



QUEEN'S
STUDENTS'
UNION

omni
all in for mental health

**The SU Mental Health Survey
Results 2022/23**

Executive Summary

Mental health is repeatedly identified as a priority issue for students, and this has been further exacerbated by the Covid-19 pandemic. Queen's Students' Union relaunched the OMNI campaign in 2022 to raise awareness of mental health and to gain specific insight into the mental health of Queen's students using the OMNI survey.

Some key points:

- 2,164 students completed the survey
- 85% of students were concerned about their mental health over the past 12 months
- 79% of students reported feeling regularly concerned (at least once a week or more) about their mental health
- The top three stressors for students were course/academic pressures, lack of money/financial pressure, and relationships.
- 74% of students reported struggling with burnout while at university
- 50% of students had seriously considered leaving their course
- Students were more likely to seek support from a friend or fellow student than anyone else

The following were identified as the top 5 ways in which students felt that their mental health could be improved when asked to rank a series of options:

1. Investment in mental health services and talking therapies
2. Increased financial support for students in the immediate term
3. Reducing future levels of graduate debt
4. Improved quality / cost of housing for students
5. Changes in the language and culture of the university e.g. around 'students as consumers and products'

The key themes that emerged from students' qualitative feedback on what schools/faculties could do to better support student mental health were to:

- Be on the students' side
- Improve academic structures and support
- Organise more social opportunities and wellbeing events
- Provide better pastoral support and improve signposting
- Actively work to remove stigma around talking about mental health and struggles more generally

Key statistics related to specific student pressures

Academic pressures

62% reported struggling with pressure of deadlines

47% felt their academic workload was too much to manage

43% struggled with the method of teaching

39% struggled with issues surrounding academic feedback

Financial pressures

73% found it difficult to balance commitments such as work, study and family / relationships

55% felt that university / society simply sees them as a customer

49% regularly worry about not having enough money to meet basic living expenses

38% are worried about future levels of debt

Relationship/social pressures

63% of students reported that online learning had made it difficult to make friends

41% of students reported that there were not enough social (extracurricular) opportunities on their course

29% of respondents reported that they did not make new friends easily

19% of students reported that they rarely or never engaged in non- physical social / extracurricular activity

17% reported they only engage in non- physical social / extracurricular activity a few times per month

Background

University student mental health has been an increasing public health concern, with a growing body of evidence that highlights university student populations as a very high-risk group for experiencing psychological distress and mental disorders/illnesses (Eisenberg et al., 2013; Larcombe et al., 2016; Orgyen, 2017; Royal College of Psychiatrists, 2021; Stallman, 2010). Compared to childhood figures, mental health disorders are more prevalent in adolescence, a phase that lasts up to the age of 24 (Lancet, 2022). It is also reported that 75% of mental health problems are established by the age of 25 (Kessler, 2005). In high-income countries, although prevalence estimates vary, the peak incidence for mental health disorders seems to be between 17-19 years old (Lancet, 2022). For youth populations aged between 15 and 29 years old, anxiety and depression are amongst the top 5 causes of ill health burden (Regional Health-Europe TL, 2022). Prevalence rates of suicidal behaviour in college student populations are steadily higher than rates for the general adult population (O' Neill et al., 2018).

In the UK, rates of mental health illness among young people have risen dramatically and it is likely that this trend will continue due to the impacts of the Covid-19 pandemic (Child & Adolescent Health TL, 2021). Furthermore, anxiety and depression are 25% more common in children and young people in Northern Ireland compared to other areas of the UK (Bunting et al., 2020). Among children and young people in Northern Ireland, Bunting and colleagues (2020), reported that 1 in 10 experienced emotional problems, with significantly higher rates in deprived areas. 1 in 8 young people met criteria for any mood or anxiety disorder and almost 1 in 10 of 11-19 year olds reported self-injurious behaviours. Rates of self-injury and suicidal thoughts or attempts were higher among girls than boys, with girls aged 16-19 years having the highest rates of suicidal thoughts or attempts of any group surveyed (Bunting et al., 2020).

In addition to the fact that the median age of higher education students overlaps with the peak age of onset for mental health difficulties, there is also evidence to suggest that academic study at university has a negative impact on student wellbeing for some (Larcombe et al., 2016; Stallman, 2010; Wierenga et al, 2013). A recent survey conducted by Student Minds (2022) outlined that 1 in 3 students surveyed reported that being at university has a negative impact on their mental health and over half reported that they were currently experiencing a mental health issue. Another recent survey reported that student respondents were 4 times more likely than the general population to report feeling lonely 'most' or 'all of the time' (Neves and Brown, 2022).

Despite prevalence rates, the Equality Challenge Unit (2014) reported that almost half of student respondents who had experience of mental health difficulties while at university had not received: any course assessment adjustments, therapeutic support, or other forms of university academic or mental health support. The Equality Challenge Unit (2014) also found that 75% of student respondents who had experienced mental health difficulties had disclosed these to a fellow student. Peer support is cited as a vital component of future mental

wellbeing of young people (Lancet, 2022) and it is purported that it can be used safely and effectively within university settings (Gulliver and Byrom, 2015).

In addition to the above, there is a growing movement to differentiate between mental health and mental ill-health (Thapar et al., 2022). The continuum of mental health exemplifies how mental health can move and change depending on stressors and supports but also highlights that we need to avoid looking at mental health as binary opposites (ill or well) and recognise that we all have mental health, and it changes regularly (Student Minds, 2020). Furthermore, the importance of shifting from a biomedical to a biopsychosocial model has long been promoted in the field of Health Promotion, moving away from a pathogenic approach (focus on disease) to a salutogenic one (focus on factors that support health and well-being). Bearing in mind that a considerable number of students will experience mental health challenges while at university, it is vital to consider how universities can ensure that they provide supportive and health promoting environments (Dooris et al., 2022). Recognising that the systems in which people live and interact are pivotal to their wellbeing, and applying this to the QUB context, a whole-university approach is required to make the university a health-promoting setting. To create a healthy university environment and respond to student need in this area, it is vital to understand the issues pertinent for QUB students and to consider the potential impacts of the Covid-19 pandemic.

Methodology

The primary aim of this research project was to gain insight into the lived experiences of the 2021/22 Queen's University student population. The survey focused on factors typically associated with influencing student mental health and wellbeing while attending university. An online survey was conducted using SurveyMonkey. The survey included both quantitative and qualitative questions. There were 44 questions in total.

The survey was entitled 'OMNI 2022 – all in for mental health' and was based on the previous OMNI survey conducted in 2019, with some amendments and several additional questions. The 2022 survey introduced a set of faculty/school-focused questions to support efforts to improve student mental health and wellbeing across the University. These questions were formulated by an Engineering and Physical Sciences (EPS) faculty staff member and shared with the faculty of Arts, Humanities and Social Sciences (AHSS) and Medicine, Health, and Life Sciences (MHLS) for input. Core stakeholders from Queen's student support services, Queen's academic and support staff, elected Student Officers, and Students' Union staff were also consulted on the questions. All groups made recommendations with regards to content, language, and formatting. The survey was divided into sections that focused on: demographics, mental health concerns and Covid-19, stressors, services and support, faculty/school experience, and participant recommendations for improving student mental health.

The OMNI 2022 campaign was launched on 22 March 2022, and the survey went live on this date. The survey was open to all 2021/22 Queen's students over the age of 18 and required consent to participate. All questions, except for age and consent, were optional to ensure that no student felt obliged to disclose any information they did not wish to share. Signposting support information was also included, at both the start and the end of the survey, with contact details for internal support services and several relevant charities. Participation in the survey was not incentivised.

OMNI 2022 was marketed extensively both digitally and in-person – encouraging students to join the movement and be 'all in for mental health'. The campaign included the following:

- A dedicated OMNI microsite
- Campaign video led by the SU President
- Email marketing – this included an all-staff email from the University Registrar and the SU President and several all-student and targeted student mailers
- Social media promotion (Twitter, Facebook, Instagram, TikTok)
- Plasma screen images, posters, leaflets, and tent cards
- Promoting OMNI to staff committees and in the staff Round-Up comms

- Online Toolkit which enabled staff and students to promote the survey
- Scavenger hunt across campus with 10 x OMNI wellbeing bags to be won
- Pop-up events with a variety of branded OMNI goodies in high footfall areas and at big events (Volunteering and Wellbeing Fair, The McClay Library, Student Accommodation sites, and the Peter Froggatt Centre foyer). These events included chatting to students about mental health and wellbeing and informing students about support services available.

