REACH OUT IRELAND

REACHING OUT IN College:

HELP-SEEKING AT THIRD LEVEL IN IRELAND

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REACH OUT™ IRELAND

REACHING OUT IN College:

HELP-SEEKING AT THIRD LEVEL IN IRELAND

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REACHOUT IRELAND

ReachOut Ireland is a not-for-profit youth mental health organisation founded in Ireland in 2009, building on and learning from the success of ReachOut Australia. Its objective is to help young people get through tough times and to take the mystery out of mental health. ReachOut Ireland achieves this aim primarily through delivery of its flagship online mental health service, ReachOut.com, which provides quality information on all aspects of mental health for young people aged 12 – 25, in addition to signposting to relevant supports and services. Along with the provision of online services, ReachOut Ireland works with a range of community partners in face-to-face settings and initiates and engages in research with other organisations.

IRISH ASSOCIATION OF UNIVERSITY AND COLLEGE COUNSELLORS (IAUCC)

The Irish Association of University and College Counsellors (IAUCC) is the representative body for Student Counsellors in third level colleges in Ireland. Formed in 1994, it is comprised of professionally qualified psychologists, psychotherapists and counsellors who are employed in the role of Student Counsellor in Universities, Institutes of Technology and other third level colleges nationally. It provides a network of support, advocacy and facilitation of ongoing training for its members.

HEALTH SERVICE EXECUTIVE, NATIONAL OFFICE FOR SUICIDE PREVENTION (HSE NOSP)

The National Office for Suicide Prevention (NOSP) was formed in 2005 and supports the implementation and coordination of Ireland's suicide prevention strategy. The NOSP is also involved in commissioning research and evaluation into suicidal behaviour in Ireland to support the development of effective, evidence-based interventions, in advising Government and other stakeholders on suicide prevention, and in developing guidelines on responding to suicidal behaviour.
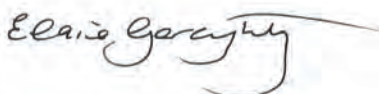
Foreword

This study report into help-seeking among students in Ireland represents the outcome of a recent collaboration between ReachOut Ireland, the Irish Association of University and College Counsellors and the Health Service Executive, National Office for Suicide Prevention. In a short space of time, important information has been gathered regarding the mental health landscape in Irish colleges and we have gained valuable insights into the help-seeking preferences of third level students. I am confident that this report can be a platform on which we build together to ensure the ongoing provision of appropriate support and quality services for our student body in the coming years.

For many students, entering into third level education in a college setting in Ireland is a natural progression from secondary school, it's something they don't give a second thought to. For others, entering college can involve considerable personal and family sacrifice following serious hard graft and countless hours of study to navigate difficult exams. At times of economic recession, colleges do particularly well. During tough social and economic times, people retreat to places of learning as mature students, get their head down and hope that when the storm passes they can emerge better equipped to take on day to day challenges, applying the learning they have acquired.

Whatever the reason or the path, the experience of life at a third level college in Ireland is a unique one. The college environment is one where young people and mature students can embrace a range of learning and social opportunities as they interact with teaching staff and fellow students while working towards a new qualification. For some, the journey is mostly positive and full of good experiences but for most, there will be inevitable challenges along the way. The nature of those challenges will depend on individual circumstances and can include money issues (to a point where having enough food to eat can become an issue), relationship issues, sexual health and mental health concerns. In some cases, sadly, the challenges of student life can be associated with suicidal behaviour and we know that, tragically, we have lost too many students to suicide in recent years.

In all of this, the college environment is a unique place to be in terms of support provision. There is no other environment in an Irish context where free counselling services can be accessed routinely, for example. One interesting finding in the present report is the level of agreement from respondents (87%) to the statement "it's reassuring to know that there is a free college counselling service". By extension, third level students are a unique population group with distinct stressors but they also represent a group that can be meaningfully reached and supported in effective and timely ways.

This report is based on collaborative research which set out to explore current mental health need, knowledge and understanding of existing supports and students' willingness to use a range of possible supports into the future. We hope that our findings can meaningfully inform the future direction of both mental health practice on campus and mental health policy related to the student body in all college settings across Ireland.

Elaine Geraghty

Elaine Geraghty,
CEO, ReachOut Ireland

A note on the following terms:

COLLEGE

This study involved the participation of students from different types of third level institutions, including Universities, Institutes of Technology and Colleges. Throughout the report, the word 'college' is used as a general term to refer to any type of third level institution.

E-MENTAL HEALTH

Referring to the use of the internet or technology for mental health information and/or support. Within the current study, this broadly includes the use of websites, online programmes and mobile applications, in addition to the use of technology for communication and support - from video conferencing, email, instant messaging and text messaging, through to phonecalls.

MENTAL HEALTH

'Mental health' is conceptualised in the broadest possible sense within this report, acknowledging that mental health can be either good or poor, and that a person's mental health is not fixed and can change throughout their life.

MENTAL HEALTH LITERACY

The current definition of 'mental health literacy' within literature has a somewhat narrow focus on knowledge and recognition of mental disorders (Jorm et al., 1997). In the present study, mental health literacy is more broadly conceptualised as knowledge of, and a positive attitude towards, mental health and help-seeking, including knowledge of mental health promotion and the broad range of formal and informal supports that can help with mental health difficulties. In this sense, knowledge and recognition of specific mental disorders and mental illness are deemed less important than a more general recognition by a person that they (or someone else) may be experiencing difficulties or going through a tough time, in addition to acknowledgement of the need for support, and knowledge and understanding of where and how to seek help.

1. Introduction

1.1. BACKGROUND

This report is based on a study involving a formal collaboration between ReachOut Ireland, the Health Service Executive's National Office for Suicide Prevention (HSE NOSP) and the Irish Association of University and College Counsellors (IAUCC), with support from the Union of Students in Ireland (USI). The study explored the mental health and help-seeking behaviours and preferences of third level students in Ireland, with a focus on e-mental health (using the internet and technology for mental health information and support) and college supports and services.

1.2. RATIONALE

College students represent an important and distinct population with regard to mental health and suicide prevention. The oft-cited study from Kessler et al. (2005) indicates that the peak onset of mental disorders occurs during the years of adolescence through to young adulthood. For a significant number of young adults, this high-risk period for onset of mental disorders coincides with their entrance into, and time spent within, third level education. In parallel, there are a number of challenges associated with the third level experience - adapting to new and unfamiliar environments, transitioning from adolescence to young adulthood and from dependence to greater independence, and managing increasing academic pressures in parallel with other responsibilities.

From an Irish policy perspective, the recently published *'Connecting for Life: Ireland's National Strategy to Reduce Suicide, 2015-2020'* highlights young people as a priority group stating that:

> 'young people remain at elevated risk of self-harm and while Ireland's overall suicide rate is not high by international comparison, we have the 4th highest suicide rate in the 15-19 age group across 31 European countries' (Department of Health, 2015).

The strategy goes on to make the specific recommendation, taking an inter-agency approach, that we 'enhance the supports for young people with mental health problems or vulnerable to suicide' (Objective 3.3, Connecting for Life, Department of Health, 2015).

Notwithstanding the relevance of such information to college students in the younger age range (late adolescence to young adulthood), it is acknowledged that mature students in third level education also experience specific challenges, including returning to education and managing academic demands alongside other responsibilities, such as employment and raising a family.

A limited number of recent Irish studies have reported on the prevalence and range of

mental health issues experienced by college students. Houghton et al. (2010) noted that scores on the Mental Health Index in a sample of Irish students demonstrated significantly poorer mental health than that of an age-matched general population sample. The authors report that this is in accordance with a number of previous international studies, in which third level students have demonstrated 'a greater degree of symptomatology compared to general young adult population norms' (Houghton et al., 2010, p. 45).

More recently, the My World Survey (a large-scale national survey of youth mental health conducted in 2012) provided data regarding the mental health profile of over 8,000 young Irish adults aged 17-25, the majority of whom were third level students (Dooley & Fitzgerald, 2012). Approximately one-quarter of students were reported to be experiencing mild to moderate depression or anxiety, and 14% were experiencing severe to very severe depression or anxiety. Just over half of the sample reported suicidal ideation and approximately one-fifth reported engaging in deliberate self-harm (Dooley & Fitzgerald, 2012).

Students are uniquely placed to receive information and support for their mental health, given the variety of support services that are freely available on-campus (Hunt & Eisenberg, 2010).

In parallel with such studies indicating that mental health is an important issue amongst college students, it should also be acknowledged that students are uniquely placed to receive information and support for their mental health, given the variety of support services that are freely available on-campus (Hunt & Eisenberg, 2010). From an Irish perspective, individual colleges have reported a growing demand for therapeutic support from Student Counselling Services on-campus and this is reflected in data that are annually collected and collated from colleges that are members of the IAUCC (see Appendix II for a summary of this data). For example, in 2007-2008 just over 4% of students availed of counselling compared with 5.5% of students in 2013-2014 and it is important to note that in this timeframe the ratio of students to full-time counselling staff has increased significantly, having risen to 5,109:1 in 2013-2014 (accounted for by both an increase in student numbers and a decrease in full-time staffing levels).

While it is positive that students are willing to seek professional help during their time on-campus, the significant increase in help-seeking from such services presents a challenge in meeting student mental health need within current capacity. As such, it is important to explore the help-seeking preferences of students with reference to existing and additional sources of support so that the range of mental health need can be met using the full range of available supports, and so that possible gaps in service provision can be identified and addressed. This is particularly important in light of findings from the My World Survey, which reported, for example, that 'the internet' was selected by the majority of third level students (77%) as a source of information and support for their mental health that they would be likely to use. Additionally, students in the My World Survey reported a likelihood to turn to friends (71%) and parents (56%). This study, therefore, sets out to shine a light on the many ways the varied mental health needs of students across Ireland can be addressed.

1.3. AIMS AND OBJECTIVES

The present study primarily aimed to explore the help-seeking behaviours and preferences of third level students in Ireland, through deconstruction of models of service provision investigated in previous studies.

The specific objectives of the study were as follows:

1. Establish a brief mental health profile of third level students;

2. Explore help-seeking attitudes, behaviours and preferences;

3. Utilise the data collected to make clear recommendations regarding:

    i. The role of technology-based and online resources, particularly
       as adjuncts to existing supports for students;

    ii. The development of Student Counselling Services and additional
        mental health initiatives and supports on-campus.

It is intended that results from the study will be utilised to inform the planning of future services and resources for students, based on their needs and preferences, while remaining mindful of previous, current and planned services and resources across individual institutions.

1.4. STUDY DESIGN

In line with these aims and objectives, a mixed-methods approach was utilised and the following activities were undertaken:

1. Students within participating third level institutions across Ireland were invited
   to complete a short online survey, with questions on help-seeking;

2. Four focus groups were hosted with students, to explore their help-
   seeking experiences and preferences in greater depth.

