And sometimes it helps us to triangulate if we have got a report from somewhere that a student seems to be struggling, and we can go and look at what your attendance has been like over the last three or four years. So it wasn’t primarily brought in for wellbeing, but it is a helpful marker.”*

However, other examples also existed in relation to how Schools sometimes use assessment as an indicator of warning signs.

*“Another thing which is a good marker is a portfolio, we have a very active portfolio which students have to engage with. Students have to upload stuff, and reflect regularly, you know I would wonder if that is a sign of issues.”*

There was significant variance amongst the Schools in terms of how comfortable or able staff felt in detecting warning signs. The main variance could be attributed to issues around class size, with smaller cohorts being more comfortable, and conversely, larger classes made staff feel anxious or overwhelmed.

#### **Smaller classes:**

*“Because our numbers are smaller we do have more sight of them and if people are struggling we can spot them in a lecture or know where they are in a lab”*

#### **Larger classes:**

*“Bear in mind I am Adviser of Studies...at the moment which is over 300 students, do you know what I mean? Even at this time of year I am dealing with a lot of emails from*

*students every single week and trying to remember who’s that one. Obviously the crisis ones you know about but sometimes you don’t realise those who you thought had something wrong but not totally sure, those are not necessarily the ones you think to jump into.”*

There was also an acknowledgement that regardless of whether warning signs manifest into something more serious, the anxiety can still be there for staff.

*“Yeah we have thousands of students. So – We don’t have thousands of students like that, but we do have thousands of opportunities for instances like that.”*

The use of technology was sometimes discussed as either a gap – or a potential solution – to identifying students at risk.

The gap was described as:

*“Lack of computerised student records system to track attainment, attendance, and communications with students across staff, Exceptional Circumstances applications, Disability Services statements etc. it’s an overly complex task to identify students at risk because the University does not have an integrated system.”*

One School discussed their plans to try and have a more joined-up approach in relation to student data:

*“What we’re going to attempt to do is bring together as much information as we can about students, in terms of attendance, in terms of submitting coursework, and any other bits of information we’ve got. So if they come forward to a member of staff who is an Advisor, or Disability Officer, Personal Tutor, lecturer, office staff – we’re now going to attempt to record all that and bring it together into one place.”*

## STAFF ARE STRUGGLING TO SUPPORT THE VOLUME & COMPLEXITY OF CASES

Staff would often note that alongside the increase in cases of students presenting with issues around stress, anxiety, and depression, so too has the general volume of student support cases increased. However, a strong theme also emerged in relation to how staff were struggling to support the complexity of certain student issues.

In regards to the regularity, staff described the frequency at which student cases presented themselves as being daily.

*“We perceive an increase in the number of students needing help, and an increasing frequency of students presenting with complicated issues, which are not easily resolved. The impact of this is to take up an increasing proportion of the working day, reducing the time available for other duties.”*

For particularly complex cases, staff can sometimes struggle to know what decisions to take, or how to support the student.

*“We are not always best placed – temperamentally or professionally – to deal with these complex support issues...even if clear escalation policies are in place, and the limitations of the role are well defined and understood, we may nevertheless be faced with highly distressed students.”*

## STAFF FEARS

Some staff felt very fearful with some of the duties that were being presented before them in relation to supporting students:

*“I think everyone’s really worried and cautious about mental health. There are some really serious and severe cases out there.”*

There was evidence of this fear being discussed both in the abstract, and real examples.

*“You hear of the worst case scenarios where students have ended their lives and that is always at the back of staff’s minds. I had a student last week who said they were anxious about something that happened at home and they spent a couple of days in bed but they assured me that was a complete one off...but that’s always at the back of your head thinking what do you do and what if something had happened later in the week even though they had given me a reassurance that they’re well again. I guess it’s at the back of everyone’s minds whether they are doing the right thing, it’s just getting that second opinion from another member of staff.”*

There were also a few examples of fears in relation to opening the floodgates, or creating unbreakable precedents for supporting students with mental ill-health.

*“So that concerns me as well, the more awareness we create around this, are we actually creating? How do we deal with the outliers? How do we deal with the really severe cases?”*





*“Yeah and what happens if we say no? That’s the other thing. Because at the moment, we’re basically too scared to say no... and I know these things are difficult because we are overloaded.”*

## STRUGGLING TO BUILD A SENSE OF COMMUNITY & BELONGING

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Staff often had discussions about their struggles in building a sense of community and belonging in response to students who were possibly suffering from loneliness and isolation.

This was a theme across the majority of all schools, with some cohorts being particularly vulnerable including PhD students:

*“Which actually does leave our PhD students on their own...So before there would have been fellows, and assistants would have been mixed up with the PhD students – we are aware of it and we have discussed it to try and do something because we know there is a little community of PhD students just sitting up there on their own where all sorts of conversations could happen and there’s no one to put a bit more moderation or balance into that conversation.”*

This also tended to affect commuter students.

*“The commuting students as well, I don’t know if that has come up. Certainly what I find with commuting students is that I find they don’t have the same connections, the same relationships and friendships, and they don’t feel part of University as much. Now that’s very general, but that’s from what I’ve seen.”*



More contact hours, particularly even in a tutorial setting, was not necessarily a flawless solution for bringing students together.

*“One problem I think is that you’re just working on your own all the time. You might be in tutorials, but you’re not actually working with the other people in the tutorial. You’re doing your own stuff.”*

However, when done correctly, on a more structured basis, group work has the potential to be conducive to building relationships.

*“and back to the point about belongingness, you know, I’ve found that group work in the past, intensive group work where they work together all year – yes, they’re still competitive with each other, but they’re supportive too, and they’re working with each other a lot, they’re not just working on their own.”*

School-based initiatives of harnessing a stronger sense of community were often cited including the following example from the Mitchell Institute:

*“So we do a monthly brown bag which is promoted to all of our PGT and PGR students and staff, we started that last year based on student feedback. So that students felt that they had more of a casual, ongoing relationship with the staff and professors here. Especially since many of the classes are team-taught, we wanted them to know our faces, know us and feel that more ‘open-door’ community sense, that they could come to us with School-related stuff or not. Those are up and down in attendance in stuff, but we still keep doing them. Like overall we think those are a positive thing for making us be a bit more accessible and stuff.”*

There were both positive and negative elements in relation to the student engagement of these initiatives:

*“Student feedback has been that ‘even though we can’t make it all the time, we like knowing that it’s happening, that it’s offered for us’”*

*“It’s a sort of, they go to it when they need to know, but they don’t go to it when they don’t need to know. They put it in a little box and say ‘oh, wellbeing, well I don’t need to know about that’ and it’s only really when they need to know about it and say ‘what do I do?’”*

Some suggested a lack of engagement may be related to something more fundamental or structural in relation to their student experience:

*“The other thing [is] they like the idea of and know it might be good for them, but because it doesn’t count for anything, in their eyes, they’re so obsessed with how they’re doing and performing.”*

The Estate was also referenced as being integral to supporting a positive sense of belonging.

*“I think having common space, as well as for the undergraduate population, is an Estates issue for Queen’s. I mean common space apart from the Library and the Students’ Union, having space in each School to hang out, either to socialise, or work together on projects, or to keep each other company. Or to hang out between lectures. I think those sticky spaces that they’re working on across campus”.*

Positives example of this were also seen in Junction and the David Keir Building, both for staff and students.

*"I must say, Junction has actually been a good resource and you tend to see colleagues more in there"*

*"Yeah the Hub space in the DKB is the perfect example, because it's always full. You can't get a table."*

## STRETCHED RESOURCES

Every focus group talked about the strain under their area in relation to resources, or indeed resources of the wider University.

This appeared to primarily relate to staff's wellbeing, or their ability to cope with the volume and complexity of cases.

While many of the participants acknowledged the positive support received from support services on campus, they recognised how stretched the provision was.

*"The difficulty we now have is we appreciate there are 2.5 members of staff in the Student Wellbeing Service. So there to us lies the gap as we see so many students that we are not qualified to make the decision about what sort of help they need, in all honesty as academics we shouldn't make that decision as there's a really high risk of us making the wrong decision."*

Staff also noted that this was not always in crisis or high-intensity cases, but had the capacity to affect all levels of risk.

*"I really do feel it is at that mid-level where people have gone beyond the point where we as academics can help them, they aren't at the crisis point but there is something really quite serious that you would hate to think of them dealing with on their own."*

*They have contacted us and asked how to get support from us and as far as we are aware, that support should have been given or we assumed it had been given."*

Multiple Schools suggested that there would be scope for having more provision at a School level.

*"Resources, resources, and resources. At the 'general' level, provide more resources (including time, and additional training) to personal tutors, and acknowledge the time, labour (including emotional labour), effort that many staff put in to support and care for their students. At the 'specialised' level, expand – significantly – the resources of the Disability and Wellbeing Services, especially in terms of staff. But the key gap, for me, is at the mid-level. Here, a dedicated Officer within each School would greatly enhance service delivery and coordination. Such an officer could provide support for both staff and students, and liaise both with the personal tutors, and the centralised services. This is a key point of contact that I think is currently missing."*

*"I've wanted and we tried to push it through and Faculty have pushed back to say we'll have it at Faculty level, but that's still not good enough for us here in the School whenever we have a particular problem, that could help us with the Student Support Meetings that could help us keep consistency across all of the exceptional circumstances cases, self-certification, but also someone was trained when a student appears in your office in absolute floods of tears."*

*"We know we could keep a Wellbeing Adviser busy in this School."*

The mooted idea of a Faculty-facing Wellbeing Adviser received positive feedback in training staff with guided conversations in supporting students, but some members of staff also felt that it didn't go far enough.

*"I think the idea of having one Wellbeing officer for the Faculty is just crazy. I genuinely believe that we are – the University is putting itself at massive risk, by only having – when you think about the number of trained staff that this University has, and the number of students we have, I just think it's a massive risk in terms of the safety of our students and also reputational risk as well."*

## ADDITIONAL PRESSURES

A high percentage of schools talked about the additional pressures that they had to undertake, beyond direct student support. This typically looked at a number of administrative tasks, including Individual Student Support Agreements (ISSAs), implementing provision, and implementing reasonable adjustments.

Student support meetings were also described as time-consuming

*"We had 180 student support meetings last week."*

This posed significant challenges for ensuring consistency across decision-making processes.

For support providers, this also presented a challenge in terms of the time intensity.

*"You'll try and ideally encourage the student to do that themselves wherever they can but quite often they will say, 'can you do that?' and it's very difficult to say 'no'. So you're making contact with a Personal Tutor,*

*Advisers of Studies, and maybe setting up a three-way meeting, and it's time-consuming even sending emails back and forward, you know."*

## EXCEPTIONAL CIRCUMSTANCES AND EXTENSIONS

Exceptional circumstances was often discussed as a pressure for staff supporting students. Usually this related to the frustration with this being one of few options to recognise that a student may be struggling.

Additionally, the academic year restructure and changes to assessment sometimes meant that Schools were now struggling to recognise at an early stage which students may be experiencing wellbeing difficulties.

A number of Schools discussed the ways in which the guidelines and regulations can either be helpful or unhelpful in making decisions. Sometimes cases would take a lengthy amount of time, due to complex factors.