The survey was open for just over 10 weeks, closing on 3 June, 2022 and 2,257 responses were received. All quantitative data collected was screened, cleaned, and analysed using IBM SPSS (version 26) data analysis software. After this process, the number of valid responses was 2,164. All statistics were calculated based on question responses rather than the number of survey respondents. Data will be presented as follows:

1. Demographics
2. Mental health concerns and impacts
3. Stressors
4. Services and support
5. Faculty/school experience
6. Rankings and suggestions for improving student mental health
7. Conclusion and recommendations

Qualitative data was analysed using basic content analysis (Weber, 1990), apart from school/faculty improvements to improve/support student wellbeing, which was analysed using thematic analysis (Green and Thorogood, 2013). Where possible, comparisons will be made to the OMNI 2019 data. Rounding to the nearest whole number was applied in order to present the data in the most meaningful way and as a result, some percentages may not total 100%. Due to the sample size, it was not feasible to apply the preferred approach of using specific ethnic classifications of the Census when reporting the data, as recommended by the Race Disparity Unit (RDU). We have however followed the RDU guidance on how to write about ethnicity where grouping is necessary. We have used the suggested RDU term ‘people from ethnic minority backgrounds’ with one small change: ‘respondents’ has been utilised in place of the word ‘people’.

1. Demographics

2,164 Queen's students fully participated in the OMNI Survey. The demographic details of the sample surveyed was as follows:

Age 50% - 18-21, 27% - 22-25, 13% - 26-30, 10% - 30+ – Minimum age was 18, maximum age was 65, (M = 24, SD = 6)

Study frequency 95% - full time, 4% - part time, 1% - assessment only

Faculty 35% - AHSS, 31% - EPS, 33% - MHLS, 1% - Institutes / INTO

Gender Women -72 %, Men -25%, Non-Binary -2%, Agender/another way/prefer not to say-1%, Gender matched that assigned at birth -97%, Gender didn't match that assigned at birth -2%, prefer not to say -1%

Sexual Orientation Heterosexual -73%, Gay – 2%, Lesbian – 2%, Bisexual – 13%, Queer – 2%, Asexual – 2%, Pansexual – 2%, prefer not to say – 4%

Ethnicity white -82%, respondents from ethnic minority backgrounds -17%, prefer not to say -1%

Fee status NI student -67%, GB students -10%, RoI students – 5%, International students from within the EU -2%, International students from outside the EU – 16%

Carer/Parent 9%

Care-leaver/care-experienced Yes - 1%, Prefer not say – 1%

Accommodation Renting in private sector – 43%, Living with parents/guardians – 25%, QUB accommodation – 18%, Private sector accommodation/halls – 7%, Own home – 7%

Year of Study 1st Year -26%, 2nd Year -24%, 3rd Year -20%, 4th Year + - 6%, Masters/Postgraduate level - 14%, Doctoral level -11%

Disability status Physical disability – 3%, Mental health condition – 22%, Learning difficulty/social/communication impairment – 7%, Disability, impairment or condition 'not listed' – 1%, Two or more impairments or disabling medical conditions – 5%, None – 56%, Prefer not to say – 4%

Engaging in physical activity More than once a week – 55%, Once a week - 19%, A few times per month – 11%, Rarely or never – 15%

Frequency of non- physical social / extracurricular activity More than once a week – 41%, Once a week, 23%, A few times per month – 17%, Rarely or never – 19%

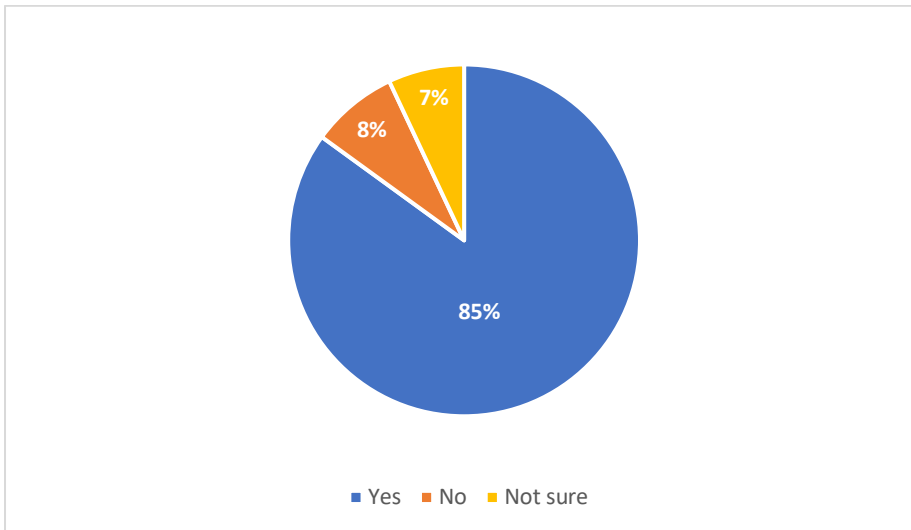
Social media usage 3+ hours - 35%, 2-3 hours - 46%, 1 hour or less - 16%, don't use social media - 2%

2. Mental health concerns and impacts

Most students (85%) reported that they had been concerned about their mental health over the past 12 months (see figure 1).

Figure 1.

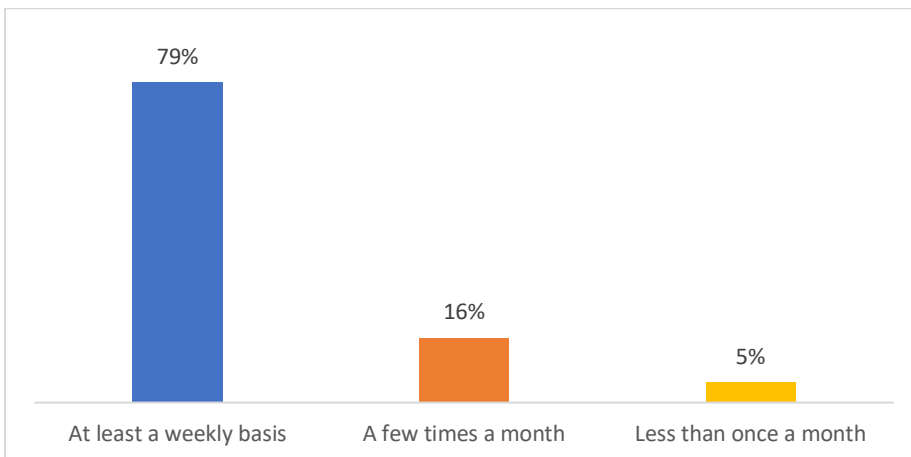
Mental health concerns over past 12 months



To gain a deeper understanding of student mental health concerns, participants were also asked about the frequency of these concerns (see figure 2). The majority of respondents (79%) indicated that they were concerned about their mental health on at least a weekly basis (daily, a few times per week, or about once a week) while 16% reported a few times a month and 5% less than once a month.

Figure 2.

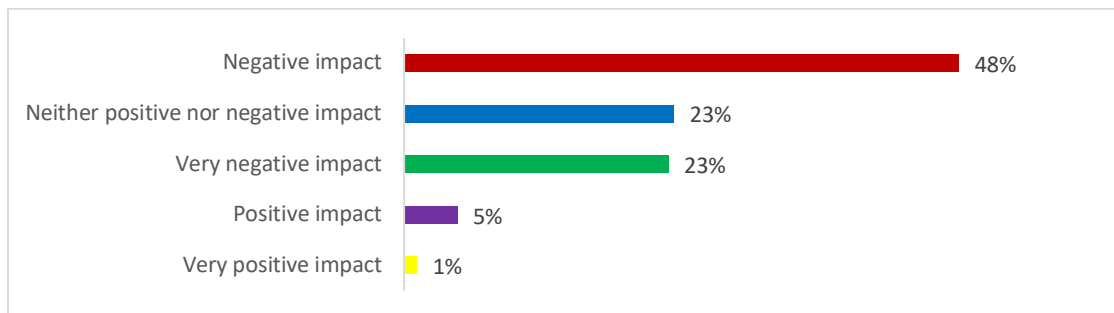
Frequency of mental health concerns



In relation to the overall impact on Covid-19 on mental health (see figure 3.), most respondents indicated it had a negative or very negative impact (71%). Close to one quarter of respondents (23%) felt it had neither a negative nor positive impact while a small percentage felt it had a positive (5%) / very positive impact (1%).

Figure 3.