Section 2 of the report (Methodology) details how these activities were undertaken and **Sections 3 and 4** (Survey Results and Focus Group Analysis) present results and findings from each activity. **Section 5** (Concluding Remarks and Discussion) includes a list of recommendations, based on collective results from the study.

2. Methodology

The present study involved analysis of data from two primary sources:

    i. Online survey data;

    ii. Focus group data.

Additionally, as a secondary data source, information that is annually collected by the IAUCC pertaining to information on the uptake and use of individual Student Counselling Services is presented in Appendix II.

2.1 ONLINE SURVEY

2.1.1. Survey development

A survey was developed for the purposes of the study, involving consultation with the project Steering Group and a review of related literature and existing questionnaires to identify themes pertaining to help-seeking in the context of online resources and campus services.

The survey was created using SurveyMonkey software and was initially piloted online with a small group (12 individuals) from ReachOut Ireland's Youth Network (adolescents and young adults between 16 – 25 years old). The survey was additionally printed and administered in-lecture to a class of approximately 30 postgraduate students for further piloting. Recommendations and feedback obtained from piloting, in addition to review of the type of responses generated, informed changes that were made to subsequent versions of the survey prior to its finalisation.

The final survey consisted of 30 items, with a mix of multiple-choice and open-ended questions, and was divided into three sections: i) Demographics/basic information; ii) Views and use of online supports and college supports/services; and iii) Mental health and wellbeing (including the WHO-5 Wellbeing Index, a measure of wellbeing over the previous two weeks). The full survey is attached in Appendix III.

2.1.2. Survey distribution

Primary ethical approval for distribution of the survey was received from the Social Research Ethics Committee (SREC) of University College Cork.

All members of the IAUCC were subsequently invited to express interest in having their third level institution participate in the survey. Where expression of interest was made, relevant personnel from these institutions were contacted regarding permission for all students to be informed of the survey via email. The email comprised a visual flyer containing an embedded link to the survey information page and the survey itself, which was hosted within ReachOut.com. Students were notified within the email and survey information page that they could choose to enter into a draw for an iPad if they wished, by emailing the Research Officer to indicate their interest.

Participating colleges were requested to circulate the email to students twice where possible (once per week, over a two-week period), in addition to promoting the survey through the social media of their Students' Union. From the 28 third level institutions that are registered with the IAUCC, a total of 17 colleges participated in the survey (10 Institutes of Technology, 5 Universities and 2 Colleges). The majority of institutions (N = 11) followed the aforementioned procedure for circulating the email to students and promoting it on the institution's social media, although methodology varied where necessary: two institutions emailed the survey link to students only once, in accordance with their policy regarding all-student emails; additionally, four institutions promoted it on their social media only. The survey was circulated within different colleges from mid-March until mid-June, with the timing of circulation dependent upon approval at local level.

2.1.3. Survey data analysis

Descriptive data are presented throughout the report. Additionally, to explore differences between specific groups of students (based on gender and levels of wellbeing), data were analysed with IBM's Statistical Package for the Social Sciences (SPSS; Version 22), primarily using chi-square tests.

2.2 FOCUS GROUPS

2.2.1. Organisation of focus groups

Four focus groups were hosted with students, across two colleges. As per the survey research, ethical approval was granted by the Social Research Ethics Committee of University College Cork prior to organising the focus groups.

To ensure that a variety of student needs and views were represented within the groups, focus groups were organised according to different student 'types' (year of study) and type of third level institution:

i.   First-year University students (any course), mixed gender;

ii.   Final-year University students (any course), mixed gender;

iii. First-year Institute of Technology students (any course), mixed gender;

iv.   Final-year Institute of Technology students (any course), mixed gender.

Students were recruited via short presentations about the project at the beginning of lectures, and through promotion of the focus groups on the social media of each college's Students' Union.

Each focus group lasted for approximately one and a half hours and was audio-recorded. The groups were held on-campus and were facilitated by two members of the research team with the use of a structured topic guide that was developed to complement the survey questions.

2.2.2. Focus group analysis

All focus group recordings were transcribed and students' names replaced with pseudonyms. Transcripts were analysed using the method of thematic analysis described by Braun and Clarke (2006):

1. Familiarisation with the data, through repeated readings of the transcripts;

2. Generating initial codes. For the present study, coding of all transcripts was completed independently by two members of the research team and then jointly reviewed thereafter.

3. Generating initial themes, based on initial codes;

4. Reviewing themes; assessing the 'fit' of the themes in relation to the codes and entire transcriptions;

5. Defining and naming themes;

6. Producing the report of the analysis.

An inductive, data-driven approach was used to analyse the focus group data; as such, themes identified were strongly linked to the transcriptions. The analysis specifically explored the research question 'What are students' views of different types of mental health supports and services?'

3. Survey results

A total of 5,811 third level students responded to the survey. A proportion of these students (255) completed the consent form but did not proceed to answer any survey questions thereafter and were omitted as a result. The final sample of students who participated in the survey therefore comprised 5,556 students from 17 third level institutions.

Given that the survey pertained to mental health, it was anticipated that not all students would feel comfortable responding to particular questions. With this in mind, the survey information sheet notified students that they could skip questions that they would prefer not to answer as they progressed through the survey.

▶▶ **In relation to the data presented in this report, please note the following:**

Percentages reported in the figures are rounded to the nearest whole number. Due to rounding error, total percentages may be slightly less than or more than 100.

The letter 'N' is used throughout this report to denote the total number of students from the overall final sample who responded to specific questions.

For ease of presentation, only one 'N' reference is included alongside charts and tables illustrating responses to more than one question. This 'N' reference is drawn from the question with the lowest number of responses, as it can be inferred that at least this many students would have responded to all other questions that are referenced in the chart or table.

A number of survey questions presented response options as 5-point Likert scales (for example, 'strongly agree', 'agree', 'neither agree nor disagree', 'disagree' and 'strongly disagree'). For ease of presentation, response options are merged to form fewer categories within several graphs and tables (such as 'strongly agree'/'agree', 'neither agree nor disagree', and 'strongly disagree'/'disagree').

3.1. DEMOGRAPHICS OF RESPONDENTS

3.1.1. Gender

0.4%
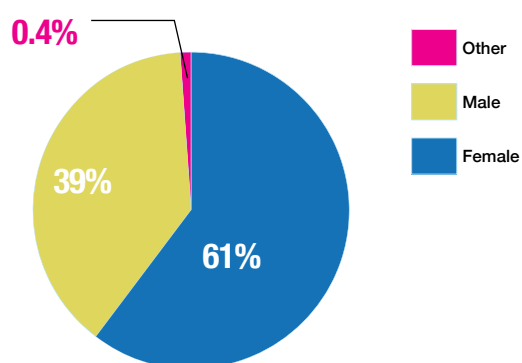
Figure 1: What's your gender? (N = 5545)

The majority of survey respondents were female (61%); however, it is positive to note that almost 40% of respondents were male. This distribution represents a modest over-representation of females when considering the equal percentage of male and female students (50% of each) across all Irish higher-education institutes providing data to the Higher Education Authority (HEA) for the academic year 2014 – 2015.

3.1.2. Age
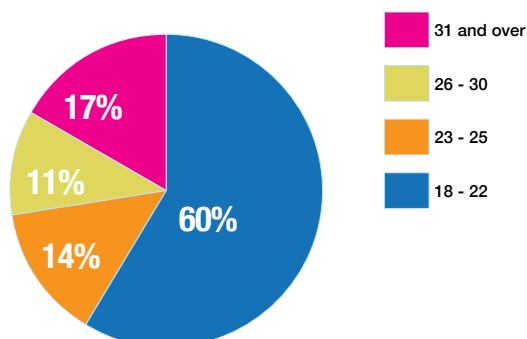
Figure 2: What age are you? (N = 5550)

Six out of ten respondents were represented by students aged 18 – 22. Of note is the relatively high number of mature students (defined by the HEA as those aged 23 or older) within the current sample, representing 42% of survey respondents. This represents an over-representation of mature students when considering HEA statistics demonstrating that 30% of fulltime students in Ireland at the beginning of January 2015 were represented by mature students.

3.1.3. Sexuality

The majority of the sample identified as straight (88%), with 8% identifying as gay, lesbian or bisexual. A further 4% represented an 'Other' category, which included responses such as 'don't know', 'prefer not to answer' and those who noted alternative sexualities.

3.1.4. Nationality

The majority of the sample was Irish (85%), with 8% of respondents reporting nationalities from other EU countries and 7% from countries outside the EU.

3.1.5. Student type

Undergraduate students represented the majority of the sample at 79%, with postgraduate students comprising the remaining one-fifth. This is in keeping with the overall composition of third level students according to Higher Education Authority data for 2014-2015. First-years accounted for 28% of the overall sample, while 29% of the sample indicated that they were in the final year of their study.

3.2. MENTAL HEALTH AND WELLBEING OF RESPONDENTS

3.2.1. Students' levels of wellbeing

Students were presented with the WHO-5 Wellbeing Index (WHO, 1998), a short, well-validated scale that measures wellbeing (based on the previous two weeks), which can also be used as a brief screen for depression. The scale comprises five positively-phrased statements (for example, 'I have felt cheerful and in good spirits'), relating to the primary symptoms of depression (anhedonia, early morning fatigue, low mood and energy). Respondents use a six-point scale to indicate how often in the previous two weeks each statement has applied to them, ranging from 'all of the time' to 'none of the time'.

Each response is scored from 0 – 5; all responses are totalled to calculate a raw score ranging from 0 – 25, with higher scores indicating higher levels of wellbeing. Instructions for use of the WHO-5 state that a raw score below 13 is indicative of poor wellbeing and possible depression. Students' raw scores were therefore grouped into two broad categories – one representing scores below 13, and one representing scores of 13 or higher. Figure 3 demonstrates that over 40% of students had a raw score below 13 on the WH0-5 and were therefore likely to have poor levels of wellbeing:
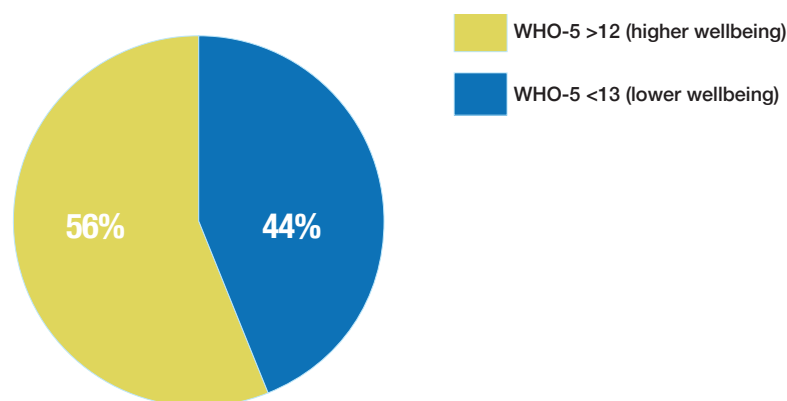

■ WHO-5 >12 (higher wellbeing)

■ WHO-5 <13 (lower wellbeing)

Figure 3: Overall WHO-5 results (N = 4915)

Differences in levels of wellbeing were explored between specific groups of survey respondents, regarding the dichotomous categories of either poor wellbeing (WHO-5 scores below 13) or higher wellbeing (WHO-5 scores of 13 or higher).