The introduction of self-certification as part of the review of exceptional circumstances received a mix of feedback across the University. While some were cautious of the potential to abuse the system, the majority of Schools generally found that this did not happen to the same extent as initially predicted.

*"Funny enough, I think we were all quite concerned initially that there would be sort of a huge wave of applications – there hasn't been. It's actually been quite measured or muted."*



However, there was recognition that some of these cases are still not perfect:

*“There’s...a shame in some of the cases that go through the standard Exceptional Circumstance procedure where they go through and they have evidence ‘she tells me this’ or there isn’t good enough evidence for some other reason and I always feel bad for those students who get turned down, because if they had just written self-cert and they had gastroenteritis they would have gone through, or self-cert for anxiety, they would have gone through, so there’s a bit of a balance, because you feel there are students who are getting away with it because know to write anxiety on their self-cert, and there are students who genuinely could do with it aren’t getting it because they couldn’t get a letter from their Counsellor quickly enough.”*

## WAYS OF WORKING

In relation to ways of working, a few Schools commented on how there may be some unnecessary duplication happening across different Schools and Faculties.

*“It’s things like that where the duplication comes up. We’ve got ideas about things but you don’t necessarily know what’s happening elsewhere or what might be in the pipeline that actually is being dealt with centrally. It’s a communication issue.”*

However, what was much more apparent was the level of inconsistency either happening across the University, or perceived by colleagues. Some colleagues suggested this may be due, in part, to their relationship with the Faculty, or indeed as a product of the School mergers. However, the majority of inconsistent practices typically related to staff’s roles such as Personal Tutors and Advisers of Studies.





*“There are maybe half the academics who are good at that sort of thing and the other half who either aren’t good at it or aren’t interested, and so by sheer lottery if you get a tutor who is interested, you get support, and if you get a tutor who isn’t interested, you never meet them.”*

Another School echoed this point:

*“The small number of high support cases, in my experience, rely on the empathy and personal emotional intelligence of the staff member supporting the student. This means that the support is heavily dependent on the presence of these staff and a staff member having these personal skills.”*

## INFORMATION-SHARING

A number of Schools expressed challenges in relation to information-sharing, the boundaries of confidentiality, and privacy within the context of GDPR.

The majority of these challenges were in the context of students registered with Disability Services.

*“For GDPR and all the various confidentiality issues, it’s incredibly hard for anybody to know which of their students are registered with Disability Services unless they tell us.”*

Sometimes, these challenges also presented in the example of students accessing Wellbeing support.

*“And again I don’t know what more we can do than just say ‘please go across to the Student Guidance Centre and speak to somebody’. And again, that’s when the confidentiality kicks in so I wouldn’t know whether they actually did or not. But I mean, some sort of feedback system to allow us to*

*know if things are in hand, or how are they generally, might help in that regard.”*

However, on the reverse, staff often had somewhat differing viewpoints in how privacy interfaces between the University, students, and parents.

*“It would be maybe helpful to contact their parents, but you can’t do that because they’re adults. But it might be helpful to have an information packet made available for parents. So if your child is coming to Queen’s, you’re going to ask how they’re being supported by our mental health teams. Here are some issues that are going to arise, and here’s when we will contact you and when we won’t contact you. Those kind of things.”*

Against the backdrop of a national conversation around information-sharing consent, either with a parent, guardian, or trusted other, these conversations were particularly interesting as there was a recognition that in some instances, students can sometimes have overbearing parents, or may over-rely on their support. Moreover, not all family units are homogenous; some are unsupportive, toxic, hostile, or indeed the source of the problem.

Many Schools grappled with the careful balance between the student’s adult status, while maintaining appropriate boundaries with the level of information shared with parents, and the support they were able to provide to the student.

## CULTURE

Throughout the interviews, there were some references to organisational culture, either in relation to bullying and harassment, which then had a negative impact on staff’s wellbeing, or the culture of different departments following School mergers. However, there was also many examples of positive culture whereby colleagues would support each other, including line managers.



A number of participants recognised that culture change would be required to either support each other's wellbeing, reduce and tackle stigma, and that a more caring, compassionate and empathetic culture helps to benefit everyone.

It was recognised that leadership from senior management was an important aspect in creating this culture, which was reflected in the support for OMNI and the institutional framework.

Participants urged a certain amount of caution with appearing too light-hearted and adopting a 'Band-Aid' approach to tackling these issues.

Tackling inappropriate behaviour also appeared in the context of Safe & Healthy Relationships work on empowering students and staff to call out inappropriate behaviour, through initiatives such as 'Bringing in the Bystander' training.





Three



# **SUPPORT FOR STAFF**

# SUPPORT FOR STAFF

*Do staff in your area feel appropriately supported in dealing with student concerns/issues? Do you have an escalation process in your area for student issues?*

## OVERVIEW & SUMMARY

Some of the key topics and areas discussed within this section included:

- Staff roles are subject to wide interpretation and variation
- Staff Workload
- Staff Wellbeing
- Support from Line Managers
- Staff debriefs following crisis situations
- Closing the feedback loop
- Staff want more training
- Varying practices in relation to escalation processes

## INTRODUCTION

The purpose of this section was to examine the extent to which colleagues felt supported in their individual areas. A number of Schools had robust escalation processes, with variation in terms of whether they were codified or circulated to all key staff.

This section also sought to identify how supported colleagues felt in dealing with complex student issues.

Although there were a number of challenges identified, there were also a lot of positives in understanding that colleagues support one another.

There is a clear appetite for training to be expanded and built-upon, including specific training aligned to the purpose and job duties being performed by staff members.

Follow-up care was also a repeated theme, as this contributed greatly in ensuring that: the student received the correct level of support; the signposting process worked seamlessly; and that staff's personal stress levels were reduced in being kept updated in relation to the student's progress.



## STAFF ROLES

Following the high number of instances of reported stress, anxiety, and depression as the primary presenting issue and trigger for students, the next largest issue to emerge throughout the exercise was in relation to confusion over the role of staff in supporting students.

There was a real and significant variance in terms of staff's understanding of their roles in supporting students. This was illustrated from one extreme end of the spectrum, with a number of staff saying this was absolutely not their role. In contrast, some were very happy to, but felt under pressure in other ways – either through lack of training, or the unpredictability of what situations may arise.

The research clearly shows that staff are being faced with additional pressures on students presenting with wellbeing issues, and this has a significant impact on resource, job responsibilities, and the staff member's individual and personal wellbeing.

There may very well be gaps in relation to clarifying the role of staff who are supporting students. However, it is extremely evident that there are many varied opinions on the subject, each with their own nuances and assessments of the benefits and risks contained within.

## HARD LINE APPROACH

Some participants strongly refuted the idea that academic staff should play a role in providing student support. Their primary role is to be an academic member of staff, either via teaching or research.

*“None of our staff are medical professionals or trained to treat this nor do we expect staff to be able to diagnose or address.”*

*“It definitely shouldn't be a responsibility that should be expected.”*

*“As no one in the School is professionally trained to deal with complex mental health matters, we focus on supporting the student with the academic impact of the problem, and signpost students to professional support (both internal and external to QUB) for help with the underlying issues.”*

## A SIGNPOSTING ROLE

Many participants talked about the role of being someone who signposts students. This may extend to low-level pastoral support, but there was also recognition that this would have limitations very quickly.

*“Staff can lend a sympathetic ear but for specialised support then students are signposted elsewhere.”*

*“There is a difference between someone saying they are stressed about a module compared to saying they finding it hard to get out of bed in the morning to get to class – at that point I don't know how to deal with that or if that student is dealing with depression. I need to be able to refer that to somebody who is better equipped to make that decision.”*



## AMBIGUOUS & SUBJECTIVE

Some participants talked about the blurred distinction that may exist in relation to signposting, with unclear boundaries of when the student should be referred to another service.

*“I know that we’re always told that there is a line beyond which you shouldn’t go, that you should then signpost the student to x services or whatever, but in terms of drawing that line, it’s very much left to the individual. I’m not sure that there’s enough discussion about that issue, about at what point should you be withdrawing and saying, now you must speak to x. That’s just my perception.”*

## OVERLAP OF ACADEMIC & NON-ACADEMIC ISSUES

Some participants talked about the blurred distinction that may exist in relation to signposting, with unclear boundaries of when the student should be referred to another service.

*“So they come for an academic purpose, but actually their issues are much more psychological than personal that are contributing to that. So that’s why there’s this muddying of the academic and the personal, and what we found was that students have a very different experience of the Personal Tutoring programme because of the nature of their Personal Tutor. You know some people are slightly more attuned to providing that care, so there’s a bit of a disparity of student experience which we’re a bit concerned about.”*

## OPTING OUT

Some members of staff reflected on the perception that some members of staff have opted-out of any responsibilities to provide student support. It is not clear how extensive this might be, or indeed the criteria by which these members of staff are measuring other staff member’s time spent, or performed duties in relation to supporting students.

*“With the best of intentions the creation of the tutorial system almost gave academics an opt-out and there was a cultural sense that we are no longer expected to be meeting with students unless they are tutees, and the problem is that that system’s never worked.”*

In the event of this happening, a number of academics were less fearful of assuming this responsibility. Indeed, some felt that they were duty-bound to support students when the opportunity may present itself.

*“It really should be everybody’s responsibility to support students in their learning. There should be none of this ‘oh that’s for office hours’ and ‘that’s for your Personal Tutor and it’s got nothing to do with me’. If somebody comes to you for support, it’s your responsibility to provide the support that you can.”*

## INTRINSICALLY COMFORTABLE

There was a wide recognition that some members of staff are more naturally comfortable in providing student support than other colleagues.

*“There are maybe half the academics who are good at that sort of thing and the other half who either aren’t good at it or aren’t interested, and so by sheer lottery if you get tutor who is interested, you get support, and if you get a tutor who isn’t interested, you never meet them.”*

There are many examples of varying practices across the University of how Schools operate their Personal Tutor and Advisers of Studies processes, including the success of and engagement with these processes. Some opted for a more selective approach:

*“I suppose different people feel differently about it and that’s part of the reason why – what we have done in this School which is unusual is to not to have every member of staff as a Personal Tutor because we know that sometimes wrongly students come to their Personal Tutor and will have those sorts of conversations and not everyone is prepared to have those sorts of conversations.”*

However, one of the main challenges with this approach was the common perception that this model would perpetuate the conditions which permitted an ‘opt-out’ to supporting students. Some believed that there would be very little uptake in assuming roles such as these, or that they would disproportionately fall to a handful of staff, and particularly overrepresented by women.

## GOING ‘ABOVE & BEYOND’

There was a significant amount of recognition that, despite challenges being faced by staff in supporting students, especially alongside their other duties, colleagues were aware of their ability to often go above and beyond in their capacity of supporting students.

This particularly rang true for Support Providers at the University.

*“We have people coming to us saying ‘What more can I do? You give me the recommendations and I will put them in place’ kind of thing. So there are people who want to go above and beyond, and are looking out for people and they are coming to our attention because they’ve noticed*

*something. Then you’ve got people who would be like ‘No, that’s not my role. That’s a Wellbeing issue’.*

The positives in relation to supporting students were highlighted particularly well with a general sense of empathy and compassion for students and their wellbeing.