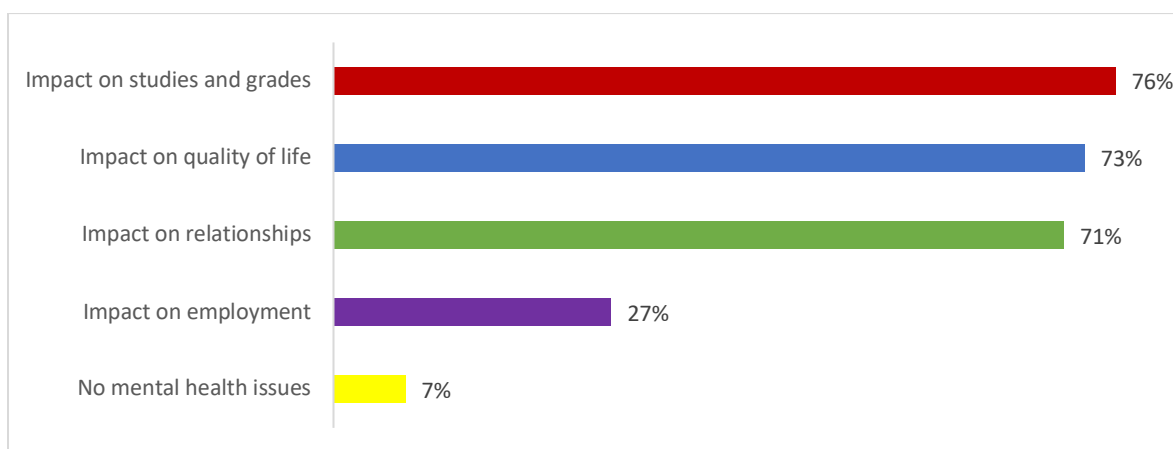
Covid-19 impact on mental health



In terms of mental health impacts on everyday life, the highest impact recorded was on ‘studies/grades’ (see figure 4.). This was followed by ‘quality of life’ and ‘relationships’ (73% and 70% respectively). Mental health ‘impact on employment’ was the lowest. This was followed by having ‘no mental health issues.’ Interestingly, when compared to previous OMNI data, impacts on studies and grades moved from the third highest impact in 2019 to the top impact in 2022. Some respondents (3%, $n=59$) reported other impacts. Some of the other main impacts on everyday life, as highlighted by students, related to struggles with motivation and/or concentration; social skills and relationship challenges; self-esteem, confidence & self-view; impacts on finances; life outlook; food issues; increased anxiety; and impacts on physical health.

Figure 4.

Mental health impacts on everyday life

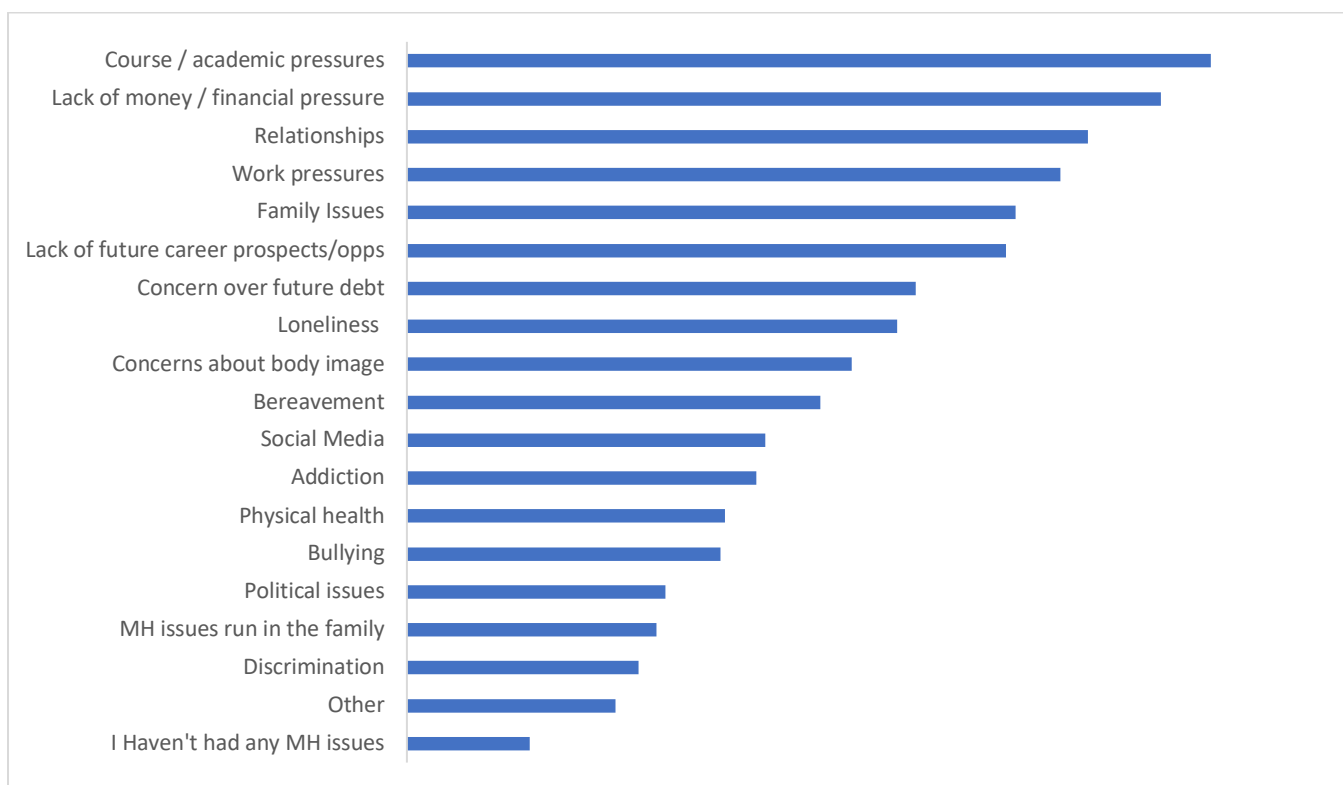


3.Stressors

Participants were asked to outline what they considered to be the most important factors or stressors influencing their mental health (see figure 5.). They were encouraged to rank multiple factors in order of their perceived impact, with a score of 1 denoting the most substantial factor. All responses were collated to give each factor a mean score. The most common response, by a considerable margin, was ‘course/academic pressures’, followed by ‘lack of money/financial pressure’. ‘Relationships’ was the third most common response followed by ‘work pressures’ and ‘family pressures.’ ‘Lack of future career prospects’, ‘concerns over future debt’, ‘loneliness’, ‘concerns about body image’, ‘bereavement’, ‘social media’, ‘addiction’, ‘physical health’ and ‘bullying’ could be considered mid-tier stressors. ‘Political issues’, ‘mental health issues run in the family’, and ‘discrimination’ were less common. The least common responses were ‘other’ and ‘I haven’t had any mental health issues.’

Figure 5.

Ranked stressors influencing mental health



When compared to OMNI 2019 data, the top 6 stressors influencing student mental health remain unchanged. In 2022, however, ‘concerns over future debt’ featured as a higher stressor moving from a ranking of 9th in 2019 to 7th in 2022 overtaking ‘loneliness’ and ‘concerns about body image’.

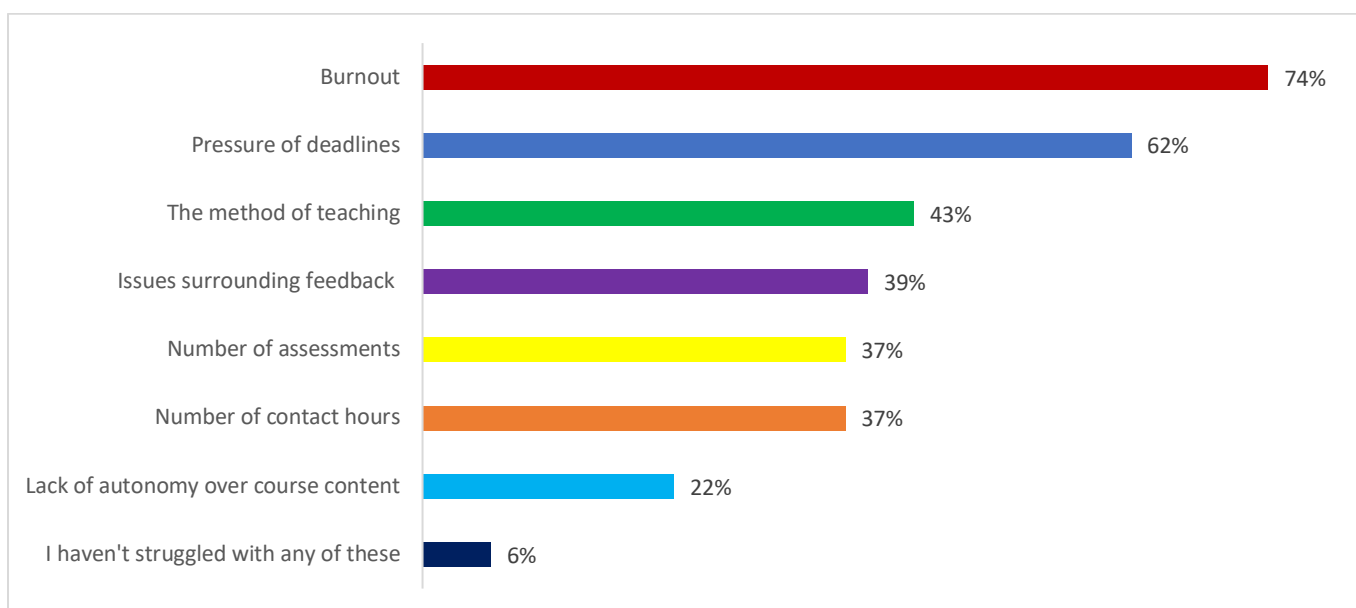
In addition to the stressors listed above, the majority of students reported some difficulty transitioning from school, further education or a different university to Queen’s University. Some students (22%) found it very difficult and 40% found it somewhat difficult. These figures are almost identical to the 2019 statistics. When asked if they had ever seriously considered leaving their course, 50% of students reported that they had considered this which is 4% higher than in 2019.