Gender

Females presented with lower levels of wellbeing than males. Specifically, the average WHO-5 score of males was 8% higher than that of females (13.64 compared with 12.55; $p<0.001$). Overall, nearly half of female students (48%) reported a score indicative of poor wellbeing, in comparison with 38% of males ($p<0.001$).

This is in accordance with results from Houghton et al. (2010), indicating that female students had significantly poorer mental health than male students. Additionally, this reflects results from the My World Survey – regarding their sample of young adults, more females than males were classified within moderate, severe or very severe ranges of anxiety, stress and depression. Moreover, females within the My World Survey were significantly more likely to report having previously self-harmed, to have previously thought that life was not worth living, and to have previously attempted suicide (Dooley & Fitzgerald, 2012).

3.2.2. Students' self-rated mental health
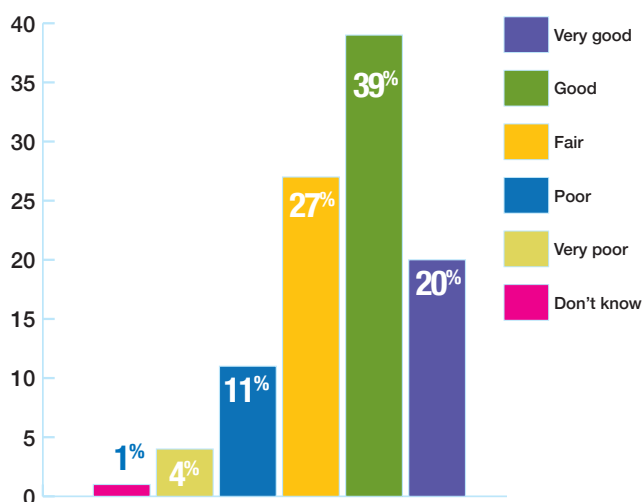
Figure 4: Overall, how would you rate your own mental health at the moment? (N = 4947)

Students were also invited to rate their overall current level of mental health (Figure 4). 15% of students rated their mental health as 'poor' or 'very poor'; however, it is positive to note that over half of the sample (59%) reported that their mental health was 'good' or 'very good'. These results are encouraging, particularly given that the survey was circulated within most colleges between March and May, when students were in the midst of exams and completion of assignments before summer. It is also positive that only a very minor portion of students were unsure of how to classify their current level of mental health.

The relatively low proportion of students who reported their mental health as being 'poor' or 'very poor' is noteworthy in light of the WHO-5 results indicating that over 40% of students were likely to have poor wellbeing. It is acknowledged that WHO-5 results of 'poor wellbeing' are not directly comparable with poor self-rated mental health; however, is it suggested that students' perceptions of their own mental health should not be considered any less valid than a standardised assessment to measure mental health and wellbeing.

Exploring differences between respondents regarding
self-rated mental health

Gender

Females again presented with poorer mental health than males, and this was observed across the majority of response options (p<0.01, Figure 5).
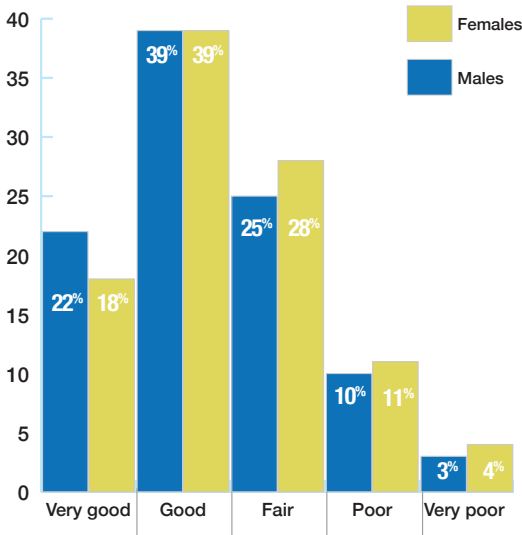
Figure 5: Self-rated mental health by gender (N = 4888)

3.3. WELLBEING AND EVERYDAY LIFE

In order to explore wellbeing in the context of everyday life for students, respondents were asked whether their feelings had interfered with their everyday life in a number of areas (personal, academic and professional) over the past two weeks (Figure 6).

Results show that students' wellbeing in the two weeks prior to completion of the survey had impacted on all areas of their everyday lives, to varying degrees. Over half of students indicated that their home life, hobbies and friendships had been affected as a result of their feelings, whilst work commitments and lecture attendance were least affected (although it should be noted that lectures may have concluded for students who completed the survey in May, and students had fewer lectures in March and April as a result of Easter breaks, which may account for the results pertaining to lecture attendance).
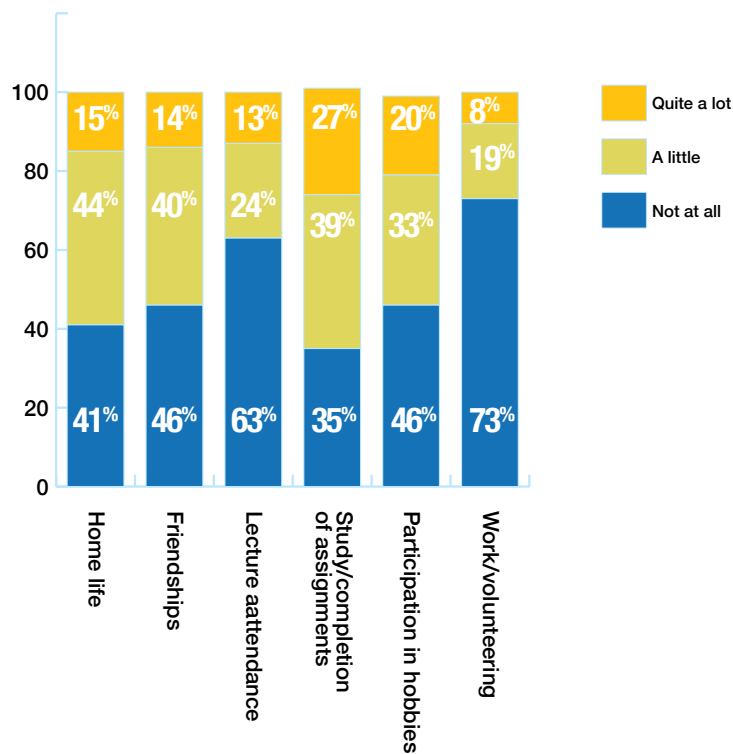
Figure 6: In the past 2 weeks, have your feelings interfered with your everyday life in any of the following areas? (N = 4787)

'Study/completion of assignments' were reported to have been most affected by students' wellbeing, with two-thirds of students indicating that their feelings had interfered with these activities. However, it can also be suggested that such academic activities may have affected the wellbeing of students, given that the survey was circulated during a period of increased academic pressure.

Exploring differences between respondents regarding the impact of wellbeing on everyday life

Gender

There were no statistically significant differences observed between males and females regarding the impact of their wellbeing on either lecture attendance or work. However, regarding all other areas of everyday life (home life, friendships, study/completion of assignments and participation in hobbies/leisure activities), females were more likely than males to report that their feelings and wellbeing had affected these aspects of their lives. Specifically, males were more likely than females to select 'not at all' regarding whether their feelings had affected these four areas, and females were more likely than males to report that these areas of their lives had been affected 'a little' or 'quite a lot' (Table 1).

	Males			Females		
Have your feelings interfered with…	Not at all	A little	Quite a lot	Not at all	A little	Quite a lot
Home life	46%	42%	12%	39%	44%	17%
Friendships	49%	38%	13%	44%	41%	15%
Study/completion of assignments	38%	38%	24%	33%	39%	28%
Participation in leisure activities/hobbies	50%	32%	18%	44%	34%	22%

Table 1: In the past two weeks, have your feelings interfered with your everyday life in any of the following areas? – Gender differences (N = 4883)

Mental health

Unsurprisingly, students with poorer mental health (both self-rated mental health and WHO-5 scores) were significantly more likely to report that their wellbeing and feelings had affected their everyday lives across all areas. Specifically, those with WHO-5 scores of less than 13 (indicative of poor wellbeing) were generally more likely than those with higher WH0-5 scores to report that their lives had been affected 'a little' or 'quite a lot' for all statements (see Table 2 overleaf). As per the overall sample of students, 'study/completion of assignments' was most affected by those experiencing poor wellbeing, with nearly half of students (48%) with lower WHO-5 scores reporting that this had been affected 'quite a lot'. A relatively high proportion of students with lower WHO-5 scores (38%) also reported that their feelings had affected their participation in leisure activities or hobbies 'quite a lot'. A similar pattern was noted across students with different levels of self-rated mental health – those with 'fair' self-reported mental health were generally most likely to indicate that their lives had been affected 'a little' as a result of their wellbeing, whilst those with 'poor' or 'very poor' mental health were generally most likely to report that their lives had been affected 'quite a lot'. Additionally, study/completion of assignments and participation in hobbies represented the activities most affected by those with 'poor' or 'very poor' mental health.

Again, although the survey question specifically asked students to indicate whether their wellbeing had interfered with various aspects of their everyday lives, it is uncertain as to whether the inverse is also the case (whereby students' wellbeing was affected as a result of their experiences in different areas of their lives). Regardless, the above findings are concerning, given that poor mental health can disrupt academic progress and retention in college, in addition to affecting students' personal and social flourishing.

	WHO-5 > 12 (Higher wellbeing)			WHO-5 < 13 (Lower wellbeing)		
Have your feelings interfered with…	Not at all	A little	Quite a lot	Not at all	A little	Quite a lot
Home life	58%	37%	5%	21%	51%	28%
Friendships	61%	33%	6%	26%	48%	26%
Lecture attendance	77%	19%	4%	47%	29%	24%
Study/completion of assignments	50%	39%	11%	15%	38%	47%
Participation in leisure activities/hobbies	64%	29%	7%	24%	39%	38%
Work commitments (paid employment/ volunteering)	82%	15%	3%	61%	25%	14%

Table 2: In the past two weeks, have your feelings interfered with your everyday life in any of the following areas? – Differences across levels of wellbeing (WHO-5 scores; N = 4754)

3.4. GENERAL USE OF THE INTERNET AND TECHNOLOGY

Prior to survey questions exploring e-mental health, students were presented with a number of questions on general internet and technology use.

3.4.1. Smartphone and tablet use

To ascertain the extent to which students are able to access the internet, respondents were asked to indicate which devices they owned from a short list comprising the options 'smartphone', 'tablet computer' and 'laptop'. Approximately one-quarter (26%) of respondents reported owning a tablet computer, and nearly 90% indicated that they owned a laptop. Of note is the fact that the majority of respondents (87%) reported owning a smartphone, demonstrating that most students are able to go online at any time and in any location.