*“It’s something that we do naturally. That has happened because we care. We’re caring human beings. And you’re generally the first person to see it. Really unfortunate issue, of our own creation.”*

## PARTNERSHIP METHOD

There was also evidence of support providers and academic members of staff working in partnership to support students.

*“We’re saying...what are you doing? What can you offer? And it’s kind of working in partnership.”*

The rationale for this tends to focus on care pathways and ensuring students receive positive, wraparound support. Given that some School-based staff will have a pre-existing relationship with a student, particularly when a student confides in them specifically. As a result, this helps to ensure a more holistic support package and everyone is kept abreast of agreed support plans and actions.

## EMPOWERING STUDENTS TO MANAGE THEIR WELLBEING

Some colleagues felt strongly that there was potential for empowering students to take control of their own wellbeing, by laying out the options available to them and accompanying them on their individual decision-making process.

*“I was taught some years ago on a counselling course, the difference between counselling and advising is that you don’t*

*counsel by telling someone what they should do. In particular, they have to be in control. You're helping someone to see what their options might be, but they're the one that makes the decision as to whether it's option A, or B, or C they follow. You can kill somebody with kindness by taking the problem over yourself and dealing with it. They have to have the dignity of understanding that they are in a control – a sense that they are coping with the problem, that they are overcoming it, and that there's somebody there to touch base with if they need help."*

## 'WASHING THEIR HANDS' OF THE SITUATION

It was clear from the discussions with colleagues that they were mindful of the potential for the student to feel like they were being passed from pillar to post. This is particularly important in the context of signposting where it is not the simple relaying of information, but the guided transition into the referred service, and the opportunity for future updates on the student's progress.

*"At the same time, you don't want to give the impression that you're washing your hands on it, you know. So the definition of what is not your responsibility must not be so broad that you end up giving the impression to students that you're only there to point somebody in the right direction and that you're not interested in helping."*

## ROLES ARE POORLY DEFINED

A common theme amongst colleagues focused on the definitions and parameters of certain roles, or where the boundaries lay.



*"I think the role of Personal Tutoring kind of muddies the water. I see it as very valuable, the way in which it is configured at the moment we do become seen as having to provide a whole range of support, and that may need a bit of clarity."*

This appeared to be true for both Personal Tutors and Advisers of Studies. Another gap which was presented was in relation to the role of the PGR Tutor, with some colleagues describing it as *"not well refined"*.

## CLEARER PATHWAYS FOR NEW STAFF

Given that new members of academic staff regularly join the University, some colleagues reported a gap in relation to how these colleagues are educated on the support services of the University – should they find themselves in a position of supporting students.

*"Things end up being a bit ad-hoc so our Exams Officer in particular usually are dealing with a lot of issues which are related to student wellbeing and mental health and almost all of them are being dealt with on an individual case-by-case basis which is an important thing in and of itself, but there wasn't a clear path for her and she was aware of that."*

In tandem with this, colleagues also felt that this would be a useful opportunity to:

*"Ensure that the clear guidelines regarding the role of Personal Tutor (and boundaries regarding that role) are emphasised."*





## CONFUSION FOR STUDENTS

Colleagues frequently reported that there is confusion as to the roles which exist in relation to student support, such as differentiating between Personal Tutors and Advisers of Studies.

Indeed, some misinterpretations of the role were also highlighted.

*“Part of that as well is that there’s a big confusion with students about what exactly is the role of Advisor of Studies...It’s the same with Personal Tutors. I had a student asking me or telling me what way to sign off citations for her coursework, like as if I was a tutor personal to her”*

Alongside this, there was also evidence of the limits of the support Personal Tutors or Advisers of Studies were able to provide.

However, confusion for students was not solely confined to awareness or understanding of the roles, but also some of the preconceptions students may have about accessing support more generally while at University.

*“When it comes to school and academic staff, [students] have this perception that they shouldn’t be bothered, that we’re all very busy and have lots of other things to do, and they don’t want to be bothering us with perhaps things that they don’t feel we would think are terribly important. Even though we say over and over and over again, come and talk to us. So I think there’s sort of*

*a mismatch between perhaps we think we’re accessible and sort of available, but that’s not how they see it. This is a sample of 20 Level one students, but that’s what they were saying – they see us as busy, and we are busy, but actually they see that busyness as being an obstacle to establishing those relationships, if indeed they want to.”*

## SETTING BOUNDARIES WITH STUDENTS

Interestingly, when colleagues reported confusion or uncertainty about the role, this was often accompanied with the need to manage expectations and set some boundaries with students seeking support.

*“What I find hard is that you get students who come in and splurge their whole life history and family history, and still keeping the academic perspective, that this isn’t just in a Personal Tutee role, this is in a dissertation role, so it’s trying to set the boundaries, that I’m not or that that’s not what we’re here to discuss. But obviously it’s something that’s on their mind and that’s affecting their work.”*

*“Students, particularly the younger ones, don’t seem to understand the difference between different types of staff. It’s almost like well [she] is in charge of me and my main module, so she knows everything for me, and can do everything for me. And I can’t. I’m not a trained psychiatrist. So I think that’s one thing – delineating for students very early on these people are support staff, these people do this – you know – each member of staff does not have all the answers for everything.”*

## SETTING BOUNDARIES WITH PARENTS

Parents were also not exempt from this conversation, with colleagues reporting that:

*“There’s also an expectation from parents that you know we are not there to do their job. So it’s just trying to get that balance. We are not support providers.”*

## STAFF FEARS

Staff often described themselves as being fearful of saying the wrong thing, or assuming that a terrible event will occur after a student has approached them in need of support.

*“I had a student last week who said he was anxious about something that happened at home and he spent a couple of days in bed but he assured me that was a complete one off...but that’s always at the back of your head thinking what do you do and what if something had happened later in the week even though he had given me a reassurance that he’s well again. I guess it’s at the back of everyone’s minds whether they are doing the right thing, it’s just getting that second opinion from another member of staff.”*

*“Crisis is maybe the wrong word but they are at a very serious place that goes beyond that we as academics can support them through and even puts us in a difficult place to judge what they need best at that point in time.”*

## THE ‘MIDDLE BAND’

Staff participants often reflected about the different tiers of students who are made known to them, and how it interfaces with their role and limitations.

A number of participants admitted to struggling with supporting students at a medium level of risk or concern.

*“The potential gap is at the mid-range where we don’t have the expertise to make assessments or the capacity to offer more involved support, and where our expectation was that that was delivered by Student Wellbeing on referral.”*

## PROFESSIONALLY QUALIFIED STAFF

Some staff who were also registered as a healthcare professional also felt some complexities in relation to their multiple roles.

*“Because we are all from a professional background, sometimes there’s a sense we are there to look after and nurture these students...We have to be careful that we are using the processes that are in the University to access the right support for students as opposed to us taking on that nurturing role.”*

*“We aren’t allowed to pretend to be doctors anymore, we just happen to be academics who happen to be doctors.”*

## COVERING FOR ALL EVENTUALITIES

Despite strong opinions as to what the exact nature of a staff member’s role ought to be in supporting students, many recognised that it would also be difficult to predict all eventualities and outcomes.

*“Yet, other roles and duties have also expanded, and as academics, we are not always best placed – temperamentally or professionally – to deal with these complex support issues (even in the limited sense of channelling/escalating students to the*

*relevant, centralised support facilities). So, even if clear escalation policies are in place, and the limitations of the role are well defined and understood, we may nevertheless be faced with highly distressed students.”*

## STUDENTS OFTEN CONFIDE IN SOMEONE THEY TRUST

The relationship developed with an academic member of staff can be fundamental to the quality of the support received by the student.

*“Students don’t go just to either [my colleague] or I, as those wellbeing officers in the School. They’ll go to whichever member of staff that they trust.”*

*“We’ve a job to do as well in terms of the relationship with students. I suppose they come in here at 18 and they’re used to a teacher being in front of the class and they see us as competition – you know, the person they’ve got to get past to get their first or whatever, rather than seeing us as actually being the person that’s there to help you get that first. We’re all on the same side here. We want you to get the first as much as you do. We’re here to help. We’re all rowing the same boat.”*

## CURRENT RESOURCES ARE GREAT, BUT STRETCHED

There were quite a few references to the quality of support delivered by student support services on-campus. However, similarly, there was also a significant level of acknowledgement and frustration with the limited provision of resources, both centrally and locally.

*“I am concerned that the department is under-resourced.”*

*“Even with the 9-5 service it’s so under resourced.”*

*“Challenges come back, again and again, to resources. As lecturers, supervisors, personal tutors etc., we are at the coalface of student support, often faced with very upset students with complex support needs.”*

*“At the ‘general’ level, provide more resources (including time, and additional training) to Personal Tutors, and acknowledge the time, labour (including emotional labour), effort that many staff put in to support and care for their students.”*

*“The academics and professional services staff feel an immense burden of responsibility when issues such as these come to light, but frustrated with the stretched resources the University offers students in crisis.”*

*“This is a considerable source of concern for our staff, as they feel relatively unsupported, given the scarcity of the resource.”*

*“More resources provided centrally.”*

*“Despite the professionalism and good intentions of Wellbeing staff, at present they are over-stretched, leaving academics and professional support staff feeling exposed, relatively unsupported by the University and carrying an unreasonable burden for the welfare of our students.”*

*“We are also aware that the Disability and Wellbeing service is very stretched... [This] can place colleagues under pressure and can lead them to feel that they are working in isolation.”*



## STAFF SUPPORTING STUDENTS ARE NOT ALWAYS RECOGNISED

Although there was an acknowledgement that staff who were in official support roles can have this allocated formally, there were examples in relation to how staff felt in terms of recognition.

*“There is no support that I am aware of within the University for any Staff who provide pastoral care. So if you’re an Advisor of Studies or a Disability Officer, you get this tale of misery coming through your door day after day after day, and it’s miserable, and there is no acknowledgement of that, there’s no support for that, and there’s nowhere to even just go and vent about it. And I’m not necessarily saying that that means that your mental health is at risk, but it certainly doesn’t help your mental health, and you know, it is not acknowledged in the slightest as far as I can see across the University.”*

*“I think in terms of – people did try and go extra in terms of supporting students – but I feel that... everything that people did, they did because ‘I’m doing a favour by doing this’ instead of just having it feel part of your role.”*

*“I think one of the things with Advisor of Studies, for example, unless you’ve done the role, you don’t really...get the sort of...all of the ramifications that come with it. And the role does change – I’ve been an Advisor of Studies for six years now, and it’s definitely changed since I started it. For example, one of the issues, and certainly the time allocation is factored into people’s own working lives, that’s not an issue, but what*

*but what isn’t necessarily recognised is the unpredictability of it, so the fact that you are basically kind of constantly ‘on call’. So at the moment we’ve kind of got Student Support Meetings, so we know that, we can plan for that, and we’ve set aside time for that, but during the course of the academic year, you don’t know. You can plan your lectures, you can plan your marking, you can plan your tutorials, but Advisor stuff, you can’t plan it. You can’t say ‘oh, I know I will get one student a week’ or, ‘one student a day’. And even being aware of trigger points and knowing that the run up to an assessment for example, you’re going to get more queries, it’s still limited in how you can plan for things and I think that really impinges on people’s other work, and your sense of not really being able to have control. And you’ve done it, as an Advisor of Studies, you’re aware of that and it’s very familiar, but I think that other staff, I mean there’s no reason why they should know, there’s no reason why they should be aware of that, but it’s not recognising that it’s not really the amount of time, it’s the way that time is required.”*

*“And I’m not saying we should have a parade every time we have a Student Support Meeting, but it is invisible what we do. And the other issue is that because quite often what students come to us with is confidential or sensitive or whatever, it doesn’t get aired. We keep it under the surface, we have to keep it under the surface. So it’s fine for me to say, we’re doing all this stuff, and nobody knows, but nobody should know – do you know what I mean? That is the nature of what we are doing. But I think there are small things like that that people could do.”*

*“As lecturers, supervisors, Personal Tutors etc., we are at the coalface of student support, often faced with very upset students with complex support needs.”*

*Colleague 1: “It [Adviser of Studies] is a really important role.*

*Colleague 2: Thank you for saying that.*

*Colleague 1: But is it recognised?*

*Colleague 2: No, of course it isn’t recognised.*

*Colleague 1: So you would like it recognised more?*

*Colleague 2: Yes. 1,000% more.”*

There were also gaps in relation to how staff’s work was recognised in the context of ongoing, follow-up, long-term support for students, particularly for support providers.