Academic pressures

When asked specifically about academic pressures, ‘burnout’ was identified as a major stressor at 74% (see figure 6.). In terms of the ‘pressure of deadlines’, 62% of respondents indicated that they had struggled with these. To a lesser extent, ‘the method of teaching’ (43%), ‘issues surrounding feedback’ (39%), ‘the number of contact hours’ and ‘the number of assessments’ (37% for both), featured as academic pressures. ‘Lack of autonomy over course content’ was the lowest. A minority of students reported that they had no struggle with the pressures listed (6%). When compared to 2019 data, ‘burnout’ has moved from the second highest academic pressure to the highest. Several respondents (7%, n=103) indicated that they had ‘other’ pressures. The main pressures that emerged were: inadequate academic structures, such as course content not matching assessments and poor teaching styles; deadline and placement pressures, including bunched deadlines and burnout; challenges associated with online learning; struggles with keeping up and with motivation/concentration; poor/inadequate communication; loneliness/disconnectedness; and mental health challenges. To a lesser extent, exam pressures, the impact of strikes, unsupportive staff, group work challenges, and balancing other commitments featured.

Figure 6.

Academic pressures

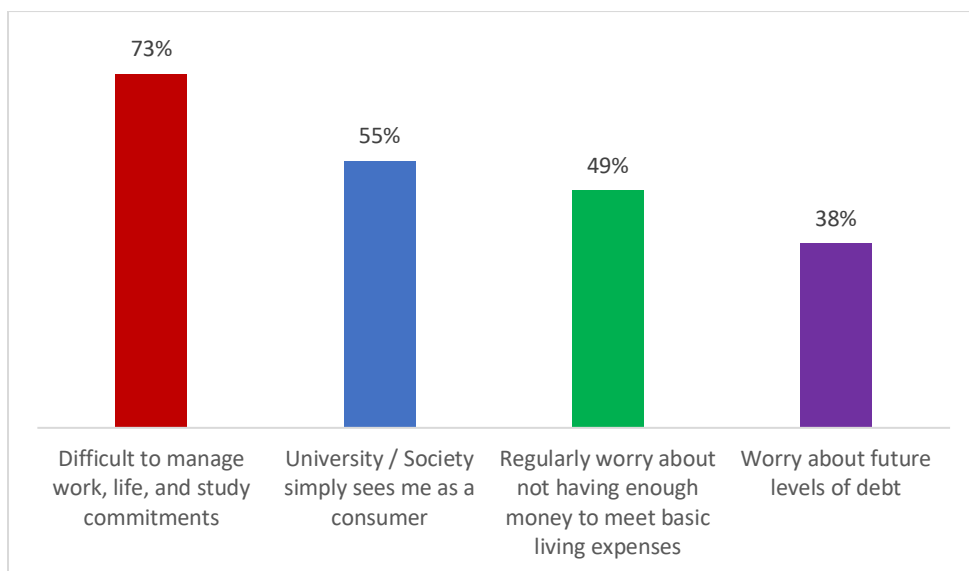


Financial pressures

When asked about financial pressures, 73% of respondents reported that they ‘struggle to balance work, life and study commitments (see figure 7.). Over 50% of respondents reported feeling that the university / society sees them simply as a customer. Almost half of respondents reported regularly worrying about not having enough money to meet basic living expenses such as rent and utility bills. 38% reported worries about future levels of debt. A minority (6%) reported ‘none’. A small number of students (3%, $n=50$) provided further comments. The main financial pressures that emerged were: being treated as a customer/ business-approach to education; lack of adequate support; fear of failure; and lack of future career prospects. When compared to OMNI 2019, the order of these pressures remains unchanged.

Figure 7.

Financial pressures



Analysis across demographics

Stressors influencing students’ mental health remained broadly consistent across demographics. The same top 5 stressors were present across most demographic groups with varying orders in some groups. There were consistent disparities across schools in all measures of academic and financial pressures with a range of at least 20 percent in all these areas. There were considerable disparities across different sexual orientations in all financial pressures as well as academic pressures, including levels of struggle with burnout and pressures of deadlines. There were notable disparities across disability status in terms of academic pressures, including burnout, pressure of deadlines, and lack of autonomy over course content. Levels of feeling like a customer also varied substantially across different disability statuses. The academic pressures of burnout, difficulties

with method of teaching and number of contact hours varied substantially by students' fee status as well as the financial pressures of feeling like a customer and worries about future level of debt.

4. Services and Support

In relation to the help sought over the past academic year, students again reported being most likely to turn to a friend to seek help (see table 1.). When combined, the 'friend' and 'fellow student' categories equate to 1,245 responses. Although some categories were split / expanded upon in the OMNI 2022 survey, there were many similarities when compared to the OMNI 2019 findings. The main places for students to seek support remained relatively unchanged from 2019 with 'family', 'GP', the 'university', and 'professional in the health service' at the top of the list. In OMNI 2022 however, more students reported that they would seek support from a 'telephone helpline' than from a 'professional in the voluntary sector.'

Table 1.

Most Likely Places to Seek Help

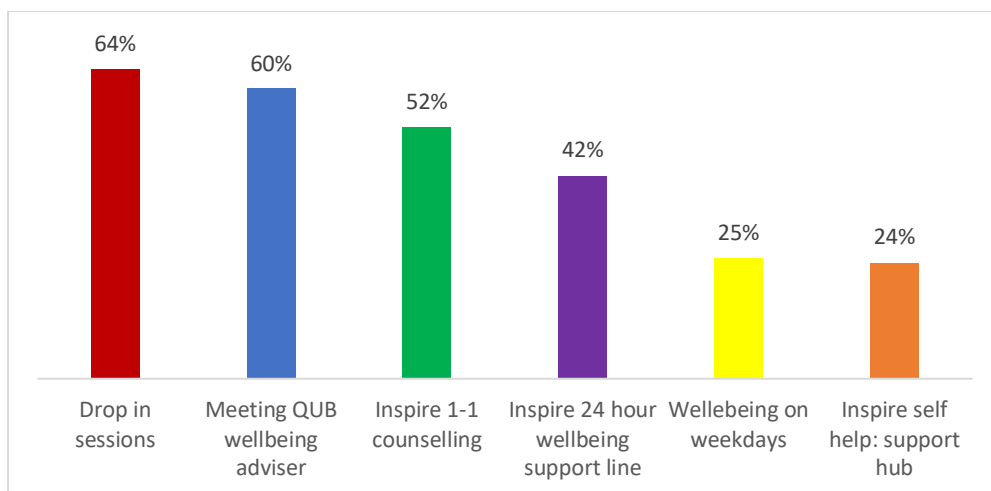
Support type	<i>n</i>
Friend	832
Family	731
GP	513
Fellow student	413
University	367
Professional in Health Service	330
Didn't seek support	289
Online website/forum	188
Telephone helpline	134
Professional in Voluntary Sector	118
Students' Union	105
Other	38

In terms of usefulness of the help received, this generally corresponds to the help source sought, with 'friend' (52%) and 'family' (47%) ranking highest. 'Fellow student' (29%) was however ranked higher than 'GP' (23%) and 'another professional in the health service' (21%) in terms of usefulness. The 'university' and 'online sources' were rated for usefulness 13% and 8% respectively. Of those who sought help from the 'GP' and the 'university', 17% and 19% (respectively) reported that the help was not very useful.