3.4.2. How much time are students spending online?

To determine students' online habits, respondents were asked to indicate whether they go online every day, specifically outside of doing so for study or for college assignments. Unsurprisingly, 96% of students indicated that they utilise the internet daily for personal reasons.

Students were subsequently asked to specify how long, on average, they spend online per day (again with specific reference to exclusion of any time spent online for college/work). Results demonstrate that a high proportion of students are spending a number of hours online per day. Specifically, nearly two-thirds (62%) of students reported being online for over two hours per day, with with 17% of these students spending over four hours online.
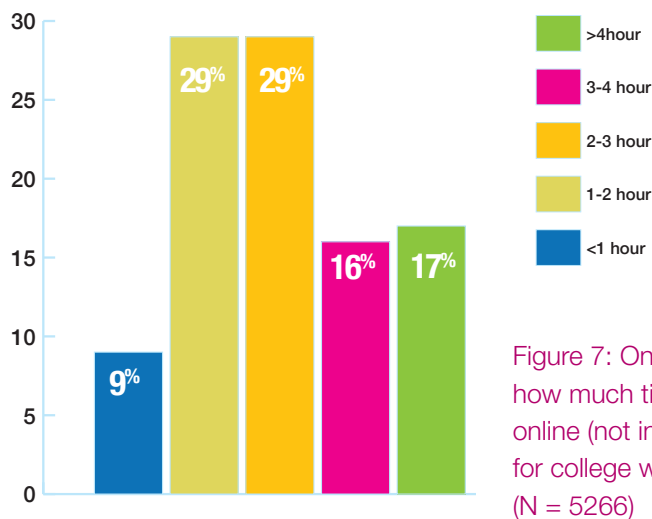
Figure 7: On the days that you go online, how much time on average do you spend online (not including when you go online for college work or assignments)? (N = 5266)

Exploring differences between respondents regarding average time spent online per day

Gender

The amount of time spent online by males and females was similar across most categories – females were somewhat more likely than males to spend less than one hour online (9% vs. 8%) and between one to two hours online (30% vs. 27%). Females and males were equally likely to spend between two to three hours online (29%) and between three to four hours online (16%). However, males (20%) were more likely than females (16%) to spend over four hours online per day (p<0.001).

Mental health

Regarding WHO-5 scores, students with higher wellbeing (scores of 13 or higher) were somewhat more likely than those with poor wellbeing to spend up to three hours online, while those with poor wellbeing were more likely to spend over three hours online (p<0.001; Figure 8).

A similar pattern was noted in relation to levels of self-rated mental health – those with 'poor' or 'very poor' mental health were more likely than those with 'fair' or 'good'/'very good' mental health to spend over three hours online per day.

It is difficult to know the nature of this association. For example, it could be suggested that spending a lot of time online can negatively impact a student's mental wellbeing; alternatively, it may be that students with poor wellbeing choose to spend more time online.
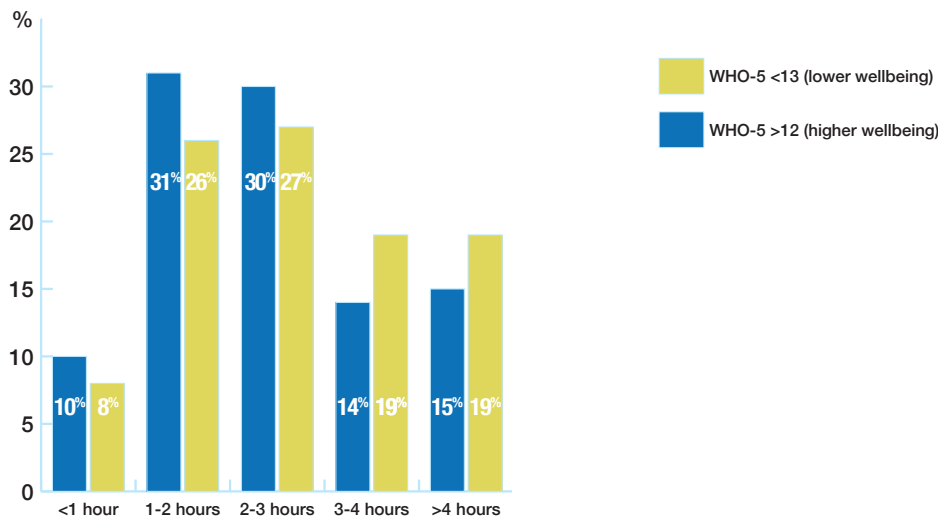
Figure 8: WHO-5 scores by daily hours online (N = 4908)

3.4.3. What are students doing online?

Using an open-ended question, students were invited to specify the three activities that they most engage in online, outside of using the internet for college-related study or assignments. Students' responses (N = 4918) were grouped into six main categories based on similarity of activities reported. Results indicated that students are engaged in a wide variety of activities online.

Over half of students (54%) reported activities of 'communication' at least once within their list of top three online activities. This included using any form of social media (for example, Facebook, Twitter, Instagram, Pinterest), in addition to emailing, interacting with others via WhatsApp and Skype and engaging in forums. Of note is the fact that 36% of students referenced such activities twice within their list; taken together, this suggests that a high number of students are frequently accessing social media sites or interacting with others when online.

Half of students (49%) also reported entertainment-related activities at least once; this included watching YouTube, reading online, playing games, watching TV and movies, and other references such as porn and betting. 17% of students referenced such activities twice within their list, again indicating that such activities are popular amongst students and likely to be undertaken regularly.

More than one-quarter (28%) of students referred to 'news and current affairs' at least once, 19% referred to 'general browsing' activities (such as 'googling') and 21% reported 'practical activities' (job searching, banking, shopping) at least once within their list. A small proportion of students (4%) made references to 'upskilling' (learning languages and watching YouTube tutorials).

3.5. E-MENTAL HEALTH: USING THE INTERNET AND TECHNOLOGY FOR MENTAL HEALTH INFORMATION AND SUPPORT

3.5.1. Previous use of e-mental health

Approximately half of the student population in the present study (49%; N = 2563) reported having previously used the internet or technology for support and information for their mental health. In order to explore this further, these respondents were invited to provide detail regarding the way(s) in which they had used the internet or technology for mental health. Eighty-four percent (N = 2143) of students who had previously availed of e-mental health reported using the internet specifically to access mental health information in a variety of forms. This included general statements such as 'looking up information online', reading blogs, reading forums for information, listening to podcasts and watching videos. Different 'types' of mental health information were referred to by some students, including general mental health information, information on 'symptoms', details of supports and services, and information specifically sought in relation to another person (for example, information about a mental health difficulty that a family member or friend were experiencing, in order to better understand and support them).

Over one in five students (22%; N = 562) who reported previously availing of e-mental health indicated that they had communicated with a friend or family member when seeking support for their mental health. This included general statements of 'talking to friends' in addition to references to texting friends, using Skype, or messaging on social media. A minority of respondents (7%; N = 175) reported having interacted with others online; this included references to using forums, contacting support services such as Samaritans and Childline, and communicating with counsellors. A similar proportion of students (6%; N = 142) reported using an online programme or mobile app related to mental health, and 7% (N = 186) referred to other miscellaneous activities, including blogging about mental health, completing online mental health tests/screeners, and general references to 'support'.

3.5.2. Future use of the internet/technology for mental health information and support

As noted earlier, 'the internet' was selected by the majority of third level students within the My World Survey as a source of information or support for their mental health that they would be likely to use. Given that a number of online and technology-based models of service provision exist (namely, information-based services, peer support services and online therapy; see Chambers and Murphy, 2011), it is important to specifically explore how students are most likely to use the internet or technology for mental health information and support. The present study deconstructed this notion of internet and technology-based support by inviting respondents to indicate their likelihood of participating in various online activities (reflected in the aforementioned service models), when seeking mental health information or support.

Very unlikely/ Unlikely

Neither likely nor unlikely

Very likely/Likely
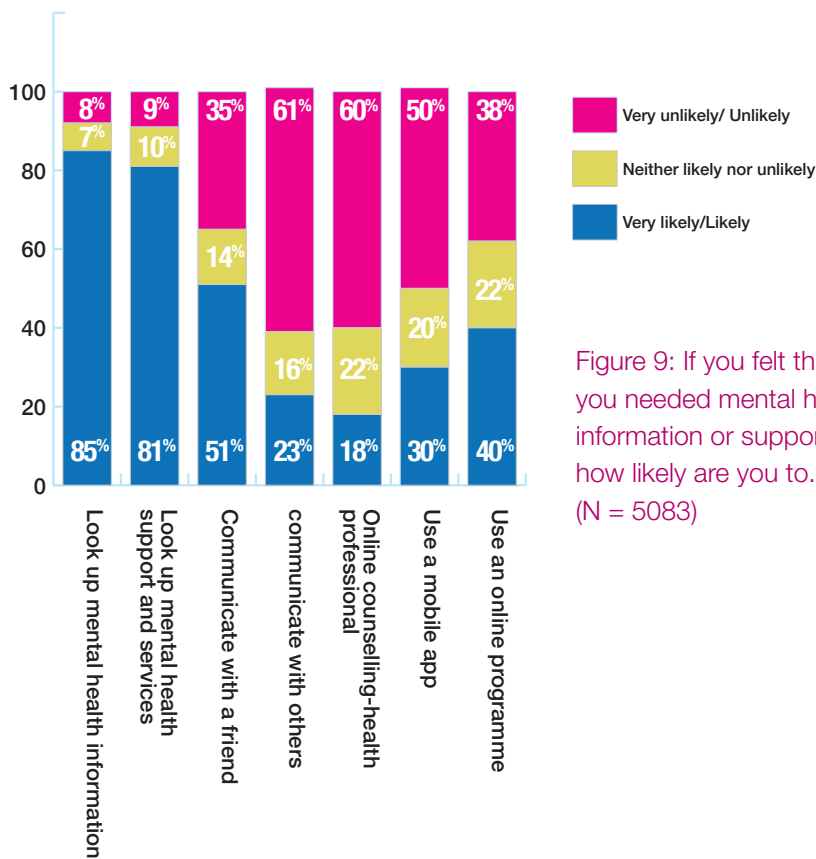
Figure 9: If you felt that
you needed mental health
information or support,
how likely are you to...?
(N = 5083)

Figure 9 demonstrates that, when seeking information or support for their mental health, students are most likely to use the internet and technology to look up information on mental health, whether for general information on mental health (85%) or for information on different mental health supports and services (81%). This is perhaps intuitive, given that accessing online mental health information represented the most-reported activity of those who had previously availed of e-mental health.

Half of the sample reported that they would be likely to talk to a personal friend online; this is likely to reflect the fact that a high proportion of students frequently use the internet for activities pertaining to communication. Mobile apps and online programmes related to mental health and wellbeing were likely to be used by a relatively high proportion of students (30% and 40% respectively). Nearly one-quarter of students (23%) would communicate online with other individuals on discussions boards, social networking sites and forums (i.e. those not known personally to the individual seeking help). Online counselling with a health professional represented the activity least likely to be undertaken when availing of e-mental health, with approximately one-fifth (18%) of students reporting being likely to engage in such an activity.