*“Sometimes they would go down, rather than go up, and that was actually because they were starting to process things, to open up, behaviours would be affected by that. So even trying to explain that and why are they getting worse, instead of getting better. And they did eventually get better. And that can be the same in [the Student] Wellbeing [Service], you know when someone comes and discloses, it can actually get worse for a short while before things get better.”*



## STAFF WORKLOAD

Staff often spoke about the impact that supporting students had in relation to their workload. The time-consuming nature of this, and time removed from primary duties, were also noted.

*“I probably spend 80% of my time doing my Adviser of Studies work. I teach a few modules and I basically – they are like the minority – they are the light relief. That’s the thing I go and do when I’m not doing Adviser of Studies stuff.”*

*“The impact of this is to take up an increasing proportion of the working day, reducing the time available for other duties.”*

*“The impact on staff of supporting student wellbeing is huge. There is the workload, which can be significant: it takes a lot of time to support students properly.”*

*“In terms of impact upon staff, I would say that increased risk and the required joint response over recent times has disrupted the work schedules of others, and I suspect has increased stress in the department as a whole.”*

*“Staff are “open all hours” i.e. 9-5, providing lunch time drop-ins and responding to drop-ins. Pressure on staff to be available at all times.”*

## BURNOUT

Colleagues occasionally referred to the emotional strain which can be required in supporting students. The emotional labour involved can sometimes lead to burnout.

*“There is also the mental and emotional strain involved in talking to students about very difficult matters, and insufficient support to help staff deal with this. If staff are not supported, they burn out and become less able to support students.”*

*“Staff who are struggling may not be emotionally equipped to provide sufficient support for students.”*

## STAFF WELLBEING

With staff supporting students, there is a very natural overlap with the impact that this may have on staff’s individual wellbeing. This was also one of the key highlight responses from the Staff Survey 2019. Again, some of the issues which caused poor mental wellbeing focused around stress, intensive workloads, or carrying the emotional weight of supporting students.

*“We are terrified of making the wrong decision, there’s too much at stake here.”*

*“Higher number of staff who are off due to stress or unable to focus on work.”*

*“The Wellbeing Advisers having to work in the office, having really critical or crisis situations at short notice, I think that’s really, really stressful. I don’t know whether it’s a shortage of staff, or more students going through crises. But when you’re in the room and you can see what they’re having to deal with, I think that’s not good for their wellbeing.”*



*“Even for our appointments, some might look back at the week you’ve had, and some of the things the students have disclosed to you and you go home and you’re just ‘Oh God’. Now, some of the weeks are straightforward. But you know like the amount of students we’re seeing with mental health conditions, and just generally some of the families and pressures you’re under. Sometimes you think how do you deal with that?”*

*“In the long run, it would be so much better and less expensive for everybody if there was “one button” that we push and all that is taken care of because then that makes us less anxious because at the minute we have to go off on sick, it needs to be really simple.”*

A number of participants also referenced workplace bullying as a source of both their own poor wellbeing, and that of other colleagues affected by bullying.

## LINE MANAGERS & SUPPORT FROM SENIOR COLLEAGUES

Some participants referred to how their line managers or senior colleagues were helpful in dealing with difficult situations, or simply venting to following a difficult situation. However, there was also acknowledgement that this role had limitations.

*“Senior staff do provide support for colleagues dealing with difficult student concerns, but again this support is non-specialist, and the staff providing the support are not trained to do so.”*

## STAFF DEBRIEFS FOLLOWING CRISIS SITUATIONS

During the interview process, there were a number of examples provided which illustrated how staff were sometimes witnessing situations that were so distressing that colleagues felt that they may require a debrief to process whatever situation they were in.

*“It was absolutely horrific, and I’m sure it did affect both [colleagues] at that point, because the student got quite aggressive as well in part of it. Because we’re not trained, we’re not trained to manage and deal with this, and I don’t think we should be, either. If we are going to say that all of our staff are counsellor, mental health trained – whatever umbrella term you want to use, I think we’re getting into very dangerous ground to be honest.”*

*“I have been in the situation where a student had a panic attack and I felt obligated (morally and professionally) to supervise the student for three hours until they were in a fit state to make their way home safely.”*

*“A student went AWOL and nobody could find them...the Police were involved because the parents couldn’t contact them...So we had to go searching around various accommodations and houses around South Belfast. And our staff aren’t really trained in how to deal with that? What happens if something has happened? That’s very difficult for people. Because obviously we were concerned that the student had come to major harm.”*



## CLOSING THE FEEDBACK LOOP

The research clearly demonstrated that being kept up-to-date with progress in relation to student support cases was of great importance to staff who referred on to a different service. There was a strong desire for updates to be provided by way of follow-up, even if the update was that the student did not engage, as this meant the staff member could try again to reach out to the student, or have a conversation as to why they had not proceeded with accessing the support.

Staff also recognised that information updates, and closing the feedback loop, would be useful in managing their own wellbeing, and reduce the pressure they may feel in worrying about how the student is getting on.

Sometimes, through pressures, this does not always happen, and reinforces the need for greater dialogue with all parties involved, including student, staff member, and support provider.

*“When I have been referring I have said to the student to get back to me if they haven’t heard anything or to let me know what’s happening and that’s how we’ve found out that actually the students aren’t getting the help that they need. They aren’t getting called back by the Counselling team or they’ve tried someone in Student Wellbeing Service and didn’t get what they needed and they have come back to me.”*

*“Sometimes it takes me to phone Inspire and say that a student I was quite concerned about hasn’t been contacted in 10 days and could someone follow up and see what’s going on, they do then follow up almost instantly.”*

*“The ideal feedback loop – and again this is a resource question – is not just “student did engage or student did not engage” but rather to come back to the Adviser of Studies and ask them to have another conversation with that student because they might appreciate help from this... maybe there is a bigger issue and they are getting counselling for that, we don’t necessarily need to hear that, but if there’s something we could do as an Adviser of Studies to maybe advise them around exceptional circumstances or extensions, there’s your ideal.”*

## STAFF WANT MORE TRAINING

Training was discussed in all focus groups, and tended to elicit a number of different responses. While there was a clear call for more training, a number of colleagues also commented on the difficulties in having availability to attend in-person training.

*“I think some even high-level training would be a good start. I don’t think I have received any formal training and I’m an Adviser of Studies. For 900 students, so not insignificant.”*

*“I think that some of it is reassurance based, for staff and for students, about “am I saying the right thing?” or what if, what the correct thing for the scenario is.”*

*“I think there are a lot of people here – and we have been saying for quite some time that we would like more training, but it hasn’t been forthcoming.”*

*“More accessible training for Personal Tutors that can be accessed on demand and remotely so that more staff can ensure that they have access to up to date information and guidance.”*

## MENTAL HEALTH FIRST AID

Mental Health First Aid was often cited as a course with a high amount of expressions of interest. At the time of the interviews, the pilot for line managers was underway, with colleagues noting that they were unable to take part due to no spaces being available.

*“I think it even goes beyond Mental Health First Aid for those high risk students who have very serious mental health issues, it’s sometimes very hard to know in a conversation with them. I’m not saying I need to be their counsellor but when they’re sitting crying in your office sometimes it can be hard to say the right thing. It’s just about having a bit more confidence to know what to say”*

In terms of the role expected thereafter, one colleague described it as:

*“It’s the same as Mental Health First Aid training – you would expect them to have basic [physical] first aid training, but you wouldn’t expect them to be a paramedic.”*

Discussion on this topic also highlighted why a whole university approach was required to address a gap in training.

*“Mental health first aid training for all staff. For all staff across the University, not just academics but also our support staff, security, and actually I would notice with the staff downstairs in the office, sometimes just making sure that everybody has understood that if they do end up talking to a student on the phone or something like that, that they know exactly what to do, or how to refer if needs be, or where to point them to. So I think that’s definitely one.”*

## VARYING PRACTICES IN RELATION TO ESCALATION PROCESSES

Each School was asked whether they had an escalation process in place to support students who may be in distressing situations. The response signified a variance in approach and practice.

Some Schools had developed their specific escalation processes, while others appeared to rely on dealing with issues on an individual, case-by-case basis.

It is unclear how effective these processes are in helping colleagues as sometimes scenario-based training proved to be of greater value. However, even for the departments that did have formal processes in place, colleagues sometimes struggled with gaps in knowledge or unique situations occurring.

*“We do have an escalation process in the School. It basically comes to us and we can contact the Head of School if we are concerned about a student, but beyond that what is the policy at the University? This is something that came up with a student recently who had self-harmed and was suicidal and this person wasn’t 100% sure what the process was beyond our own School.”*

*“We had a student who we knew was in trouble from another student, but because of confidentiality things with their address and stuff we couldn’t contact them in any way outside of emails and they weren’t answering emails, we had reason to believe that they were potentially in a self-harm situation and it was very unclear what to do about it.”*



These questions were also often useful in identifying what additional guidance may be of use to the particular School.

*“More clarity around procedures e.g. staff worry about breaching GDPR rules by seeking professional help from Student Wellbeing when dealing with complex cases – better guidance on when and how to do this would be very helpful.”*

*“For most cases where signposting is straight forward then yes – staff are appropriately supported. There is a clear escalation process in place. However for the most vulnerable students signposting is insufficient and they may require immediate supervision – these students are so distressed they cannot leave the building and I feel they require more support than a phone call with a care helpline. I feel staff will feel supported if students are fully supported.”*

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# STUDENT SUPPORT

# STUDENT SUPPORT

*Please outline what types of support that your area provides, or encourages students to access, to manage positive wellbeing.*

## OVERVIEW & SUMMARY

Three highlight issues emerged from this section:

1. Staff did not feel as though there was sufficient time or resources to deal with both volume and complexity of cases on an individualised basis.
2. The mid-level support was most in need of support – cases would be often complex, with a high likelihood of requiring an equally complex response. This put a strain on School-based colleagues.
3. Out of Hours support was particularly stretched, with students in distress often trying to get in touch with colleagues during evenings, weekends, holidays, outside standard academic calendar dates, and across multiple time zones.