The majority of respondents were aware of wellbeing services at QUB before completing the survey (78%), while 12% were not aware and 10% were unsure. In terms of specific wellbeing services, as evidenced in figure 8., the most well-known services were ‘drop-in sessions’, ‘meeting with a QUB wellbeing adviser’, and ‘Inspire 1-1 counselling’ (64%, 60%, and 52% respectively). The 2 least known services were ‘Wellbeing on Weekdays’ (25%) and ‘Inspire self help: support hub’ (24%). A minority of students (2%, $n=7$) reported ‘other’.

Figure 8.

Awareness of wellbeing services

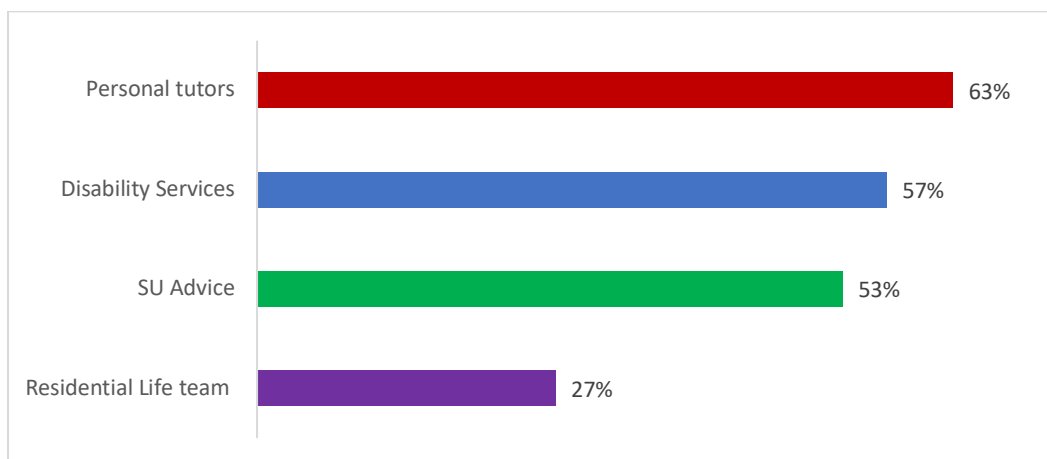


In terms of counselling wait times, of the students who had accessed the service (15%, $n=324$), the majority had waited less than one month (53%) or between one two months (25%) for an appointment. The remaining students had either waited longer for an appointment (10%) or couldn’t remember the wait time (12%). When compared to OMNI 2019, the data was relatively similar.

In terms of awareness of student support services (see figure 9.), students were most aware of personal tutors (63%), followed by Disability Services (57%) and SU Advice (53%). The Residential Life team were less well-known (27%) although it is important to note that this team would only be known by students living in on-campus accommodation. Some students (12%) reported not knowing any of the support services listed and a minority (1%, $n=16$) reported ‘other’ services.

Figure 9.

Awareness support services



5.Faculty / School Experience

Student and school community

When asked about the opportunity to get to know students on their course, most respondents felt they had somewhat had the opportunity to do this (50%) or had the opportunity (35%). The remaining 15% of respondents reported that they had no opportunity to get to know others on their course. When analysed by faculty (see table 2.), the trend was similar although students from MHLS were most likely to respond yes (40%) followed by AHSS (32%) and EPS (31%).

Table 2.

Opportunity to get to know students on course – by faculty

	AHSS	EPS	MHLS
Yes %	32	31	40
Somewhat %	50	52	50
No %	18	17	10

Almost half of respondents indicated *they did not feel part* of a community within their school (47%). The remaining respondents reported that they felt part (15%) or somewhat felt part (39%) of the school community. Exploring this by faculty, half of respondents from both AHSS and EPS faculties reported that *they did not feel part* of the school community (see table 3.). In terms of MHLS students, 40% reported feeling the same. There were low percentages of students across the faculties that felt part of the school community. A larger percentage of respondents did however report feeling ‘somewhat’ part of the school community, MHLS (42%), EPS (39%), and AHSS (36%).

Table 3.

Feel part of a community within the school – by faculty

	AHSS	EPS	MHLS
Yes %	14	11	18
Somewhat %	36	39	42
No %	50	50	40

The majority of students (80%) were aware of clubs and societies they could join in their school and/or the university. When explored by faculty (see table 4.), most students were aware of clubs and societies they could join in their school and / or the university. EPS students (85%) were the most likely to be aware, followed by AHSS (83%), and MHLS (72%).

Table 4.

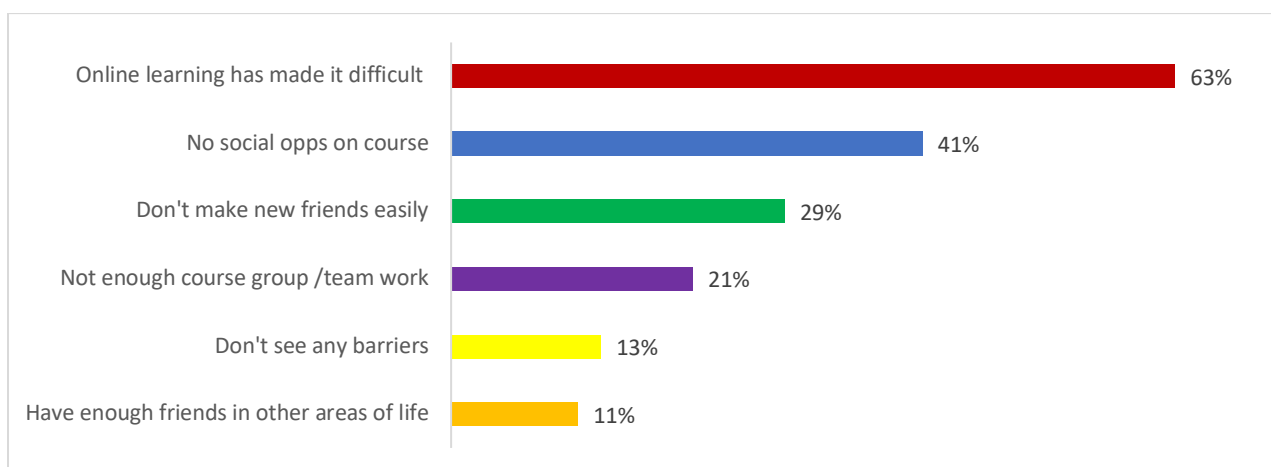
Aware of clubs and societies to join in school / university – by faculty

	AHSS	EPS	MHLS
Yes %	83	85	72
No %	17	15	28

In terms of barriers to making friends with classmates, the highest barrier recorded was that ‘online learning has made it difficult to make friends’ (see figure 10.). This was followed by not enough social (extracurricular) opportunities on their course and not making new friends easily. Some respondents (21%) indicated that there were not enough group work/team project opportunities on their course, while 13% of respondents did not see any barriers and 11% reported having enough friends in other areas of life.

Figure 10.

Barriers to making friends with classmates



At a faculty level, there were similar percentages that reported that online learning has made it difficult to make friends and that there were not enough social (extracurricular) activities on their course (see table 5.). A greater percentage of EPS students (35%) reported not being able to make friends easily than AHSS or MHLS students (28% and 25% respectively). A larger percentage of AHSS students (27%) felt that there were not enough group work / team project opportunities on their course when compared to EPS and MHLS students (both 17%). There were much lower percentages of students that reported not seeing any barriers or already having enough friends in other areas of their life (see table 5.).

Table 5.

Barriers to making friends with classmates – by faculty

	AHSS	EPS	MHLS
Online learning has made it difficult to make friends (%)	62	64	65
Not enough social (extracurricular opportunities on my course) (%)	43	39	42
I don't make new friends easily (%)	28	35	25
Not enough group work/ team project opportunities on my course (%)	27	17	17
I don't see any barriers (%)	10	13	14
Already have enough friends in other areas of my life (%)	11	13	9
Other (%)	11	11	8

Some students (10%, $n=133$) reported 'other' barriers. The main barrier that emerged was that there were 'cliques' or groups of friends that already existed, particularly among local students but also an unwillingness by other students to make new friends. Unsurprisingly, the impact of Covid and online learning was another major barrier cited. Age also featured with several respondents indicating that their age, being older, or a mature student was a barrier. Cultural differences and language challenges emerged as a barrier, with some respondents also reporting feeling discriminated against. The structure of the course was another barrier that emerged with some citing that class sizes were too large, too mixed, that there was not enough group work, that groups were managed or shuffled well enough throughout the year, and some referred to the lack of social opportunities available on their course. To a lesser extent, personality differences and events which centred on drinking were other barriers. The lack of available time also featured, and this varied from balancing commitments, including work pressures, to struggling to find time due to academic challenges.