Exploring differences between respondents regarding
**future use of the Internet or technology
for mental health information and support**

Gender

Gender differences were observed regarding online help-seeking preferences for all of the above online activities, excluding online counselling. Males were somewhat more likely than females to 'communicate with others' online (25% versus 21%), whilst females were more likely to look up online mental health information (88% vs. 81%), to look up mental health supports and services (84% vs. 77%), to use an online programme (43% vs. 35%) and to communicate with a friend online (52% vs. 49%). Additionally, females were much more likely than males to use a mental health app (34% vs. 22%).

Mental health

There were no statistically significant differences observed between students with poor wellbeing and those with higher wellbeing (considering both WHO-5 results and self-rated mental health) regarding the likelihood of engaging in the following activities: looking up mental health services online, talking to other people online (i.e not personal friends), and using mobile apps or online programmes.

While minor percentage differences were observed regarding likelihood of looking up online mental health information (those with poor self-rated mental health and lower WHO-5 scores reported a slightly higher likelihood of this), the greatest difference was demonstrated for 'communicating with a friend online', which students with poorer mental health reported being *less likely* to do. Specifically, the likelihood of talking to a friend online decreased in parallel with decreased self-rated mental health (likelihood of students with 'good'/'very good' mental health: 53%; 'fair' mental health: 50%; 'poor'/'very poor' mental health: 44%; p<0.001). Similarly, 53% of those with higher WHO-5 scores were likely to talk to a friend online, versus 48% of those with lower WHO-5 scores (p<0.001). This decreasing likelihood of seeking help from informal sources of support such as friends when experiencing poorer mental health is discussed further in Section 3.7. of the survey results ('Additional Sources of Support').

3.5.3. Attitudes towards e-mental health

Results demonstrate that students have a range of attitudes to e-mental health (Table 3). It is unsurprising that nearly three-quarters of respondents (71%) agreed that there is 'a vast amount of valuable mental health information available online', given that the majority of students reported being likely to look up online mental health information. However, it is important to note that over half of the sample (54%) also agreed that online mental health information can be unreliable. That a large proportion of students agreed that online mental health information can be unreliable is similar to findings from a survey of over 600 Spanish third level students, which demonstrated that the top three disadvantages

of using the internet for mental health information and support were: 1. the provision of unreliable information; 2. not knowing who produced the information; and 3. distrust in online information compared with medical advice (Montagni et al., 2014).

Considering the willingness of students to search for mental health information in the first place, this strongly suggests the need to promote quality online mental health information for students which adheres to good practice guidelines for the production of online content (Chambers & Murphy, 2015).

84% of students agreed that using the internet and technology for mental health information and support is advantageous from the perspective of privacy, confidentiality and anonymity.

Regarding other attitudes towards e-mental health, the majority of students (81%) agreed that 'there can be harmful discussions about mental health in forums, social networking sites and discussion boards'; this may reflect the earlier finding indicating that students were less likely to communicate online with others (i.e. not close friends) than to partake in other online activities for mental health information or support.

However, considering positive attitudes towards e-mental health, the majority of students (84%) agreed that using the internet and technology for mental health information and support is advantageous from the perspective of privacy, confidentiality and anonymity. These particular qualities associated with online service provision can help to lower barriers to help-seeking, especially for people who might be reluctant to seek help or look for information elsewhere. Notwithstanding this finding, nearly two-thirds of students (63%) indicated that they would prefer to let someone know in person about how they are feeling, rather than disclosing to someone online. Horgan and Sweeney (2010) reported a similar finding from their survey of Irish students, whereby 79% of respondents indicated that they would prefer face-to-face support generally, rather than internet support for a mental health problem. This preference for face-to-face interaction when seeking support may account for the additional finding below, with over one in four students within present study (43%) disagreeing with the statement 'online counselling from a professional can be just as effective as face-to-face counselling'.

	Agree/ Strongly agree	Neither agree nor disagree	Disagree/ Strongly disagree
Mental health information on the internet can be unreliable	54%	31%	16%
Using the internet/technology for mental health information and support can allow for anonymity, privacy and confidentiality	84%	11%	5%
I'd prefer to talk with someone in person about how I'm feeling, rather than with someone online	63%	22%	15%
There is a vast amount of valuable mental health information available online	71%	25%	5%
Online counselling from a professional can be just as effective as face-to-face counselling	17%	40%	42%
There can be harmful discussions about mental health in forums, social networking sites or discussion boards	81%	15%	4%

Table 3: Student responses to statements related to e-mental health (N = 5134)

Exploring differences between respondents regarding attitudes towards e-mental health

Gender

Gender effects were observed for one of the above statements only – females (72%) were slightly more likely than males (68%) to agree or strongly agree that there is a vast amount of valuable information available online (p<0.01).

Mental health

Statistically significant differences in attitudes towards e-mental health were observed for two of the statements. Agreement that online mental health information can be unreliable increased as self-reported mental health decreased ('good'/'very good' mental health: 51%; 'fair' mental health: 55%; 'poor/very poor' mental health: 57%; p<0.05).

Of note is the difference observed in relation to the statement 'I'd prefer to talk to someone in person about how I'm feeling, rather than with someone online'. Specifically, students with poorer mental health were less likely to agree with this statement: 67% of those who reported their mental health as 'good' or 'very good' agreed with this statement, versus 58% of those with 'fair' mental health and 56% of those with 'poor' or 'very poor' mental health (p <0.001). Similarly, 66% of those with higher WHO-5 scores indicated agreement with this statement, as compared to 59% of those with lower WHO-5 scores (p<0.001). Better levels of mental health may therefore be positively associated with a preference to speak with someone in person about one's feelings.

This finding in particular is further evidence of the need for awareness raising around quality online mental health information for those experiencing mental health difficulties, as online resources may be a first port-of-call for students experiencing poor mental health when

in need of information or support. This approach is also in keeping with Rickwood et al. (2005) and their theory of help-seeking - for those with difficulties, there is the potential of utilising online resources as a bridge to interpersonal support, whether from formal or informal sources of support.

3.6. COLLEGE SUPPORTS AND SERVICES FOR MENTAL HEALTH INFORMATION AND SUPPORT

3.6.1. Previous use of college supports for mental health information and support

Approximately one fifth of students (21%; N = 1118) reported having previously used college supports and services for information and support for their mental health and wellbeing. Again, these particular students were asked to provide qualitative information on which supports or resources they had availed of. A number of services were referred to, including the Student Health Service (reported by 14% (N = 151) of those who had used college supports in the past), disability support/learning support services and the Students' Union Welfare Officer (both availed of by 5% (N =50) of those who had previously used college supports). However, the Student Counselling Service was the most cited service, reported by 72% (N = 809) of those students who had previously used college resources for mental health support.

3.6.2. Future use of college services for mental health information and support

Students were invited to indicate their likelihood of using a variety of resources and services on-campus when seeking mental health information and support:

	Likely/Very likely	Neither likely nor unlikely	Unlikely/Very unlikely
One-to-one counselling from the Student Counselling Service	63%	15%	22%
Student Health Service	58%	18%	24%
Group therapy from the Student Counselling Service	15%	16%	69%
Peer Support	22%	18%	60%
Students' Union Welfare Office	24%	21%	56%
Online counselling from the Student Counselling Service	33%	22%	44%
On-campus workshops related to mental health and wellbeing	46%	17%	38%
Student Support Services	46%	24%	30%
Disability Support Service	19%	23%	58%
College Chaplaincy	20%	18%	63%
College website	45%	22%	33%

Table 4: If you felt that you needed mental health information or support, how likely are you to use or avail of...? (N = 4961)

Results demonstrate that, despite the growing range of college services and resources available to students, **one-to-one counselling from the Student Counselling Service and the Student Health Service represent the most popular services on-campus for mental health information and support.** Specifically, nearly two-thirds of students (63%) indicated that they would be likely to avail of one-to-one counselling on-campus and 58% of students reported being likely to use the Student Health Service.

Regarding the future use of additional resources on-campus for mental health information and support, Table 4 illustrates that students are also highly likely to avail of Student Support Services (46%), to attend on-campus workshops related to mental health (46%) and to utilise the college website (45%).

It should be noted that the question pertaining to use of the college website referred to 'podcasts and leaflets on mental health', to clarify its potential use for mental health information. Regardless of this clarification, the proportion of students likely to use the college website for mental health information and support is substantially lower than the 85% of students who reported being likely to look up mental health information online generally. It is possible that students are less likely to conceive of the college website as a viable source of mental health information, and this may relate to a number of factors, such as a lack of mental health information on college websites or a lack of visibility of existing mental health information (for example, within the Student Counselling or Student Health sections of college websites).

Students within the present study reported a greater likelihood of availing of online counselling if specifically offered by the Student Counselling Service.

Interestingly, Table 4 illustrates that students in the present study reported a greater likelihood of availing of online counselling if specifically offered by the Student Counselling Service (33%) than when a general reference was made to 'online counselling with a professional' (18%, as discussed in the section on e-mental health). This difference was statistically significant (p<0.001) and suggests that students may be more willing to avail of online counselling from a trusted, established service that is also visible on-campus.

Table 4 also indicates that approximately one-fifth of students reported being likely to avail of the Peer Support Service, the college Chaplaincy service and Disability Support Service (22%, 20% and 19 % respectively), while almost one-quarter reported being likely to use the Students' Union Welfare Office (24%).

Group therapy from the Student Counselling Service represented the service on-campus least likely to be used by students for mental health support, with 15% of students reporting likelihood of its use. This result is interesting in light of focus group discussions by students suggesting that they are often likely to seek help from others that are experiencing, or have experienced, the same issues as them. However, it may be that students prefer to look for support from a close friend with shared experiences rather than with unfamiliar peers, or it may be related to the issue of anonymity in a relatively small community (for example, students may be concerned that they may see or meet other group therapy attendees on-campus).