## INTRODUCTION

Within this section, Schools were asked to provide an overview as to the various types of support provided by their area against a general, mid-level, and specialist pyramid. It was clear from the responses received and the focus groups that there was a significant variation in relation to interpreting what was meant by each of the terms used. However, colleagues generally recognised that the apex of the pyramid (i.e. specialised support, with the likelihood being that there would be fewer students, but more complex cases) was reversed.

Through exploring this in greater detail, colleagues reported that there were more complex cases which required specialised support, and this required the majority of their time. This therefore had the net effect of reducing the ability to spend more time on offering general support.



## GENERAL SUPPORT

Within General Support, many varied responses were received to describe what supports each School offered. The main responses included Personal Tutoring, Advisers of Studies, Peer Mentoring and Peer Support initiatives, Welcome and Induction-related activity, and implementing Individual Student Support Agreement (ISSA) recommendations.

With Personal Tutoring and Advisers of Studies, there was various practices of how different models were rolled out at a School level. However, generally every student was allocated a Personal Tutor and/or Adviser of Studies with various levels of engagement and success. These roles were often described as being very valuable in terms of identifying wellbeing concerns, but could have a strained effect on colleagues in knowing how to respond, particularly with very distressed students. Indeed, Advisers of Studies, in particular, noted the increase in cases which previously would have typically focused on 'academic logistics', but now 'rapidly shifting towards mental health as the basis of meetings'.

In-course supports were also cited, including offering one-to-one meetings with Personal Tutors or Advisers of Studies. Other examples included course and module syllabi with stress management tips and contact details for getting in touch with support services available across the University.

Peer Mentoring and School Buddy Schemes were regularly cited as an example of best practice – this generally gave the impression of a higher chance of success when a member of staff was dedicated to enhancing the delivery of it within the School. Other Schools were more underdeveloped, but were in the process of establishing a Peer Mentoring system.

Peer Support via Ambassador Schemes was cited in at

least two Schools – Pharmacy and EEECS. Both Schools had very successful student-led projects, supported by staff based at the School. Through involvement and collaboration with the Student Wellbeing Service, Schools were able to help co-create a model which recognised the numerous benefits that students often receive from conversing with people of similar ages, issues, and backgrounds. However, there are gaps in providing peer support initiatives in relation to appropriately managing levels of risk, safeguarding, and confidentiality. This will require further exploration in the near future.

## MID-LEVEL SUPPORT

Mid-Level support attracted a wide variety of responses from colleagues including School-based Disability Advisers, operating the Exceptional Circumstances and extension request processes at a School level, and Year Support Leads or Lead Personal Tutors.

However, a number of Schools identified a pressure in relation to providing mid-level support.

*“I understand people have got to be prioritised, but I really do feel it is at that mid-level where people have gone beyond the point where we as academics can help them, they aren't at the crisis point but there is something really quite serious that you would hate to think of them dealing with on their own.”*

Student Support Meetings were highlighted as a useful exercise in the sense that it sometimes helped to identify underlying issues that a student may be struggling with.

*“In this particular case it was a plagiarism panel, and it was quite obvious that the issues that had caused this student to take that kind of shortcut were symptomatic of bigger concerns.”*

However, Schools were conscious that this had to be balanced against the timeliness of detection, and trying to provide an early intervention where possible.

Schools described that Mid-level support was typically required in the cases such as multiple submissions of Exceptional Circumstances and extension requests. Other examples included being referred by module coordinators to their Adviser of Studies.

Other referrals that staff made included Student Wellbeing, Disability Services, Advice SU, the Learning Development Service and the Student Finance Office.

The Disability and Wellbeing Drop-in was highlighted as a useful service for staff and students to know about in terms of receiving timely and accessible advice.

## SPECIALISED SUPPORT

Specialised support was typically described as completely escalating the case to a student support service such as Student Wellbeing, or to counselling, an external agency, or the NHS.

Specialised support referrals were usually triggered by instances where the School had serious concerns about the student's wellbeing and escalated to wherever they felt was appropriate.

The majority of Schools were consistent in their belief that there was a boundary where staff were neither trained nor competent to support a student with serious concerns.

*“We believe that there comes a point beyond which School staff are not qualified or competent to support student needs.”*

The training needs are discussed in greater detail in Section three, but most staff generally agreed that sufficient training in relation to student support at these levels were lacking.

Some called for specialist training to support high risk students, even in the escalation process, and for other particularly vulnerable cohorts of students.

*“I think it even goes beyond mental health first aid for those high risk students who have very serious mental health issues, it's sometimes very hard to know in a conversation with them. I'm not saying I need to be their counsellor but when they're sitting crying in your office sometimes it can be hard to say the right thing. It's just about having a bit more confidence to know what to say.”*

*“Specialised support for students who have entered their 4th year of PGR study includes meetings with the School's PGR Committee to discuss progress and set milestones for completion.”*

*“International PGR students may also experience specific issues, especially in terms of pressure from external sponsors to complete their PhD programme within a particular time-frame.”*

## OCCUPATIONAL HEALTH

Referrals to Occupational Health were frequently discussed in the context of specialised support. The usual reasons for referral included complex needs or serious illness, concerns over Fitness to Continue in Study, Fitness to Practice, Returning to Study, and assessing suitability for Clinical and Professional Practice.

A number of Schools had quite detailed feedback in relation to how the referral processes worked, as well as their strengths and weaknesses. Some Schools had expressed concerns with the timeliness of referrals and being offered appointments.

*“We get very good data from Occupational Health... they are hitting most of their metrics. What we don’t get is a ‘beginning to end’ metric, we don’t get a ‘how long did it take to get in, how quickly did it take to get through to Occupational Health? How long to get out the other end?’”*

Other Schools also talked about the Service making vague recommendations back to the Schools, and some believed the Service was ‘almost afraid’ to make decisions.

The timeliness factor created concern in Schools, not only for their staff and administrative tasks, but also for students themselves

*“But also financial implications as well, when we are waiting on reports and we don’t know whether a student is fit, so they’re still on the course. And it just becomes difficult, I appreciate though that it takes time to do this. And it takes time to get evidence from other medical professionals, for an example of the Trust and other hospitals. But it just makes planning placements for them difficult.”*

## COUNSELLING

Counselling was a regular discussion point throughout the research exercise, and there was a range of both positive and negative feedback in relation to the effectiveness and timeliness of the service.

In some instances, this may have related to a breakdown of the communication and feedback loop between the student and the signposting staff member.

*“I think we kind of only really find out about the failure of the support services when they go wrong. For instance...we’d one student who reported not being able to get an appointment for mental health support for*

*months and months and months, but my dealings with the student might suggest that it was because he never asked.”*

However, a number of staff did have examples of issues around timeliness of appointments being offered and having to follow-up with the provider.

*“There can be concerns as well for students registered with Disability Services who are at high risk, who are waiting for appointments. We had one student who was waiting for an appointment with Inspire but it took quite a long time even though it was urgent, there are concerns for what do you do in that waiting period when you know they are at high risk of doing something.”*

*“When I have been referring I have said to the student to get back to me if they haven’t heard anything or to let me know what’s happening, and that’s how we’ve found out that actually the students aren’t getting the help that they need. They aren’t getting called back by the Counselling team...and they have come back to me. Some cases students haven’t heard anything in 10 days, bearing in mind the student that I’ve maybe had in the room with me has been in a very difficult position at that moment in time and I can see they need help from somebody.”*

*“Sometimes it takes me to phone Inspire and say that a student I was quite concerned about hasn’t been contacted in 10 days and could someone follow up and see what’s going on, they do then follow up almost instantly.”*



However, there were also positive accounts in relation to Counselling.

*“Students are reporting back that they have been very useful to engage with so they see it as positive. The problem is us getting [the student] to the point of either picking up the phone to make an appointment or actually going along to a face-to-face contact to get that help.”*

*“Counselling isn’t going to be for everyone, but certainly the experience so far is good, and is a good service, and a really handy service for students.”*

*“There is a clear resource constraint in terms of out of hours, but the Inspire line is an excellent support also.”*

The larger overarching issue appeared to be the inability for the NHS provision to pick up the gaps.

*“I think one of the challenges for counselling per se is the severity/complexity of issues presenting for students attending, and the limited number of sessions we can provide... complex needs should be met by the NHS... However the increasing waiting list for even initial GP appointments over recent times has also added to difficulty in treatment.”*

This typically meant that even if a staff member signposted to an external organisation, they would usually continue to have to support the student at quite a high level, in part, due to the demands experienced by the specific referred to organisation.

Many services were commended for their positive action, but pressure remained in terms of waiting lists, timelines, and limitations.

Most notably, this was seen in the context of the Emergency Department, but also sexual assault-related organisations such as Nexus and Victim Support NI.

*“Nexus...can usually take two or three months. And that can be okay sometimes because if it’s an immediate event, that can take a bit of time to process that so even having counselling at that stage might not be the right time. But it’s starting to get longer even now...four months. And Nexus are really the only sexual abuse charity in Northern Ireland.”*

*“So [Victim Support] have ISVAs, Independent Sexual Violence Advocates. And that’s really their role, to manage the holistic care...on a long term basis. They can work with a survivor for more than two years. Now the issue in Northern Ireland is that there are only two ISVAs. One in Belfast, one in Derry. Their case-load is through the roof. All they can deal with at the moment is anyone going through the court process. So anyone who decides to not make a complaint is getting lost in the system.”*

## EXTERNAL

A number of external support services were referenced throughout various School focus groups. While staff were generally provided with more reassurance that the student they were supporting was being positively looked after by specialist support, gaps and pressures remained in their ability to offer a smooth transition, or indeed be able to have them seen by external support.

## NHS

Given that students in need of specialised support were often signposted on to NHS provision or encouraging the student to speak to their GP, many staff commented on the often dissatisfactory result this usually brought. This was mostly due to the current extensive waiting lists, which acted as a barrier in accessing specialist and non-specialist services. Virtually all staff recognised the intense strain and pressures placed on mental health services, particularly in Northern Ireland.

*“Mental health services in Northern Ireland are struggling to provide the need. Kids in North Belfast hanging themselves, and what looks like relatively well off students in South Belfast, who are feeling a bit depressed – they go right down to the bottom end I think, and that impacts on our course progression, and our wellbeing.”*

*“We know that this person would really need 10 weeks of CBT, and that’s just the general deficiency in the ecosystem with young people with mental health problems.”*

Even in spite of the awareness of this challenges within the NHS, this did not prove comforting for staff in supporting students. Indeed, it exacerbated and continues to exacerbate the barriers in which both they and the student must overcome, thus reducing the number of options the staff member can offer in supporting students.

*“It’s 9 to 5 which means we are pushed into the mess of the NHS, I don’t mean it’s a mess – but it’s fragmented.”*

There was also a recognition that students who have pre-existing conditions when joining the University may require additional support due to their experiences in the NHS. This may be illustrated through an example of

where a student may be suffering from a flare-up or worsening of their condition, or care pathway such as CAMHS and transitions into Adult Mental Health Services.