Academic experience

When asked about the type of preferred study (online, face to face, or a mixture), respondents were mainly split: 47% of respondents reported a preference for a mixture of online and face to face learning while 46% indicated a preference for face-to-face study only. A minority of students preferred online study solely (7%). Analysis by faculty similarly revealed that very few students preferred online-only study (see table 6.).

EPS students were mostly divided between face to face (45%) versus hybrid (46%). A greater percentage of MHLS students reported a preference for hybrid (57%) versus face to face only (37%). Conversely, a greater number of AHSS students preferred face to face only (55%) compared to 38% who preferred a hybrid approach.

Table 6.

Preferred study format – by faculty

	AHSS	EPS	MHLS
Face to Face %	55	45	37
Online %	7	9	6
Hybrid %	38	46	57

In relation to academic workload, respondents were again mainly split between two categories: 52% indicated that their workload was manageable while 47% reported that they had too much work to manage. A minority of students reported not having enough work (1%). When analysed by faculty, more MHLS (54%) and EPS (53%) respondents reported having too much work to manage compared with 36% of AHSS students. The majority of AHSS students reported that their workload was manageable (62%). Very few students reported having not enough work to manage (see table 7.).

Table 7.

Feelings about academic workload – by faculty

	AHSS	EPS	MHLS
Too much %	36	53	54
Manageable %	62	47	46
Not enough %	2	1	-

A similar division was noted in relation to academic progress/achievement. Just over half of respondents indicated that they were slightly disappointed (39%) or not satisfied at all (14%). The remaining 47% reported that they were either very satisfied (7%) or satisfied (40%) when asked about academic achievement or progress on their course so far. Exploring this by faculty (see table 8.), a greater percentage of MHLS students were either very satisfied or satisfied (51%) than AHSS (46%) and EPS (43%) students. A sizeable percentage of students across the faculties were slightly disappointed or not satisfied at all – EPS (57%), AHSS (54%), and MHLS (49%).

Table 8.*Feelings about academic progress/achievement – by faculty*

	AHSS	EPS	MHLS
Not satisfied at all %	13	17	12
Slightly disappointed %	41	40	37
Satisfied %	39	35	45
Very satisfied %	7	8	6

Academic and pastoral support

When asked about feeling supported academically by their school, the majority of respondents reported yes (38%) or somewhat (44%) while the remainder reported not feeling supported (19%). When broken down by faculty, there is a similar trend although a greater percentage of MHLS and AHSS students were more affirmative and reported that ‘yes’, they did feel supported (see table 9.).

Table 9.*School level feel supported academically – by faculty*

	AHSS	EPS	MHLS
Yes %	39	31	41
Somewhat %	43	50	40
No %	18	20	19

There was a notable contrast in relation to feeling pastorally supported by their school with only 17% indicating ‘yes’ and 38% indicating that they felt somewhat pastorally supported. Close to half of respondents (46%) indicated that *they did not feel supported by their school*. Faculty level analysis revealed that almost half of EPS and AHSS students (49% and 48% respectively) did not feel pastorally supported. MHLS students reported higher levels of feeling supported or somewhat supported (19% and 41% respectively) while 41% also reported not feeling supported (see table 10.).

Table 10.*Feel supported pastorally at a school level - by faculty*

	AHSS	EPS	MHLS
Yes %	16	15	19
Somewhat %	36	36	41
No %	48	49	41

A considerable number of students surveyed (61%) reported that there were staff within their school that they felt comfortable approaching for help/advice/support, with 39% indicating they did not feel comfortable.

When analysed by faculty, 68% of MHLS, 60% of AHSS and 53% of EPS students reported there were staff within their school that they felt comfortable approaching for help/advice/support (see table 11.).

Table 11.

Comfort approaching school staff for help/advice/support – by faculty

	AHSS	EPS	MHLS
Yes %	60	53	68
No %	40	47	32

In terms of knowing who to contact for academic support, a sizeable number of participants (74%) reported that they knew who to contact. At a faculty level, a greater percentage of MHLS students (78%) reported knowing who to contact for academic support, followed by 72% for both AHSS and EPS (see table 12.).

Table 12.

Aware of school contact academic support – by faculty

	AHSS	EPS	MHLS
Yes %	72	72	78
No %	28	28	22

In contrast, less students were aware of who to contact for pastoral support. Over half of survey respondents (53%) indicated that *they did not know who to contact for* pastoral support while the remaining respondents (47%) were aware. At a faculty level, 56% of MHLS students, 45% of EPS students, and 40% of AHSS students knew who to contact for pastoral support (see table 13.).

Table 13.

Aware of pastoral support contact - by faculty

	AHSS	EPS	MHLS
Yes %	40	45	56
No %	60	55	44

Awareness of how to contact course rep

In relation to student awareness of how to contact their school or course rep, 60% were aware. The remaining respondents (40%) however, reported not knowing how to do this. When explored by faculty (see table 14.), 67% of MHLS respondents reported knowing how to contact their school or course rep, followed by 62% of EPS students. Just over half (52%) of AHSS students reported an awareness of how to contact their school or course rep.

Table 14.*Aware how to contact school or course rep - by faculty*

	AHSS	EPS	MHLS
Yes %	52	62	67
No %	48	38	33

6. Rankings and suggestions for improving student mental health

Students were asked to rank a range of solutions to improve mental health issues relevant for students. All responses were collated to give each factor a mean score. The following table (see table 15.) highlights the ranked solutions, from high to low. The top ranked solution relates to increased investment in mental health services and talking therapies. The second and third ranked solutions both relate to finances – immediate financial support and reducing future levels of graduate debt are identified as priority for students. The fourth highest priority relates to improved quality / cost of housing for students’ and the fifth focuses on changes in the language and culture of the university e.g. around ‘students as consumers and products’.

Table 15.*Ranked changes needed to improve mental health issues relating to students*

Rank	Solution
1	Investment in mental health services and talking therapies
2	Increased financial support for students in the immediate term
3	Reducing future levels of graduate debt
4	Improved quality / cost of housing for students
5	Changes in the language and culture of the university e.g. around ‘students as consumers and products’
6	Changes in the academic structure
7	Increased awareness and education about mental health so people can address any issues they face more quickly
8	Encouraging students to open up about mental health and break down the stigma
9	Equality and diversity for all (such as ending racism or delivering marriage equality or gender equality)
10	I don't believe any of these would help

When compared to the findings from the OMNI 2019 survey, the top two changes remained the same for the Queen’s student population. The third, fourth, and fifth priority changed however with ‘increased awareness and education about mental health’ and ‘encouraging students to open up about mental health and break down the stigma’ no longer featuring in the top five. It should be noted, however, that while it is useful to observe

an order of preference, there is not much difference between options with a large proportion of participants selecting all options.

In addition to ranking changes needed to improve mental health issues relating to students, respondents were asked an open question about what their school or faculty could do to improve or support student wellbeing. There were 427 responses to this question. Several main themes emerged from the data provided by respondents: be on the students' side; improve academic structures and support; organise more social opportunities and wellbeing events; provide better pastoral support and improve signposting; and actively work to remove stigma around talking about mental health and struggles more generally. The main themes are presented below, in addition to any sub themes that emerged. Some illustrative quotes are provided as examples.

Be on the students' side

One central theme that emerged from the data was that there was a greater need to 'be on the students' side'. As highlighted by this student: "be on the students side. My situation was negative in placement and then I felt that staff's hands were tied due to rules and protocols that did not have students in mind" (full-time student, MHLS).