For ease of presentation, the top six college services/resources most likely to be used by students from Table 4 are displayed in the chart overleaf.
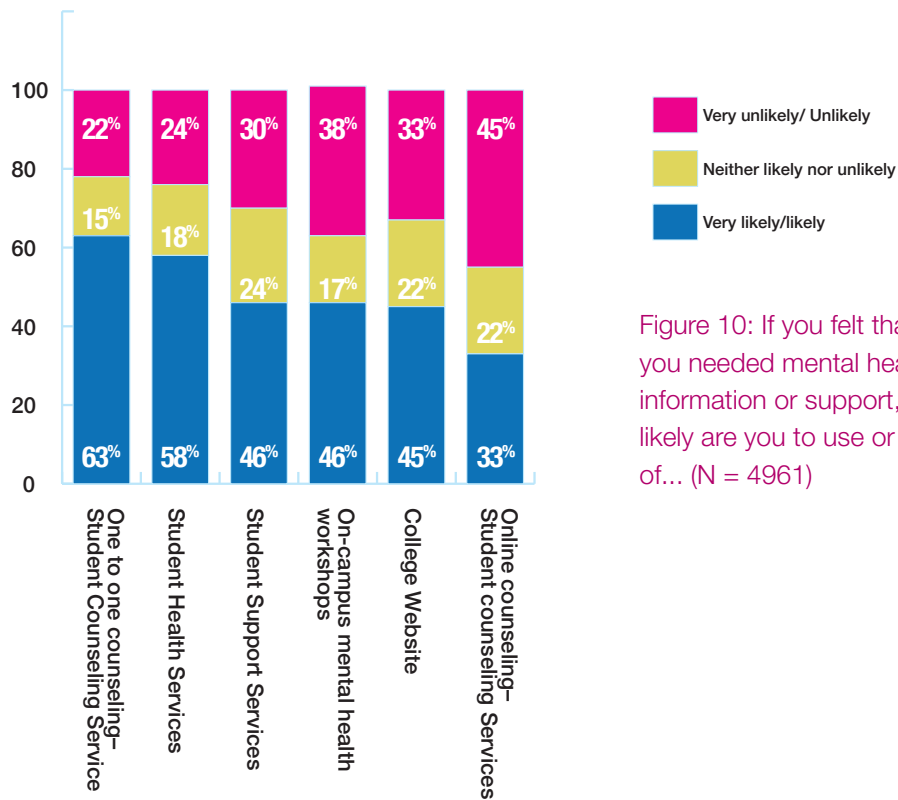
Figure 10: If you felt that you needed mental health information or support, how likely are you to use or avail of... (N = 4961)

Legend:
- Very unlikely/ Unlikely
- Neither likely nor unlikely
- Very likely/likely

Chart data:

Support	Very likely/likely	Neither likely nor unlikely	Very unlikely/ Unlikely
One to one counseling– Student Counseling Service	63%	15%	22%
Student Health Services	58%	18%	24%
Student Support Services	46%	24%	30%
On-campus mental health workshops	46%	17%	38%
College Website	45%	22%	33%
Online counseling– Student counseling Services	33%	22%	45%

Exploring differences between respondents regarding future use of college supports

Gender

Gender effects were observed for likely future use of the majority of college supports and services, excluding the Student Health Service, Student Support Services and Chaplaincy. Males were somewhat more likely than females to avail of Peer Support (23% vs. 20%), group therapy from the Student Counselling Service (17% vs. 14%), the Disability Support Service (20% vs. 18%) and the Students' Union Welfare Officer (25% vs. 23%), while females were somewhat more likely to avail of online counselling from the Student Counselling Service (35% vs. 31%) and one-to-one counselling on-campus (66% vs. 60%).

The greatest percentage differences were observed for likelihood of attending workshops related to mental health and wellbeing (females: 51%; males: 38%) and of using the college website (females: 50%; males: 39%). The increased likelihood of females to use the college website is in keeping with findings in the previous section on e-mental health that females were more likely than males to look up online information about mental health generally (females: 88%; males: 81%) and about mental health supports and services (females: 84%; males: 77%).

Mental health

Students with WHO-5 scores of less than 13 (lower wellbeing) were less likely than those with higher wellbeing to use all college supports and services (Table 5) Similarly, with the exception of the college website, those with 'poor' or 'very poor' mental health reported a lower likelihood of using all other college supports.

Likely/Very likely to use or avail of…	WHO-5 score >12 (higher wellbeing)	WHO-5 score <13 (lower wellbeing)
One-to-one counselling	66%	61%
College health service	62%	53%
Group therapy	18%	11%
Peer Support	25%	16%
SU Welfare Officer	29%	17%
On-campus workshops	48%	43%
Student Support Services	50%	40%
Disability Support Service	21%	15%
Chaplaincy	23%	16%
College website	47%	44%

Table 5: College help-seeking preferences by levels of wellbeing and WHO-5 scores (N = 4855)

3.6.3. Attitudes towards using college supports and services for mental health

As per the section on e-mental health, students were invited to respond to statements regarding attitudes towards the use of college supports and services for mental health information and support.

Responses demonstrate a range of attitudes regarding the use of campus supports for mental health (Table 6). The overwhelming majority of students (87%) agreed that *'it's reassuring to know that there is a free college counselling service'* ; this positive finding reflects the importance of ensuring that students are made aware of the Student Counselling Service within their campus and that the service is visible, given that it represents one of the services on-campus most likely to be used by students for mental health support. Furthermore, even knowledge of the existence of the service is likely to be valuable in terms of reassurance.

Notwithstanding this encouraging finding, it should be noted that one in four students indicated that they would prefer self-reliance (42%) or support from informal sources of help (40%) rather than accessing student counselling. This may be reflective of a number of cross-sectional studies in Ireland and elsewhere which have shown that many young people experiencing mental health problems are reluctant to seek professional help. For example, Dooley and Fitzgerald (2012) reported that 20% of young adults in the My

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World Survey reported that they had serious problems in the past year but did not seek professional help despite feeling that they needed it. In a review of mental health help-seeking among young people, Rothi and Leavey (2006) concluded that "the number of those in receipt of mental health services is considered to be far lower than the level of need" (p.4). It is interesting to note that a quarter of students reported that they would be more likely to avail of online supports over face-to-face supports, if offered by the Student Counselling Service. This illustrates the importance of ensuring that students are also made aware of the range of supports within any Student Counselling Service, given that some may have a preference for internet-based supports (if such supports are provided by college services).

Regarding barriers to accessing college supports and services, over one-third of students indicated that they 'don't have time' to avail of services; although the survey was completed by students during a busy period in the academic year, it is worrying that a relatively high proportion of students agreed with this statement and suggests that they may not be prioritising opportunities to look after their mental health within their busy schedule.

Additionally, nearly six out of ten agreed that their problems are not 'serious enough' to warrant counselling, and approximately 40% of students did not indicate agreement with the statement *'college supports and services are easily accessible'*.

	Agree/ Strongly agree	Neither agree nor disagree	Disagree/ Strongly disagree
College supports and services for mental health are easily accessible	60%	28%	13%
I don't have time to use college supports and services	36%	29%	35%
I'd prefer to deal with mental health problems myself, rather than see a college counsellor	42%	24%	34%
It's reassuring to know that there is a free college counselling service	87%	10%	3%
I'd be more likely to use online than face-to-face supports, if available from the college counselling service	26%	26%	49%
I'd prefer to talk about mental health problems with a friend or family member, over college counselling	40%	24%	36%
I don't consider my problems to be serious enough to warrant counselling	57%	23%	20%

Table 6: Student responses to statements related to college supports and services for mental health (N =5054)

Exploring differences between respondents regarding
attitudes to college supports

Gender

Gender effects were observed for four of the above four statements. Specifically, females (89%) were somewhat more likely than males (85%) to agree that it's reassuring to have a counselling service on-campus. Males were somewhat more likely than females to agree that college mental health supports and services are easily accessible (62% vs. 58%), and that they do not consider their problems to be serious enough to warrant counselling (58% vs. 56%). Of note is the fact that males were much more likely than females to indicate a preference towards self-reliance over seeing a college counsellor (48% vs. 39%).

Mental health

Statistically significant differences were observed for the majority of statements (see Table 7 for differences related to WHO-5 scores)

a high proportion of students with poor mental health may not be aware of the need for support.

Students with poor mental health were somewhat less likely to agree that it is reassuring to have a free counselling service on-campus (although it should be noted that overall agreement with this statement was still high, which is positive - 85% of students with low WHO-5 scores and 80% of students with 'poor/very poor' mental health agreed with this statement). Students with lower WHO-5 scores were also less likely than those with higher scores to agree that college services are easily accessible (55% vs. 63%), and less likely to indicate a preference for speaking to an informal source of support, such as a friend or family member, over a college counsellor (33% vs. 45%). Moreover, students with lower WHO-5 scores were much more likely to agree that they don't have time to access services (42% vs. 31%)This pattern of results was also observed between students with 'poor' or 'very poor' self-rated mental health and those with 'good' or 'very good' mental health.

Interestingly, students experiencing poor wellbeing were significantly less likely to agree with the statement *'I don't consider my problems to be serious enough to warrant counselling'* - this suggests that some students with poorer mental health are aware of their need for help, while perhaps remaining reluctant or unsure about accessing it. However, the fact that 48% of students with low WHO-5 scores (and 30% of those with very poor/poor self-rated mental health) *did* agreed with this statement suggests that a high proportion of students with poor mental health may not be aware of the need for support. Overall, the above results regarding attitudes towards college services are concerning and suggest that those most in need of using services and supports on-campus are less likely to have positive views regarding the need for, and accessibility of, such services.

Agree/Strongly agree that...	WHO-5 score >12 (higher wellbeing)	WHO-5 score <13 (lower wellbeing)
College supports and services for mental health are easily accessible	63%	55%
It's reassuring to know that there is a free college counselling service	90%	85%
I'd prefer to deal with mental health problems by myself, rather than see a college counsellor	41%	44%
I don't have time to use college supports and services	31%	42%
I'd prefer to talk about mental health problems with a friend or family member, over college counselling	45%	33%
I don't consider my problems to be serious enough to warrant counselling	64%	48%
I'd be more likely to use online supports than face-to-face supports, if offered by the college counselling service	24%	27%

Table 7: Attitudes towards using college supports and services by levels of wellbeing (N= 4894)

3.7. ADDITIONAL SOURCES OF SUPPORT

In addition to online and on-campus resources and services, students were presented with additional potential sources of support and asked to indicate how likely they were to seek mental health information and support from each (Figure 11).