*“There are also students with pre-existing conditions, and then when they come here they are cut off from all NHS services because they are an adult. And that is a huge issue with students who have a history of self-harm and with different types of eating disorders. When they come to Queen’s, there’s no support for them, or really inadequate support I should say. They don’t have the same access that they did to specialised support when they were classified as a child. I think that’s a huge, huge issue.”*

Support Providers in particular recognised that NHS provision was not necessarily a panacea either, particularly in the context of trauma related wellbeing concerns.

*“That’s really where the system falls down. Because people who have a history with sexual assault won’t necessarily go to the GP. They may present with other things, but they won’t go and see their GP. And very often it’s through Nexus, counselling, and other private charities. So there certainly is a gap there in terms of mental health, particularly around trauma.”*





## OUT OF HOURS SUPPORT

A number of staff highlighted that they were under pressure to support students outside traditional University hours of 9:00am – 5:00pm. Although there was no formal expectation for staff to support students outside the hours, there was evidence to suggest that a number of students in distress were reaching out for support during evenings and weekends.

*“Because it’s more often than not, when you get that email, you can guarantee that it will come in at 4:50pm.”*

Some students may try desperately to get in touch with someone seeking an answer to their queries.

*“Even though we do tell them we won’t be checking emails after hours or at weekends, but in an urgent case they will try and get in touch with you and they might try lots of different people in the hope that somebody has by chance picked up their phone and saw an email.”*

The gap in out of hours provision also relates to high risk cases, including School-based staff’s ability to know how to respond.



*“Sometimes we feel that challenges where students have been red-flagged where there have been suicidal thoughts and we’ve had to go to students’ houses, to their front door, and I think potentially there’s a bit of a gap where...this happened on a Friday, or if we’ve had students where we’re not sure what support there is for those students over the weekend.”*

Some Schools also highlighted that groups such as International students may face additional vulnerabilities in this area.

*“I know from an international student perspective, we actually need a 24-hour helpline, that’s not necessarily for Student Wellbeing, that’s just for student support, because we’ve had students kicked out of houses, we’ve had burglaries going on and police turning up and not being able to keep the student in the house that night, and police having no-one to phone, students having no-one to phone.”*

In one example, a School also recognised that there can be implications for out of hours support across multiple time zones.

*“The one we have been dealing with recently which is quite tricky is a student who is at home in Malaysia and time differences are difficult... so that person is emailing during the day but you aren’t going to pick up until the next day because it’s the middle of the night here... that was a Friday at 4 o’clock, in a dodgy skype connection, a student very distressed and there were two of us and you just feel so helpless.”*

Service delivery can prove challenging for staff who may be working or teaching all day and struggle to reach out to Student Wellbeing. One participant also noted that this can affect students as well.

*“Take medical students for example who are on placement who can’t attend 9-5 or they are in class and they can’t attend the Student Guidance Centre without taking time off.”*

Five

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# DIVERSITY & INCLUSION



# DIVERSITY & INCLUSION

*In your area are there any specific cohorts of students who experience additional issues or require a different focus?*

## OVERVIEW & SUMMARY

Within this section, colleagues noted differences in relation to students from the following demographics:

- Disabled Students
- International Students
- Local Students
- Gender
- LGBTQ+ Students
- Postgraduate Students
- Caring Responsibilities
- Mature Students
- Students of Colour
- Students of Faith

## INTRODUCTION

It was widely understood by all participants that the diversity of the student population was becoming more and more apparent. While all welcomed the increased diversity this brought to the University and the student experience, there was acknowledgement that this also presented challenges which the University was not necessarily prepared for. Indeed, a number of gaps were highlighted on how services should be developed or enhanced to respond to different groups of students, and their cohort's needs. In setting out this section, a principle of thinking beyond the nine Section 75 protected characteristics was highlighted. Participants were encouraged to

think outside of the box, in order to recognise any barriers or structural inequalities impacting on students' wellbeing. This would also help from an intersectionality point of view.



## DISABLED STUDENTS

Looking at students with disabilities as a cohort is interesting in general due to the fact that number of students registered with Disability Services has increased significantly in recent years. In particular, students with a mental health condition is now the second highest condition within the Service, likely to be significantly underreported, much like that of other disabilities and long-term conditions.

Staff spoke very positively about the staff in Disability Services, recognising the high volume of students registered with the Service and commended their ongoing advice and guidance in supporting both students and staff supporting students.

However, there were a number of issues which presented challenges for staff supporting students in relation to accessibility more broadly at the University:

- Individual Student Support Agreements (ISSAs) and disseminating this information – transcribing this made it difficult to provide information to other members of staff in the School to know students' reasonable adjustments.
- GDPR and Privacy – These regulations made it difficult for a lot of staff to know which of their students are registered with Disability Services unless they tell them directly.
- Joined-up support – Staff who supported students with disabilities sometimes have had to go around multiple locations and departments to put something in place for a student with individual needs. This can be time-consuming amongst other job duties.

One School felt that more work could be done to empower disabled students to have conversations with staff members in relation to the support they receive.

This included:

*“And I would possibly also say students with a disability might be something of an issue as well. And the reason why I say that is because it's not all always very joined up. Especially, when you've got the biggest classes, and when you've got 18 ISSAs, in fact I have more than that, it can be hard to link that to a person sometimes so I probably would love to do a bit of work with the students who are registered with Disability Services around having conversations with the module coordinator, reminding the module coordinator what you need, having that open kind of conversation with them, as opposed to 'oh I have an ISSA, they will know'”*

This is an interesting point; on one hand it sounds like a positive idea because it is about empowering the student to have conversations with members of staff and ask confidently about their support. On the other hand, the student may feel that by declaring their disability to the University at the time of application or on entry, 'the University' – that is, the School, and the relevant staff within it – should already be aware of this. Therefore, making them declare repeatedly on multiple occasions may indeed be a cause of additional stress. However, there may well be a case for how members of staff can reach out to check that the student's reasonable adjustments are suitable to the individual module or course.

Physical disabilities were generally viewed as having fewer issues for staff supporting students, bar some particularly obvious, but rather unfortunate, incidents. Some specific examples were cited of wheelchair users who had not had an accessible room booked for them.

In addition to the low number of lecture venues and seminar rooms with loop systems, or venues suitable to those with visual impairments was highlighted as of particular concern.

Students with high populations of students with Asperger's or autism often commented on the impact their disability has on their wellbeing. One School noted how it *"then leads down the road to depression, anxiety and panic attacks."*

Again, early intervention was highlighted as a beneficial avenue for students, noting how:

*"It's actually worse when they don't come to us because then they're just bottling it up – so it becomes very difficult – and then they don't attend."*

Some of the challenges were not necessarily within the control of the University – Students in receipt of Disabled Students' Allowance (DSA) could also struggle to fully take part in their course as pressures on the funding process and system can be a very lengthy and time-consuming process. Therefore, it may even take the majority of year one getting the right support in place.

## INTERNATIONAL STUDENTS

International issues came up frequently as a topic in both the questionnaire responses and the focus groups. Staff felt strongly that there were gaps in relation to how international students were supported at the University, but this appeared to stem from systemic issues and structural barriers, rather than the action or inaction of any individual.

*"I was going to say for the international students in particular, we do have a duty of care. It's more so that they don't have the support mechanisms here, they don't have people to call on. They have friends, or not friends or family or people that they can*

*trust. And it's a very scary place to be, if you're in a different country, and you don't know who to talk to, how to talk to them."*

The issues were usually reported alongside the student lifecycle, beginning with welcome:

*"The University needs to put a greater emphasis on supporting international students. And there's international welcome week, but a lot of students don't know about it or come too late."*

Colleagues often spoke about the pressures placed on international students, which were equally multifaceted and complex.

Examples included:

*"That sense of competition is high, and that pressure is particularly high for international students."*

*"I've noticed with our Malaysian students, because of the pressures they're under, where they need to get to or proceed to, in order to progress. Some of my personal tutees in that category have got very upset about a mark, or maybe a penalty because of a late submission over the deadline or something like that."*

*"The one group of students whom we identified are our international students who often won't tell parents if they have failed exams or if there's an issue with progression. We always ask students in their support meetings if they have to repeat work or repeat a year, what their support network is and a lot of international student simply just won't tell because they don't want to disappoint their parents and that's a culture issues as well. Means they are even more isolated."*

*“It’s particularly true with international students as well, students have come to me with serious health concerns that they don’t even want to share with their family, they don’t want family worrying and they don’t know who to speak to so they come to their supervisor or another member of staff.”*

Cultural taboo was probably the most cited response in relation to barriers in coming forward:

*“I think our international students are quite vulnerable, especially in relation to mental health because it’s very taboo in some cultures to talk about whether you admit that you have a health condition, not just mental health condition. So, it is a case where it will come to the point where they’re not engaging in the course, or they have a failed course, or they eventually admit it, but it’s difficult to get them to admit it.”*

*“And they might not be registered with the doctor. And they certainly don’t want to talk to an academic, because particularly, with Chinese students there would be a very important cultural thing around that.”*

Finance and fees were also an ongoing concern for a number of students:

*“Money worries or issues at home especially those international students who are away from their family.”*

*“International students will not infrequently disclose that their family’s life savings have all been invested in their QUB course; or that they are being sponsored by their respective governments and will have to repay the costs in the event of failure. Apart from the cultural shame also intimated, this is viewed as a heavy debt which may take years to repay.”*

*“Issues arising at home are particularly stressful for these students due to distance and financial restrictions on travelling home.”*

In addition to concerns around academic support, a few Schools identified English language support within their gaps:

*“I had a student the other day because we’d had a meeting and it was a difficult meeting because of, you know, the language issue, the spoken language issue, and they emailed me to express their shame at how the meeting went, you know, and I said don’t worry about it.”*

*“International students coming here and not being able to access support for language etc.”*

*“A high percentage of international students present in crisis periodically, but especially around exam time and/or when assignments become due. Not infrequently, the spoken English of these students is quite poor...An international student may be able to demonstrate a basic understanding of the language – but still may not sufficiently fluent to understand lectures or keep up in class – and written work can take significantly longer.”*

Postgraduate Research International Students were also sometimes referred to as a particularly vulnerable group of students:

*“International PGR students may also experience specific issues, especially in terms of pressure from external sponsors to complete their PhD programme within a particular time-frame.”*



Unfortunately some students also face additional barriers when accessing support:

*“Perhaps for an international student, someone they meet for the first time and they think that’s where it stops. They have got into a far worse situation because they don’t get the help when they needed to. That applies sometimes in areas with the University as well where they go and aren’t able to express clearly what’s going on or what support they need and then hit this hurdle and hold back, that’s when it then escalates behind the scenes whatever issue is maybe going on.”*

*“Imagine an international student who is away from their family and friends and asked for help because they are in such a desperate situation only for no one to even call them and say they will help them within a certain amount of time to even give them a timeline.”*

There were also pressures raised in relation to out of hours support provision, including instances where international students may find themselves in distressing situations, or indeed suffering from loneliness and isolation.

*“I know from an international student perspective, we actually need a 24-hour helpline, that’s not necessarily for Student Wellbeing, that’s just for student support, because we’ve had students kicked out of houses, we’ve had burglaries going on and*

*police turning up and not being able to keep the student in the house that night, and police having no-one to phone, students having no-one to phone.”*

*“It can also be difficult if students become distressed over a weekend or during holiday periods. International students in particular are more at risk as they do not have family locally to offer help and support.”*

There were, however, elements of best practice with supporting international students, including buddy schemes, and academic and non-academic support.