Students also highlighted the need to be listened to, for their voices to be truly heard, "actually listen to the student and not dismiss their concerns (full-time student, MHLS)"; "seriously consider our concerns instead of pretending to listen to us and then disregarding them (full-time student, MHLS)"; and for actions to follow based on their feedback. As further explained by this respondent:

There have been several times where we have raised our concerns only to be ignored. Often accompanied with the "I hear you" line, only for nothing to change. Listening to students and actively changing/helping would be a big improvement (full-time student, EPS)

In addition to this, students highlighted the need for staff to be more supportive, such as being respectful, showing empathy and compassion, and providing encouragement: "just be nicer human beings. We're first human before we're students or academics, before all the titles... (full-time student, EPS)" and "be supportive and seem like they want you to pass exams and assessment (full-time student, EPS)". Students also referred to the need for greater interest and awareness of the issues students were facing:

The school and faculty (mainly higher ups) need to show an active interest in their students. While I feel supported by my department, I do not feel that the higher ups actually care about us as people, just about us as numbers (full-time student, EPS)

Queens in general need to be more understanding of the impact things like isolation, online learning and the disruption caused by strikes has on students. Having spent nearly 2 years online to then be able to come in only to have to return to online for 4 weeks this semester has been extremely disheartening. I feel very disconnected and don't feel like a Queen's student at all (full-time student, AHSS)

Improve academic structures and support

Another main theme that emerged was the need for improved academic structures and support which contained a number of sub-themes. The most prevalent sub-theme that emerged was the need to remove bunched deadlines, such as providing "more time between deadlines and/or exams, having them within 2 days just adds unnecessary stress (full-time student, MHLS)". This was further expanded upon by these students:

Maybe check when deadlines are placed because sometimes they are all bunched together so you have like a week of hell from trying to submit everything all at once. Maybe it would help to have some flexibility around deadlines if a student has a deadline within 48 hours of other deadlines (full-time student, AHSS)

The course can be structured more effectively. Deadlines can be planned in a more student-friendly manner. The coursework is immense, and sometimes important deadlines are clustered too close together. This affects our ability to perform to the best of our academic abilities (full-time student, EPS)

In addition, respondents reported the need to review and improve workload expectations, including having more continuous assessments. Some respondents highlighted the need to review weighting of course work generally and the removal of 'big' exams at the end of the year: "exams need to be weighted less as exams are worth 80% of this year in most modules despite continuous work (full-time student, EPS)". Some respondents outlined the importance of respecting the need for breaks. As identified by this student:

Give proper breaks, we shouldn't have exams etc scheduled for the 1st week in January then non-stop deadlines for assignments also that overlap these times. Proper breaks between semesters so that students have a change to recharge and spend times with their loved ones. It's not only the student but also their partner, children and extended families affected by it. (full-time student, MHLS)

There were mixed views regarding online versus face-to-face teaching. Many respondents reported a desire for face-to-face teaching, and how this was important to get to know people: "wholly online learning was fine during pandemic but classes could have been more face to face this semester which could mean meeting ANYONE who was on same course (part-time student, EPS)" / "more face to face learning and opportunity to get to make friends and know our lecturers more personally (full-time student, MHLS)".

There were, however, other respondents who desired the flexibility of the online teaching (or pre-recorded) offering. As identified by this student:

We need flexible learning. Although face to face teaching is great, often students with additional needs or issues cannot attend lectures in-person. Recorded or live online lectures are essential for future university learning. With recordings, it makes it much easier for people to schedule their lives around university and therefore makes it more easily accessible for everyone (full-time student, AHSS)

Another sub-theme that emerged was regarding clarity: clearer course guidelines, clearer expectations, and clearer revision and assignment guidance. In addition, the need for more support for assignments was highlighted. As reported by these students, there was a need for “clearer expectations before submission of assignments (full-time student, AHSS)” and “clearer course guidelines, meaning I don't have to spend extra time I don't have figuring out how to answer deadlines and unclear content (full-time student, AHSS)”. Respondents also reported the need for improved resources and more online resources.

A desire for improved placement structures also emerged, such as planning closer locations and not scheduling assessments during or immediately after placement:

Understand hours owed on placement, expecting students to make this up by working 50+ hours a week on placement whilst doing assignments and revision for exam and for some people working for a job for income, whilst having a family (full-time student, MHLS)

Some respondents outlined the importance of considering groups with specific needs, such as PGs, student nurses, and part time students. As highlighted by this student nurse: “I feel student nurses are under-supported financially which creates a lot of pressure. Academically a lot is expected of us and it always feels like there are not enough hours in the day (full-time student, MHLS)”. Several respondents pointed to the need to better support staff to enable them to support students: “support the staff. Its systematic, not down to the school or lecturers (full-time student, EPS)” / “hire more staff, it's becoming increasingly apparent to me that there aren't enough staff (part-time student, EPS)”.

Respondents reported the need for improved communications on academic issues, by having “open lines of communication directly to students re: a student forum or drop in sessions (full-time student, AHSS)” and “better communication on everything, make it obvious on canvas” (full-time student, EPS). This point was also related to another sub-theme that emerged: the need for improved feedback processes, as identified by these respondents: “actually provide detailed feedback on assignments, timely feedback, communication with students and fellow colleagues” (full-time student, EPS) and “improve feedback, the detail of the feedback we get and also the time that we receive the feedback. Better response time from lecturers when coming for hel” (full-time student, EPS)

Organise more social opportunities and wellbeing events

It was evident from the data that respondents felt there was a need for more face to face social / extracurricular opportunities, such as informal gatherings to get to know fellow students and academic staff. Students reported the desire for “chances to actually meet people on our courses so we don't feel so isolated, more social activities with lecturers i.e. trips etc to make things more fun and social, even well into second and third year” (full-time student, EPS) and generally for “more social events and opportunities to meet other students (full-time student, MHLS)”. Some students highlighted the need for this among certain student groups, particularly among PhD students. Organised group study to foster connections was also a suggestion that featured.

Mental health awareness, training, and engagement opportunities were also referred to throughout responses with some examples provided, such as “well-being days/ lectures related to mental health” (full-time student, AHSS), “anonymous mental health surveys like this specific to classes/courses to ask students what they need on a regular basis so this can continue to change when needed” (full-time student, MHLS), and “self-care and resilience days” (full-time student, AHSS).

Provide better pastoral support and improve signposting

Providing better pastoral support and improving signposting was a major theme that emerged. There was evidence that students felt there should be improved signposting for services that are available and dedicated staff members for pastoral support, as identified by these students: “have a dedicated wellbeing officer for these issues. Have their contact details signposted/advertised to all students in the school/faculty” (full-time student, EPS) / “having a dedicated member of staff who only deals with pastoral concerns and signposting to wellbeing services (full-time student, AHSS). The need for increased investment in mental health services / talking therapies also featured in the data.

Respondents highlighted the need for more pastoral / ‘soft’ skills needed at a staff level, and this includes providing training to staff on a range of relevant issues. As highlighted by this student, there is a need for “further training for staff” as there is a “lack of awareness and empathy for struggling students” (full-time student, MHLS). Further to this, respondents highlighted the need for greater awareness and support for mental health challenges/illnesses, disabilities, neurodiversity, and the impacts of Covid-19.

Regular check-ins, such as one to one opportunities with personal tutors / mentors and more informal meetings with academic staff and peers, were also suggested as supportive wellbeing tools. There was however cross-over between checking in and providing support on pastoral but also academic issues throughout the data, as explained by this student:

More open and honest, non judgemental conversations about mental health and well-being, personal tutors and lecturers allowing time in the academic year to figure out what students are most in need of support, reach out and create strategies to engage students and ensure well-being is consistent throughout the year groups...More discussion around how we as students can get the most out of the university experience and engage not only well-being but academic achievement, as at present many students feel they are not doing as well as they could (full-time student, AHSS)

Actively work to remove stigma around talking about mental health and struggles more generally

Respondents referred to the need to remove the stigma around talking about mental health but also being able to speak up and receive support about struggles more generally. As identified by these students, there is a need to “talk more about stigma of opening up about mental health issues” (full-time student, MHLS) and for “more open conversations about the workload, I feel there’s a bit of a stigma with saying there’s too much work” (full-time student, MHLS).

The need for a whole-university community approach and the requirement for action on mental health and stigma is aptly captured by this student, who stated it should be:

made the norm to just share your feelings with others and have mental health services that genuinely look out for and support students to the best of their abilities. We don't need platitudes; we need community and openness. We don't need statements, we need actions. We don't need commitments to do things in the future, we need actual change in real-time towards something better...we need actual stigma reduction that makes the university community genuinely compassionate (full-time student, AHSS)

9. Conclusion and recommendations

As evidenced in the report, more work is needed to address the stressors that impact on Queen's students' mental health. The most common stressors for students, by a considerable margin, were 'course/academic pressures', followed by 'lack of money/financial pressures' and 'relationships.' A considerable number of students (74%) reported struggling with burnout while at Queen's and 50% of students had seriously considered leaving their course. As shown from students' qualitative responses, removing bunched deadlines is one core way to reduce academic stressors with a greater focus on continuous assessment and more cohesion between joint degree programmes. There is also a need to improve students' academic workload levels; considering that 47% of students felt their workload was too much to manage and this also emerged as a core theme from qualitative comments. Over half of respondents expressed disappointment/ dissatisfaction in relation to academic progress/achievement. As highlighted by students, providing more academic support to students who are struggling, including more check-ins and one to one meetings, in addition to increased signposting to existing support services could assist with academic pressures and academic success. More work is also needed to alleviate the financial pressures felt by students. Students ranked 'increased financial support for students in the immediate term' and 'reducing future levels of graduate debt' in the top 3 changes needed to improve mental health issues relating to students.