Nearly three-quarters of students indicated that they would be likely to seek mental health information or support from a friend (74%) or partner (72%), and nearly six out of ten students reported being likely to do so from a parent (57%). Given such high likelihood of seeking help from informal sources of support (friends and partners in particular), it is important that mental health information is universally available as each and every student represents a source of support that another student may turn to.
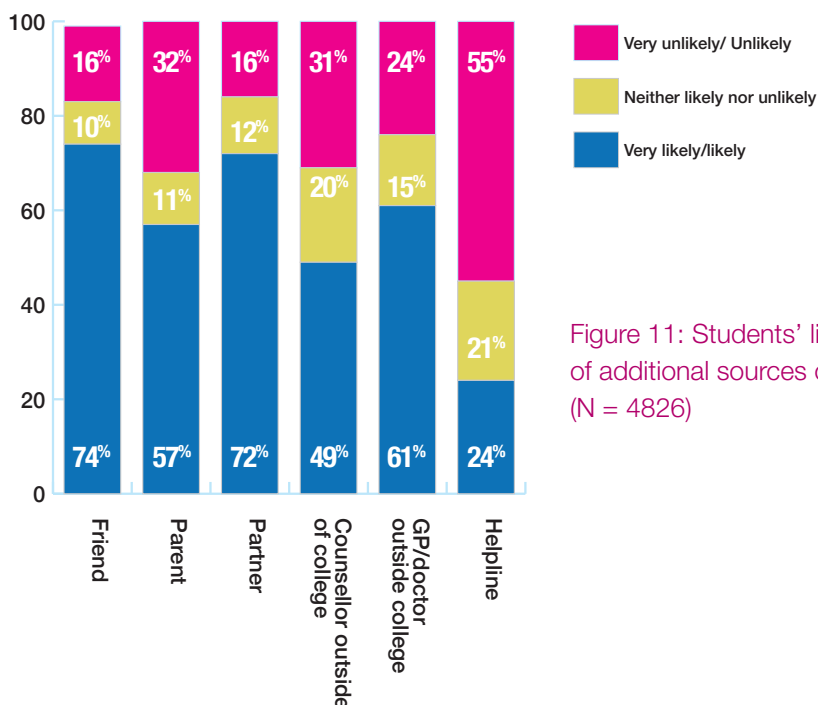

Figure 11: Students' likelihood of use of additional sources of support (N = 4826)

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Also of note is the relatively high percentage of those likely to use a helpline (approximately one-quarter). The percentage of those likely to seek help from a doctor outside of college (61%) is similar to that noted earlier regarding the Student Health Service (58%); interestingly, the percentage of those likely to seek help from an external counsellor is lower than that reported for one-to-one counselling from the Student Counselling Service (49% versus 63%). This represents a statistically significant difference (p<0.001), and again suggests students' preference for the provision of counselling services from their third level institution.

Exploring differences between respondents regarding additional sources of support

Gender

Male and female students were equally likely to seek information or support from a partner (71%). Males were somewhat more likely than females to use a helpline (25% vs. 23%) or to seek help from a GP/doctor off-campus (62% vs. 61%), whilst females were more likely than males to seek help from other sources: a friend (77% vs. 70%), parent (60% vs. 53%) and external counsellor (52% vs. 46%).

Mental health

A clear link between levels of mental health and help-seeking preferences was observed. Specifically, those with poorer levels of wellbeing (both WHO-5 scores and self-rated mental health) were significantly less likely to seek help from all of the above sources (with the exception of an external counsellor). Of note are the differences in likelihood of using informal sources of support in particular (friend, parent and partner; see Table 8 for comparison of WHO-5 scores). Crucially, from all of the different sources of help referred to in the survey, these results illustrate that the most significant decreases in likelihood of seeking help when experiencing poor mental health were generally observed for a number of familiar, informal sources of help.

This may be associated with help-negation, which Rickwood et al. (2006) state is 'evident as a negative association between suicidal ideation and help-seeking intentions, such that as suicidal ideation increases, help-seeking intentions decrease' (p. 14), and which has been observed in relation to intentions to seek help from friends or family members in particular. It is possible that, similar to the help-negation effect, students' likelihood of seeking help from familiar, informal sources of support decreases as the need for help (poor wellbeing) increases. It may also be that those with poorer wellbeing may not wish to burden or worry those close to them by confiding in them – indeed, this was noted by a student in one of the focus groups, who stated that *'…you don't want your family to worry about you more… it might make them feel bad if they know you're not feeling the best at the moment'.*

Again, this highlights the relevance of mental health information for all students – given that students may be significantly less likely to seek help from friends when experiencing poor

wellbeing, visible information on mental health that is relevant to all students is useful for increasing awareness that someone close to them may be going through a tough time, in addition to increasing knowledge of how best to reach out to them and support them.

This raises the question of 'where are students most likely to seek mental health information and support when experiencing poor wellbeing, if not from informal sources of support?' Considering that students with poor mental health were less likely to agree with the statements 'I'd prefer to talk about mental health problems with a friend or family member, over college counselling' and 'I'd prefer to talk with someone in person about how I'm feeling, rather than with someone online', it may be that they are more likely to seek help online, or from an external source of support outside of familiar, informal sources of support. These findings underline the need for a full range of different supports being available to students.

Very likely/likely to seek help from…	WHO-5 score >12 (higher wellbeing)	WHO-5 score <13 (lower wellbeing)
Friend	80%	67%
Parent	65%	46%
Partner	77%	65%
GP/doctor outside college	64%	59%
Helpline	27%	20%

Table 8: Likelihood of use of additional sources of support by levels of wellbeing (N = 4456)

3.8. KNOWLEDGE AND UNDERSTANDING OF HELP-SEEKING

Students were invited to indicate their level of understanding related to a number of statements on mental health literacy (specifically, knowledge and understanding of help-seeking; Table 9).

Levels of understanding regarding knowledge of where to seek help and how to help others is high – the majority of students reported having a good understanding of who to talk to (80%) and where to find information (74%) when going through a tough time, in addition to a good understanding of how to help a friend in need (72%). **These findings are positive, and indicate high levels of mental health literacy among Irish students regarding help-seeking for mental health problems.**

However, only half of students reported having a good understanding of how to access both the Student Counselling Service and the Student Health Service. This may be related to the previous finding that approximately 40% of students did not indicate agreement with the statement *'college supports and services for mental health are easily accessible'.* As the Student Counselling Service and Student Health Service represent those services on-campus most likely to be used by students when seeking mental health information or support, it is important that knowledge and understanding of how to access these services is increased amongst the entire student population.

How would you rate your understanding of…	Good/Very good	Neither good nor poor	Poor/Very poor
…who to talk to if you're going through a tough time?	80%	13%	7%
…where to find information on getting through a tough time?	74%	17%	10%
…how to access the Student Counselling Service?	51%	20%	29%
…how to access the Student Health Service?	53%	21%	26%
…how to help a friend going through a tough time?	72%	16%	13%

Table 9: Students' understanding of help-seeking (N=4955)

Exploring differences between respondents regarding
understanding of help-seeking

Gender

Gender effects were noted, with females presenting with higher percentages of 'very good/good' ratings than males across all statements. The greatest differences between males and females were observed for 'understanding of who to talk to if you're going through a tough time' and 'understanding of how to help a friend going through a tough time'.

Good/very good understanding of…?	Males	Females
… who to talk to if you're going through a tough time?	75%	83%
… where to find information on getting through a tough time?	71%	75%
… how to access the Student Counselling Service?	48%	53%
… how to access the Student Health Service?	50%	54%
… how to help a friend going through a tough time?	68%	74%

Table 10: Students' understanding of help-seeking – differences across gender (N = 4929)

Mental health

Students with poorer mental health reported significantly poorer understanding of help-seeking across all of the above statements. The greatest difference was observed for understanding of who to talk to and where to find information when going through a tough time:

Good/Very good understanding of…	WHO-5 score >12 (higher wellbeing)	WHO-5 score <13 (lower wellbeing)
…who to talk to when going through a tough time	90%	68%
…where to find information on getting through a tough time	81%	65%
…how to access the Student Counselling Service	53%	49%
…how to access the Student Health Service	56%	49%
…how to help a friend going through a tough time	75%	68%

Table 11: Students' understanding of help-seeking – differences across levels of wellbeing (N = 4896)

A similar pattern was observed regarding differences between those with 'good'/'very good' mental health and those with 'poor' or 'very poor' mental health, whereby those with poorer mental health were much less likely to have a good understanding of where to find information when going through a tough time, or who to talk to.

The fact that those those experiencing poor mental health are less likely to have a good understanding of 'who to talk to when going through a tough time' may be reflective of poor perceived social support generally, or a lack of knowledge regarding which supports or services to approach for help.

Such results are concerning, and again illustrate the need for the provision of regular, visible information on mental health – any student may go through a tough time or experience a problem that affects their mental health and wellbeing, and it is therefore crucial that awareness and understanding of available supports is increased. As students with poor mental health are less likely to have a good understanding of where to find information on getting through a tough time, the concept of visibility of information is key, to mitigate any difficulties related to 'finding' it when they are experiencing a problem.

4. Focus group analysis

4.1. DEMOGRAPHICS OF STUDENTS

A total of 33 students took part across four focus groups, comprising 13 first year students, 18 final year students and 2 postgraduate students.

The majority of students were female (27 participants), with males representing a small proportion of the groups (6 participants). The majority of students (27 participants) were also within the age range of 18-22 years, and were Irish (29 participants).

4.2. THEMES GENERATED THROUGH ANALYSIS

Following re-reading and detailed coding of focus group transcripts, a number of themes were developed. Six themes of particular relevance and interest are referred to within this report:

Theme 1: Students' understanding of the term 'mental health'

Theme 2: Mental health problems and the concept of 'not serious enough'

Theme 3: The challenge of supporting others

Theme 4: Mental health supports: awareness versus understanding

Theme 5: Increasing mental health literacy: recommendations from students

Theme 6: The role of online resources, supports and services

These themes are presented below, with relevant quotes and extracts from the groups. Please note that pseudonyms have been used throughout this report for all participants.

Theme 1: Students' understanding of the term 'mental health'

In order to ascertain students' views of the term 'mental health', each focus group commenced with a brief 'word association' exercise. Specifically, students were asked to write down any word or phrase that came to mind after hearing the words 'mental health' with the instruction that they could write more than one word or phrase if they wished.

Students' responses were generally negative, with words reflecting a deficit-based understanding of mental health and a focus on mental health problems; indeed, one student wrote 'mental health = a problem', and another wrote 'people needing help'. Other students referred to specific types of mental health issues such as 'depression' (which was noted by seven participants in one group alone), 'addiction', 'stress', 'disorder', 'anxiety' and 'suicide'. Other negative words suggested that mental health is a topic that is not easily or perhaps frequently discussed, and included 'stigma', 'taboo' and 'discrimination'.

Neutral words were also written by students, such as 'brain', 'people' and 'thoughts'. Other neutral words, however, referred to the types of help used by those going through a tough time, such as 'therapy' and 'counselling', and were therefore also related to the concept of 'mental health problems'.

Encouragingly, a number of positive words were generated by students, including 'health', 'universal', 'wellbeing', 'happiness', 'awareness' and 'promotion', which indicates that some students conceived of mental health in a broad sense, encompassing a range of associations from 'negative' to 'positive'. This was also briefly acknowledged within focus groups discussions:

> *'...there are two sides of it like, there's the depression side and there's the happiness side, you know what I mean?'* (Nicole, Group 3)

Another student also referred to her awareness of mental health as a broad concept that is relevant to all; however, she stated that this awareness was only as a result of having studied a course in college which focused on mental health, and also acknowledged that not everyone is aware of this broad conceptualisation:

> *'... it sounds silly but people don't, I didn't even know myself like, mental health or whatever, you'd think of mental health as just mental illness so like it wasn't until I was doing Social Care myself that it was brought around that everyone has mental health, we all need to look after our mental health and I have one right now in good times, people only think of it then in bad times...'* (Jennifer, Group 4)

Interestingly, although Jennifer indicated that her awareness of the all-encompassing nature of the term 'mental health' occurred through her college course - involving targeted information for a limited number of students - this broad conceptualisation was not communicated by the college itself within its mental health campaign for all students. Focus group participants from the same college reported that the mental health week on-campus had been named 'Positive Mind and Body Week', and that this labelling was likely to have been strategically undertaken in light of the negative associations with the term 'mental health':

> '**Nicole:**...*I think they didn't want to call it 'Mental Health Week' because of the bad, kind of...*
>
> **David:** *Connotations*
>
> **Nicole:** *Yeah, so they called it 'Positive Mind and Body' so people would kind of feel more, a bit more friendly approach, and like it wouldn't be negative.*
>
> **David:** *'Mental health' just kind of sounds like a very -*
>
> **Nicole:** *Serious*
>
> **David:** *- negative term.* [Group 3]'

The above discussion again suggests that, overall, 'mental health' is a term that has primarily negative associations. That the majority of responses generated by students for the word association exercise were related to mental health problems and illnesses also reflects this negative understanding of mental health.