*“So there’s a sort of familiarisation thing there, the others have known them for two or three years, so we have a special bridging course that they do which talks about specific cultural things in Northern Ireland and all that kind of stuff. Health service culture and how to get people talk to them who have done similar things. Halal meat, and what happens on a Sunday, what a weekend is like. Culture shock type stuff.”*

## HOME STUDENTS

One School then went on to highlight that they were also particularly worried about their School’s home students.

*“We have had so much stuff come out of the woodwork this year that [our staff] have found with international students and it scares the life out of me what we are not finding with our home students.”*





## GENDER

Some of the support services and Schools on-campus are able to provide student support in response to the student's preferences. For example, the Safe & Healthy Relationships Advocates have members of staff comprising of men and women, so a student can specifically request to be supported by someone of the same or different gender.

This is also available in Medicine with Year Support Leads. However, sometimes this isn't always possible at a School level, with one School noting:

*"I mean, we're very aware because we're a predominantly male unit, I'm very aware anyway over the years that I've had female students come in to see me about issues that I don't feel I am the best person for them to be talking to them about, but it then means that if I refer them to female colleagues, that [the colleagues] would get kind of overloaded."*

Sometimes providing support in the context of being supported by the same gender can happen through coincidence:

*"but it's mainly females and those with parental responsibilities that are the biggest ones that come to me. Maybe it's because I'm female, I don't know, but that's just my experience."*

In addition to some issues affecting one gender more than others, for example, caring responsibilities, which

falls disproportionately to women, the experiences of accessing and receiving support can vary according to being of a different gender. For example, in the context of Safe & Healthy Relationships-related cases, one colleague noted

*"It was really surprising to me coming from other campuses to this one and not have there be more student services around gender stuff, sexual assault stuff, and I think that's slowly changing. But obviously that relates in a lot of ways to what I hear from students about mental health and wellbeing stuff too. Honestly trauma-related stuff, like, you know, and even just being mindful to how that affects the pathways of processes, because I know that some women in particular have come to me instead of kind-of our designated person because you know I'm a woman, or I've been open about assault stuff or whatever. So a lot of that just like you know cross-cuts a lot of things"*

Indeed, masculinity can also present itself in the area of gender, with some colleagues noting:

*"I think that younger male students have been presenting with mental health difficulties more often and with greater severity than other cohorts."*

*"We see more female students than male for Stress, Anxiety and Depression related issues. This leads me to believe we are not reaching many of the male students suffering from these types of issues."*

This is something to be mindful, even in the context of the Student Wellbeing Service's social media channels, where demographic analytical information clearly highlights the gaps in sharing content and informative messages with men.

## LGBTQ+ STUDENTS

A number of the Schools reported an overrepresentation of students from the LGBTQ+ community in presenting with wellbeing issues. Some Schools discussed supporting students who were experiencing gender dysphoria, as well as supporting Trans students who were transitioning. School office staff in some areas also noticed a higher incident rate of mental health-related extension requests from LGBTQ+ students.

Support providers, and particularly in the context of work around Safe and Healthy Relationships, there is a higher rate of LGBTQ+ students accessing these services. Part of this could potentially be explained through the bullying, harassment, and hate crime aspects of this work.

## POSTGRADUATE STUDENTS

In relation to Postgraduate students, the most commonly cited issue was in relation to relationships between PGR students and their Supervisors:

*"Usually around progression and progress review, I did a panel for a student this week who I was concerned about and their supervisor seemed to be completely oblivious that there was potentially an issue there. It's a very different relationship between a supervisor and a postgraduate student, it's a much more intense relationship and there's a pressure to be seen to be succeeding and sometimes I think if students find they aren't doing well they think they can't confide in their supervisor."*

*"Also conflict with supervisors for PhD students."*

Some other gaps were highlighted in supporting PGT students.

*"Masters Students in particular present in academic crisis, and penalties appear to be high for failure. Masters Students appear to fall between a rock and a hard place – they aren't supported by Learning Development Services (primarily geared to UG study) – and they don't qualify for the support funded for PhD students."*

However, in terms of improved support, staff seemed to identify communication as a potential way to help resolve issues, or at least to detect them earlier.

*"For PGR students and the nature of a PGR degree, where the student is working largely independently, issues may not come to light immediately. Early identification relies on good communication between student and their supervisory team."*

*"Issues with PGR students, if not resolved directly with the supervisory team, will be highlighted to either the School's PG Administrator, Senior Postgraduate Tutor, or Chair of the Postgraduate Research Committee, who will work together to put appropriate arrangements in place to monitor and support the student."*

*"For PGR Students, general support is normally offered by their supervisory team and there is a requirement for regular, documented meetings between supervisor(s) and PGR student."*

## CARING RESPONSIBILITIES

As mentioned previously under Presenting Issues and Triggers (Section one), student parents and carers were often described as an overlooked and forgotten cohort of students. Colleagues remarked:

*“Actually the student who is a carer, actually have their own mental issues as well. Perhaps by virtue of being a carer. Perhaps not as well. They are often a forgotten category, because the problem is not directly their own. And the support that’s needed is very different”*

*“And sometimes I think taking on the concern of another, is often greater than sometimes the concern we would give to ourselves.”*

Some colleagues noted the particular gendered division in labour, typically affecting women more often than men. This then translated to direct student support, where women staff members tended to be the staff member approached specifically by the carer.

There are numerous challenges faced by the students which impact on their wellbeing. In addition to their studies, they have to care for their own families while balancing other priorities such as other part-time or full-time jobs. Similar to wider society, the caring responsibilities are sometimes not viewed as ‘work’. Simply put, when looking at their wellbeing, it’s not just themselves that they need to look after.

Being a carer can also sometimes disproportionately impact on the student experience as carers typically cannot stay on-campus for other extra-curricular activities, thereby potentially losing out on the same opportunities for feeling integrated and part of a community.

Student carers are particularly apparent in Nursing & Midwifery, where the majority of students also do not live on-campus and travel to university and placement.

One School also explored the link between caring responsibilities and assessment, noting that *“Students with disability and those with caring responsibilities have been particularly negatively impacted by the new academic structure with more frequent and higher-stakes assessments. They also tend not to like more innovative assessments as these are usually more time intensive for them to complete.”*

Carers face additional barriers in terms of some of the policies and procedures at the University, including resolving issues around attendance and exceptional circumstances. One School felt that they could support them more positively through conversation:

*“I think that they should be treated the same way as a student with a disability. You know, they register, we know that there’s something there, that might stop you attending the odd time, and we can deal with you like an adult. As opposed to trying to go and get a doctor’s note because your daughter’s got chicken pox, because no doctor will give you. And you can’t self-cert for that. You can’t self-cert for your daughter being ill. But if there was a way around that where we could get them to tell us that they have a caring responsibility. It’s normally kids but it might not be. But if they can tell us that they have a caring responsibility that we know of, that we’ve got the information, that the odd time they need flexibility with deadlines. How much is it really? We just really don’t want them to get penalised for attendance, if they come to us and have a conversation*

*with the module coordinator as we would expect somebody is registered with Disability Services to do, then we shouldn't have an issue with that."*

## MATURE STUDENTS

Some of the challenges highlighted by staff in relation to mature students included concerns around integration, transitions into academia, and balancing multiple and competing priorities, particularly those in their personal lives.

*"But the mature students is a group of students who have a lot of difficulty with fitting in and not knowing what to expect. I don't know if it's more preparation in school, and a different angle, coming in from a non-traditional route."*

*"Mature students don't tell you about they've nobody to go to a coffee with in the morning before class. Everyone in the class is 18."*

*"I think that's a major difference, in terms of age and maturity they are far on but they have a lot more life pressures or indeed illnesses themselves. Increasingly, dealing with students with very significant illness themselves then they are also trying to do all these other things and work part time and it's difficult for them."*

*"I'm always conscious of a conversation I had a couple of years ago with a mature student who told me that the day before they were going to start, they were so scared that they weren't going to come, except their friend phoned them up and told them to come and actually brought him to Queen's – he wouldn't go himself. So that*

*brought home to me that I think that we do underestimate how daunting it is, especially for mature students who've been away from education for a while."*

*"Throughout my time chairing student support meetings (these involve students whose progression through their degree programme has given cause for concern) it is noticeable that mature students (some of whom have young families, part-time jobs and who feel they should be coping) have found the transition to academic life challenging and find it hard to come and get help in a timely manner. It would be helpful to have a campaign that reaches out to them."*

*"Increasingly, I see additional issues and challenges being faced by mature students, especially those with children or other caring needs."*

## STUDENTS OF COLOUR

In the context of students of colour, one school noted that the rate of drop-out was higher for BAME students.

Students of colour were also overrepresented in the Safe & Healthy Relationships work, which may be, in part, due to the specific hate crime section within of this work.

Support providers also commented on the shame caused by failing modules.

Like gender, students requiring support may seek out members from staff from the same background or heritage as them.



*“It has to be culturally sensitive to who they are, where they’ve come from, and that we don’t do. It’s just a one stop problem. The problem with that I think is that international students go to international staff and a huge number of Indian students on our Masters Programme, and they all go to a specific member of staff. That staff member is one person. Or we have a lot of Chinese students, and they’ll go to another staff member in the School. And that’s not sustainable. It’s not that they don’t want to help.”*

## STUDENTS OF FAITH

Issues around students who are part of the Islamic or Buddhist faith were highlighted as part of the focus groups, both in the context of Estates provision and Chaplaincy support.

Medicine noted that there was no official Queen’s Islamic chaplaincy or Buddhist chaplaincy, which made it difficult to signpost students to in relation to support from their Chaplain, something which was not as challenging as other faiths. In addition, they also highlighted the lack of a prayer room for students, although noted a quiet room may be provided as part of the Health Sciences Campus redevelopment project.

Alongside this, the School felt that it was sometimes difficult for them to know how to respond to requests for certain adjustments to be made based on religious observances. Examples include taking exams during Ramadan, as well as permitting them to go to prayers on a Friday afternoon when on placement in locations away from Belfast, particularly more rural locations.





Six

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# **IMPROVING STUDENT & STAFF EXPERIENCE**

# IMPROVING STUDENT & STAFF EXPERIENCE

*Do you have any suggestions for improvement that would enhance student and staff experience in supporting positive wellbeing?*

## OVERVIEW & SUMMARY

The recommendations that were made from staff in this section included:

1. Enhanced provision of central resource
2. Wellbeing Officer at a School level
3. Additional guidance & training
4. Enhance out of hours provision
5. Support for staff post-crisis
6. Tackle root causes
7. Continue to champion student-led approaches
8. Empathy & a culture of compassion
9. Technology
10. Support Groups & Information-sharing
11. Other recommendations

## INTRODUCTION

This section focused on what suggestions staff members had in relation to creating a more positive environment for both students and staff at the University.

Some ideas were interesting in terms of what staff at the University would like to see in relation to supporting students. Some colleagues mentioned ideas of best-practice, which had the potential to be rolled out elsewhere, whereas other colleagues referred to entirely new initiatives or suggestions.