The data suggests that many students experience mental health concerns on a regular basis. A large percentage of students (85%) reported being concerned about their mental health over the past 12 months and 79% of students reported feeling regularly concerned (at least once a week or more) about their mental health. Furthermore, mental health issues were reported as impacting more on studies and grades in 2022 than they were in the 2019 study and transitioning to university is still a struggle for many students. 'Investment in mental health services and talking therapies' was the highest ranked change that students would like to see to improve mental health issues relating to students. Suggestions provided by students included increased investment in mental health / wellbeing support services and talking therapies, greater signposting to internal and external services, broadening and increasing the student experience offering, training focused on staff supporting students, and student mental health development opportunities. There also needs to be more emphasis on supporting students transitioning to Queens. More positively, most students were aware of wellbeing services at QUB before completing the survey although more work is needed to promote the less well-known aspects, such Wellbeing on Weekdays and the Inspire self help: support hub.

Students reported feeling more academically than pastorally supported and were more aware of academic supports/contacts than pastoral at a school/faculty level. Students were also mainly split in terms of preference between hybrid and face to face teaching options, with very few desiring online-only courses. There is a clear need to build school community and foster connectedness, especially due to the impacts of Covid and online

learning, with greater face to face social opportunities required. As evidenced in students' suggestions, more opportunities for interaction are required in order to facilitate relationship building. Creating supportive pastoral structures in schools could support this. As recommended by students, creating specific pastoral support roles could provide more regular support to students and facilitate clearer signposting to internal and external services.

It was clear from the data that respondents are more likely to seek support from a friend/fellow student than anyone else which is an indicator that peer support features as a core part of help-seeking behaviours for Queen's students. Peer mental health support initiatives should be explored as a way of better supporting student mental health while at Queens. More work is also needed to ensure students are clear on how to contact their course representative and although there was a high level of awareness regarding clubs and societies that students can join; ongoing promotion is required.

Thank you to everyone who helped to make the OMNI 2022 survey and report possible. We couldn't have done it without the staff and student officers in the Students' Union and internal Queen's staff. We thank all the Queen's students who joined the movement by taking the time to complete the survey and the many more students and staff who spread the OMNI message across campus and beyond.

References

- Bunting, L., McCartan, C., Davidson, G., Grant, A., McBride, O., Mulholland, C., Murphy, J., Schubotz, D., Cameron, J., & Shevlin, M. (2020). *The Mental Health of Children and Parents in Northern Ireland: Results of the Youth Wellbeing Prevalence Survey*. Health and Social Care Board. [The Mental Health of Children and Parents in Northern Ireland \(hscni.net\)](https://www.hscni.net/the-mental-health-of-children-and-parents-in-northern-ireland)
- Child & Adolescent Health TL. (2021). Adolescent wellbeing in the UK. *Lancet Child Adolesc.* 5(10), 68. DOI: [10.1016/S2352-4642\(21\)00284-4](https://doi.org/10.1016/S2352-4642(21)00284-4)
- Dooris, M., Doherty, S., & Orme, J. (2022). Applying Salutogenesis in Higher Education in *The Handbook of Salutogenesis*, 307-319. <https://www.ncbi.nlm.nih.gov/books/NBK584119/>
- Eisenberg, D., Hunt, J. and Speer, N. (2013). Mental Health in American Colleges and Universities. *Journal of Nervous and Mental Disease* 201(1), 60–67. DOI: [10.1097/NMD.0b013e31827ab077](https://doi.org/10.1097/NMD.0b013e31827ab077)
- Equality Challenge Unit. (2014). *Understanding adjustments: supporting staff and students who are experiencing mental health difficulties*. Equality Challenge Unit. [Understanding adjustments: supporting staff and students who are experiencing mental health difficulties | Advance HE \(advance-he.ac.uk\)](https://www.equalitychallenge.org.uk/understanding-adjustments-supporting-staff-and-students-who-are-experiencing-mental-health-difficulties)
- Green, J. and Thorogood, N. (2018). *Qualitative Methods for Health Research: Introducing Qualitative Methods series*. Sage Publications, Inc.
- Gulliver, E. and Byrom, N. (2015). *Peer Support for Student Mental Health*. Student Minds. www.studentminds.org.uk/uploads/3/7/8/4/3784584/peer_support_for_student_mental_health.pdf
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of general psychiatry*, 62(6), 593-602. DOI: [10.1001/archpsyc.62.6.593](https://doi.org/10.1001/archpsyc.62.6.593)
- Lancet. (2022). An age of uncertainty: mental health in young people. *Lancet*, 400(10352), 539. DOI: [10.1016/S0140-6736\(22\)01572-0](https://doi.org/10.1016/S0140-6736(22)01572-0)

- Larcombe, W., Finch, S., Sore, R., Murray, C. M., Kentish, S., Mulder, R. A., Lee-Stecum, P., Baik, C., Tokatlidis, O., & Williams, D. A. (2016). Prevalence and socio- demographic correlates of psychological distress among students at an Australian university. *Studies in Higher Education, 41*(6), 1074–1091. DOI: <https://doi.org/10.1080/03075079.2014.966072>
- Neves, J. and Brown, A. (2022). *Student Academic Experience Survey, 2022*. Higher Education Policy Institute. [2022-Student-Academic-Experience-Survey.pdf \(hepi.ac.uk\)](https://www.hepi.ac.uk/2022-Student-Academic-Experience-Survey.pdf)
- O'Neill, S., McLafferty, M., Ennis, E., Lapsley, C., Bjourson, T., Armour, C., Murphy, S., Bunting, B., & Murray, E. (2018). Socio-demographic, mental health and childhood adversity risk factors for self-harm and suicidal behaviour in College students in Northern Ireland. *Journal of affective disorders, 239*, 58-65. DOI: [10.1016/j.jad.2018.06.006](https://doi.org/10.1016/j.jad.2018.06.006)
- Orygen. (2017). *Under the radar. The mental health of Australian university students*. The National Centre of Excellence in Youth Mental Health. Orygen. [Under the Radar - Orygen, Revolution in Mind](https://www.orygen.org.au/Under-the-Radar-ORYGEN-Revolution-in-Mind)
- Regional Health-Europe TL. (2022). Protecting the mental health of youth. *Lancet Reg Health Eur. 12*(100306). DOI: [10.1016/j.lanepe.2021.100306](https://doi.org/10.1016/j.lanepe.2021.100306)
- Royal College of Psychiatrists. (2021). *Mental Health of Higher Education Students*. College Report CR231. Royal College of Psychiatrists. [Mental Health of Higher Education Students \(CR231\) \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/mental-health-of-higher-education-students)
- Stallman, H. (2010). Psychological Distress in University Students: A Comparison with General Population Data. *Australian Psychologist 45*(4): 249–57. DOI: <https://doi.org/10.1080/00050067.2010.482109>
- Student Minds. (Nov 17, 2020). The Mental Health Continuum. Retrieved December 10, 2022 from <https://www.youtube.com/watch?v=xNjizKCL1Uo>
- Student Minds. (2022). *Student Minds Research Briefing – July 2022*. Student Minds. [2208_public_facing_research_findings.pdf \(studentminds.org.uk\)](https://www.studentminds.org.uk/2208_public_facing_research_findings.pdf)

Thapar, A., Eyre, O., Patel, V., & Brent, D. (2022). Depression in young people. *Lancet*. 400(10352), 617-631. DOI: [10.1016/S0140-6736\(22\)01012-1](https://doi.org/10.1016/S0140-6736(22)01012-1)

Weber, R. P. (1990). *Basic content analysis (2nd ed.)*. Sage Publications, Inc.

Wierenga, A., Landstedt, E., & Wyn, J. (2013). *Revisiting disadvantage in higher education*. Youth Research Centre, Melbourne Graduate School of Education, The University of Melbourne, Australia.
[Revisiting disadvantage: supporting new strength-based approaches to belonging and social inclusion for young people in education \(unimelb.edu.au\)](https://www.unimelb.edu.au/research/youth-research-centre/revisiting-disadvantage-supporting-new-strength-based-approaches-to-belonging-and-social-inclusion-for-young-people-in-education)