## 1. ENHANCED PROVISION OF CENTRAL RESOURCE

The main request from staff who were in a position of supporting students came directly in the form of a call for greater resource provided at a central university level. Not only would this help in relation to direct support for students, but this helped to give staff reassurance that students' concerns were being dealt with, thus reducing their workload and associated levels of pressure and stress.

*“More resources provided centrally. Resources that are easily accessible, will deal with assessment and referrals, and be resourced to take on responsibility for following up and through on all cases referred to them.”*

## 2. A DEDICATED WELLBEING OFFICER FOR EVERY SCHOOL

Several Schools identified a gap in relation to supporting students at a local level and how this interfaced with School provision.

Although a high percentage of Schools requested greater provision at a School level, the approach varied in terms of implementing this.

Some said that members of academic staff should assume the role, with a recognition of additional job duties under their Workload Allocation Model. This would also recognise that they would be much more likely to deal with a higher volume and complexity of support cases compared to their peer colleagues. However, some staff also noted the possible ethical issues around such a model.

Others suggested a standalone provision at School

level, who may be able to assist in other duties such as supporting exceptional circumstances applications and Student Support Meetings. Having a non-academic member of staff would, in theory, also help to reduce some potential barriers for students in approaching an academic member of staff, in case the student is worried or concerned about how this may impact on their studies.

*“The ideal would be a trained Wellbeing officer for the School, based at the School, with support at the centre (this would give mid-range support in the School).”*

*“Someone with a focus on student support as core to their position who can follow up, send out reminders on support mechanisms and meet more regularly with students,”*

While a number of colleagues were supportive of the proposed Faculty-facing model in assisting colleagues with medium to high-risk cases, some Schools expressed concern with the poor ratio of staff provision to students. Moreover, some of the larger Schools, with larger class sizes, suggested that they could occupy the majority of a Wellbeing Adviser's workload.

Colleagues also suggested the possibility of existing resource rotating more around different parts of the University, capitalising on pop-up-type initiatives, or a 'mobile service', either based on scheduled, routine dates, or based on School request.

## 3. GUIDANCE & TRAINING

Several calls were also put forward in relation to how the University could provide greater and more detailed guidance in relation to staff supporting students.

In terms of training, there was variation across the content staff would like covered, alongside the sometimes differing cohorts who the training courses should be targeted at.

The main training call undoubtedly came in the form of Mental Health First Aid (MHFA), with other relevant associated courses listed alongside this.

*“Ideally mental health first aid training should be rolled out to all staff and students.”*

*“Mental health awareness and resilience training for all students and staff.”*

Staff also indicated that any training should also be relevant to the duties of their role, and ensure that the training is targeted to those who may not necessarily be an academic member of staff, but may also find themselves in the position of supporting students

*“Training for all staff (including School Office staff) on how to respond to a student in distress.”*

Staff indicated that this training should not simply cover off predictable content, but rather specifically interrogate the real-life examples that staff are faced with, and their associated challenges.

*“It is not enough to tell Advisers of Studies that they must simply signpost mental health issues, as if what is involved is the mere direction of automatons. In truth, even talking to a student with mental health issues as a first point of contact is still a practice wrought with sensitivities and complexities. To that end, I think there should be a little more training of Advisers of Studies in establishing rapport with students and making them feel they have the safety to talk initially about their mental health issues, so that they can be referred sensitively to the appropriate service.”*

Staff also felt that any training should be adapted to colleagues depending on the severity or complexity of their role.

*“Staff who manage more complex cases, for example, Advisers of Studies and Disability Advisers, would benefit from more specialised training.”*

*“Staff who supervise PGR students or manage issues related to PGR students, could be provided with specialised training in relation to identifying and supporting those students with complex issues.”*

In relation to policies, procedures, and gaps in guidance, staff sometimes struggled to define the parameters and limits of privacy and confidentiality.

*“More clarity around procedures e.g. staff worry about breaching GDPR rules by seeking professional help from student wellbeing when dealing with complex cases – better guidance on when and how to do this would be very helpful.”*

Staff felt that workshops for students would also be an effective use of resources.

*“Offering expert resilience sessions for students in response to so many exceptional circumstances cases.”*

Finally, staff believed that provision should not necessarily be delivered solely on scheduled dates across the academic year, but should also have the potential to be accessed in different ways.

*“More accessible training for Personal Tutors that can be accessed on demand and remotely so that more staff can ensure that they have access to up to date information and guidance.”*

## 4. ENHANCE OUT OF HOURS PROVISION

In recognising that student support issues do not solely rise between working hours of 9:00am - 5:00pm, there were calls for a better provision outside of this timeframe. However, limited detail was provided as to what this might look like, suggesting that further scoping may be required.

*“However I would agree with a suggestion aired recently, that more accessible support beyond 9-5 office hours would be very helpful.”*

*“Wellbeing service beyond 9-5.”*

## 5. SUPPORT FOR STAFF POST-CRISIS

Some staff members described how shocked and upset they may have been, either having witnessed or experienced a challenging student issue. A number of colleagues in these situations often reported that it ‘sat with them’ for some time thereafter, or they didn’t really have anyone to speak to about it, beyond their immediate networks.

## 6. TACKLE ROOT CAUSES

From the outset of the interviews, a number of colleagues expressed a certain amount of scepticism towards an initiative addressing mental health and wellbeing. Some believed that there was the potential for it to be a ‘vanity exercise’, with a disproportionate amount of energy directed towards PR and visual marketing.

As a result, there was often repeated reference to tackling the root causes of what leads to poor mental health, particularly in the context of the University environment.

Some suggestions on avoiding a ‘Band-Aid’ approach were highlighted, including structural issues.

*“Advice on how to achieve a healthy work life balance, and the creation of a working environment, which facilitates this.”*

## 7. CONTINUE TO CHAMPION STUDENT-LED APPROACHES

A number of colleagues and Schools who had utilised the enthusiasm of student-led campaigns spoke highly of their benefits, particularly when measuring against levels of student engagement and impact.

Campaigns such as ‘Mind Your Mood’, and more recently OMNI, and student ambassador schemes in EEECS and Pharmacy were lauded as initiatives which demonstrated a significant amount of leadership in addressing a global challenge laden with inequalities and stigma.

Schools who had made use of Mind Your Mood workshops realised that these were proven to be effective in terms of educating students around the value of resilience, and how it interfaces with a University education.

Indeed, student feedback also indicated that they gained a lot from workshops and events, which further underlined that the facilitators – students – continue to be experts by experience.

As a result, there appeared to be significant appetite for Schools to continue to implement student-led initiatives at a local level.



## 8. EMPATHY & A CULTURE OF COMPASSION

Colleagues who were discussing gaps and pressures in relation to student mental health and wellbeing sometimes recognised that one of the most effective things a human-being can do when someone is in distress is to show kindness, compassion, and empathy with their situations.

*“What many students need is very simple, they need reassurance, and nowhere in our policies and guidelines does it mention that.”*

In developing this culture, it is helpful to not necessarily view this as an end goal, but rather a journey.

Examples of helpful initiatives included peer testimonies:

*“One of the things you might do too is to just talk through some of the success stories - that’s the wrong word, but that same student went away and got very serious treatment for two years, came back and doing wonderfully well and is a graduating student. And there might be a way to show examples of students being helped by our system and saying I was dealing with this, they told me to do this, and these are my coping mechanisms. Here are some videos, I had some really serious problems, and here’s how they solved them.”*

Other examples of creating this culture includes the Core Values:

*“Our QUB values, very visible around the University, do reflect an ethos of support. I do personally feel that I have people to turn to both professionally and personally within QUB – either managers or colleagues.”*

Indeed, colleagues recognised that there are many simple initiatives we could implement in order to portray an attitude of ICARE:

*“Including mental health and wellbeing sensitivity in staff trainings;”*

*“Including mental health and wellbeing messages in inductions and in module outlines and course outlines.”*

*“Greater acknowledgement of the work of supporting students and if it was tied to rewards then staff would feel that it was valued.”*

*“Developing a culture of checking if someone is ‘ok’, positive reinforcement for those on the periphery.”*

## 9. TECHNOLOGY

Considering staff regularly have experiences of struggling to identify students at risk, gaps were highlighted in relation to the lack of systems to support this endeavour.

*“If we could deal with those cases, and I’ve always struggled to find out exactly how many there are, but if we could deal with those cases in advance, that could be a game changer.”*

*“The University needs a system to integrate student data so students at risk can be more easily identified and earlier.”*

Additionally, some colleagues recognised that information and technology could co-exist to help advance initiatives around prevention and early-intervention.

*“Day-to-day support for positive wellbeing could be rolled out through Canvas. Videos and tips on simple ways to manage anxiety, workload, social media etc. could be disseminated in this way. This information is already available in QUB but perhaps it could be highlighted in Canvas during induction days etc.”*

## 10. SUPPORT GROUPS & INFORMATION-SHARING

Given the wide variety of student support roles at the University, and especially in response to the incredibly varied nature of these roles, staff suggested that there could be valuable learnings in hearing from others about how they have responded to the increasing volume and complexity of student support cases.

*“It might be worthwhile to convene meetings between Advisors of Studies from across the Faculty once or twice a year to discuss common issues and solutions, and for a refresher talk on relevant University services and regulations that can be drawn upon in order to carry out the role effectively.”*

Naturally, this would have to be balanced against principles such as confidentiality and identifiable information.

## 11. OTHER

Some other, associated suggestions were put forward by Schools:

*“Continue to build a sense of belonging and community.”*

*“Parents & Carers – Finding ways for module coordinators to put arrangements in place, or be flexible when looking at issues like attendance.”*

*“Doing more with offer-holder students in the summer period to help them with transitions and seeing different parts of the University before they officially join in September.”*

*“A central Faculty or University facility to assess EC claims and make recommendations would be beneficial. An administrator can assess a form for validity and impact on studies just as well as / better than an academic staff member and this would also lead to consistent treatment across schools.”*

*“Reducing the amount of concurrent teaching and assessment, especially in Semester one.”*

*“Social clubs related to wellbeing.”*

*“Student societies could be made more aware of the diverse nature of the student body and encouraged to ensure that their series of activities cater for the needs of all students.”*

*“In-house counselling team with links to Personal Tutors and Advisers of Studies.”*

*“A member of staff with specific responsibility for Wellbeing linked to central university (a ‘wellbeing officer/champion’) might be a helpful intervention.”*

*“Developing resources/events linked to each School/Centre might increase student engagement with such events.”*

*“A dedicated mental health service with access to services such as CBT etc. in order to try and tackle long waiting lists.”*

*“Some short 5-10 minute sessions giving general tips on stress and anxiety delivered at the start of lectures to reach students where we are unaware of specific issues.”*

*“Perhaps students who are finding it difficult to attend classes due to anxiety or being required to participate/present/engage in class could benefit from some additional support with this or counselling specifically targeted at addressing these fears.”*

*“Develop a Wellness campaign for students so that they have access to tips, tools and skills that will help them attend to their Wellbeing in its broadest sense.”*

*“Continue to focus on activities that support the development of a student learning community, sense of student belonging and sense of identity.”*







## **DISABILITY & WELLBEING SERVICES**

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