It may be useful to consider the language used to name mental health events on-campus, such as mental health weeks. It is possible that not using the term 'mental health' when referring to a mental health campaign or event may perpetuate the lack of awareness and understanding of a broader conceptualisation of the term. Whilst the importance of engaging all students in mental health events cannot be overlooked, it can also be suggested that reference to positive terms when naming mental health events may not engage those going through a tough time or experiencing a mental health difficulty - i.e those who may be in particular need of engagement – as they may not find such references relevant or relatable.

When questioned as to whether it is preferable to continue to use positive (and perhaps euphemistic) language when referring to or naming mental health events, the above students agreed that increasing awareness of a broad conceptualisation of mental health would be important to undertake if the term 'mental health' is used:

> *'You could change that, sort of...rather than kind of keeping on using it [the term 'mental health', without clarification]... you could do something that like lets people know that mental health isn't just about stopping depression and helping people with anxiety, it's also just being happy...'* (David, Group 3).

The importance of increasing understanding of a broader interpretation of mental health was also reflected by Jennifer, particularly in the context of facilitating regular, open discussions about mental health that could encourage and enable others to seek help when necessary:

> *'...make more awareness of just even that term [mental health], that it's, we all have one every day like, it's not only then if you're depressed or something. And I don't know how but if people talked about it more in good times, there'd be less stigma then in bad times, they'd be like 'oh, I'm already talking about it anyway so now I can talk about it again'* (Group 4).

Theme 2: Mental health problems and the concept of 'not serious enough'

As referred to above, conceptualisation of the term 'mental health' may affect help-seeking generally. However, understanding of mental health problems can also influence the help-seeking process. Within the focus groups, comments made by students suggested that mental health problems may be filtered through a default setting whereby we feel that our problems are not serious enough.

Initially, student discussions suggested that there is, at times, a degree of uncertainty around what constitutes a problem that requires help-seeking and support. Related to this

uncertainty was the need for confirmation or verification from an external source - whether an online resource or another person - regarding whether help needed to be sought for certain problems.

For example, a student referred to an app related to mental health that allows the user to learn more about their 'symptoms' or to 'talk to people with similar symptoms'. This was viewed as useful by the student, as it would allow the user to ascertain whether they had a problem:

> '... maybe you wanna be sure that it is, like, a mental health problem and that it's not just something that will be like gone in a week or two... to make sure that something is actually wrong before you go and seek further help and then if, you know if you are okay then you haven't like told your deepest secret to people' (Simone, Group 1).

It is interesting that the need for confirmation 'that something is actually wrong' was referred to by the student in the context of phrases such as 'symptoms' and 'deepest secret', which would be indicative of the need for assistance. The above quote suggests that, although a student may be aware that something is different and perhaps not quite right - experiencing 'symptoms' - they may not always feel that this represents 'enough' of a problem to warrant seeking help (or in this case, seeking further help beyond accessing information about the problem). Additionally, in the above quote, a problem that may not require further assistance is presented as transient ('gone in a week or two').

Other focus group participants referred to the need for verification of whether a problem requires help and support. One student suggested that colleges implement an online mental health screener, in which students would answer a number of questions to ascertain their level of mental health and would be provided with tailored feedback based on their result. This student proposed that repeated use of such a screener would be practical as it could provide visual confirmation for a student of their need for assistance:

> '...you can see your own progression and you can be like 'oh, okay, there's something wrong there', 'cause some people, I think they don't know they're going through difficulties? And are like 'oh I'll just walk it off', so if they can kind of see physically and you know, statistics I guess, that there's something wrong there, it might help them' (Abigail, Group 1).

Similarly to the previous quote, the above reference to lack of awareness of 'going through difficulties' is presented alongside reference to a student having some awareness of the need for help ('I'll just walk it off'). Again, this perhaps indicates that a young person may be cognisant of the fact that they are going through a tough time, but may not feel that help is required or that they are experiencing 'enough' of a problem to warrant intervention. This is also reflected in the statement

> '...it's really daunting for someone who doesn't really know how, how bad they are, to go straight to counselling...' (Joanne, Group 1)

Again, this suggests that students, although aware of the fact that they are experiencing

difficulties, may need to be made aware of the extent of their difficulties ('*how* bad they are') before considering seeking help rather than taking the path of least resistance by opting to deal with their problems alone.

Related to the above notion of a problem being enough of a problem before help is sought, was the concept of a problem being 'serious enough' to warrant particular types of help. Specifically, a number of students referred to perceptions of counselling as a service for those with more serious problems. Considering the aforementioned statement of *'...it's really daunting for someone who doesn't really know how, how bad they are, to go straight to counselling...'* (Joanne, Group 1), it can be suggested that counselling is perceived as more appropriate for students with particularly 'bad' or more serious issues. This student later stated that

> *'...obviously if you have worse forms of it, then you're referred to counselling...'*
> (Joanne, Group 1)

This perception of counselling as a service for 'worse forms' of a problem was reported as a barrier to attending counselling for some: students stated that it would be daunting to attend the Student Counselling Service for a problem that wasn't serious 'enough', and that it would perhaps feel as though the counsellors' time would be wasted or not used appropriately, particularly in light of the high demand for the service on-campus:

> *'...if something like a death happens then counselling is fine but if you just feel anxious or depressed for like no sort of, I don't know, big perceivable reason, then it could be very intimidating to go and you might feel like you're less in need of help than somebody who's like been through a crisis or like, something that's really obvious'* (Yvonne, Group 1)

This was echoed by another student:

> *'Especially with waiting lists, you can feel like you're wasting their time if you're just going for something that's not like a death or something really serious, you're just going for exam stress...'* (Tara, Group 1)

This perhaps reflects our survey findings, noted earlier, indicating that a relatively high proportion of students with poor mental health agreed with the statement 'I don't consider my problems to be serious enough to warrant counselling' (30% of those who rated their mental health as 'poor/very poor', and 48% of those with WHO-5 scores below 13). Taken together with the above statements, it is suggested that the concept of 'serious enough' may be a barrier to help-seeking – whether seeking any help at all ('is the problem enough of a problem generally?'), or from a specific service ('is the problem serious enough to justify visiting a counsellor?').

Theme 3: The challenge of supporting others

This theme represents a lesser-discussed but equally important topic that arose during the groups, centred on the challenge of being the person that is approached by a help-seeker for support. This is pertinent when considering that many students in the focus groups

stated that they would seek help from a friend or family member when going through a tough time; and is related to overall survey results indicating:

a) That students in general are highly likely to seek help from informal sources of supports (such as friend, parent and partner) and;

b) That there is a relatively high percentage of students (40%) who indicated that they would be more likely to seek help from a friend or family member, rather than attending the college counselling service.

Collectively, and crucially, such information highlights that all of us - as friends, family members and partners ourselves - may potentially be the person that a student turns to when going through a tough time. Although it should again be noted that a high proportion of survey respondents (72%) reported having either 'very good' or 'good' understanding of how to help a friend going through a tough time, focus group participants referred to ways in which the role of supporter can be challenging.

Students initially made references to the practical aspects of the role of supporter, such as the difficulty of being a 'good listener' and knowing what to say:

'...some people find it easier to listen to people and some people really struggle...' (Nora, Group 2)

'...if someone came to you with a problem, you might not know what to say' (David, Group 3)

However, students also referred to the perceived 'responsibility' of being a supporter, and the stress associated with this – where not only the help-seeker is anxious, but the supporter too:

'You might feel like, quite a lot of responsibility to kind of help them, and that might cause you anxiety as well...' (Mary, Group 1)

Additionally, the concept of 'responsibility' was discussed in the context of the potential adverse consequences of not having the right information or not knowing how to appropriately and adequately support a help-seeker:

'You need to have the right place to tell them to go to, you know like, 'cause it'll be all on you like if you don't have somewhere for them to turn to' (Simone, Group 1)

'Not knowing how to support them then like, it's, it could be like a very frightening thing for that person that's listening, 'cause if anything did happen to the person with the problem then like you'd nearly feel guilty for it...' (Hazel, Group 2)

In these quotes, particular concern is expressed for the wellbeing and safety of the help-seeker in situations where a source of help is unsure of how to provide support. Such statements again illustrate the relevance of mental health information to all students as potential sources of help, and the importance of resourcing all students to support others. As students can never know when they might be approached for help, and by whom – whether by a fellow student, friend or partner – quality, visible information on how to appropriately support all potential help-seekers is crucial. This was highlighted in a number of statements from students – for example, one participant referred to the paucity of information available on how to help someone, in comparison with the wealth of information available for help-seekers:

> '…there's loads of websites about where the person with the problem can go to, like, d'you know 'tell your friends, tell your family', things like that, but then once someone actually hears those problems, where do they [help-seekers] end up going, especially if there's no training involved' (Hazel, Group 2).

The need for resources and information for potential sources of help regarding how to support help-seekers was also indicated by other students:

> '…if you were to give people information on how they should maybe approach an issue if somebody came to them, what would be the right thing to say' (Julianne, Group 1).

Additionally, it was suggested that general information about recognising that someone close to them may be in need of help would be useful:

> 'If you kind of made people in general aware of the symptoms so that they can tell if their friend is suffering and then they can approach them even' (Joanne, Group 1).

Such information is also crucial when considering the previous theme on problems and the concept of 'not serious enough' – if perceptions of problems as 'not serious enough' or 'not enough of a problem to warrant help' are barriers to help-seeking, then supporting people to recognise that others may be going through a tough time is essential. This is also relevant to the survey findings indicating that students' likelihood of seeking help from informal sources of support decreases significantly when they are experiencing poor mental health. Additionally, the above statements regarding the responsibility, guilt and anxiety that can be experienced as a supporter illustrate the importance of universal information (for all students, as potential supporters), on minding their mental health and seeking support themselves when supporting others, if necessary.

Theme 4: Mental health supports – awareness versus understanding

Throughout the focus groups, statements from students on the topic of mental health supports and services - including their views, perceptions and beliefs - illustrated a distinction between *awareness* of a service or support (its presence and availability), and *understanding* of a service or support (namely, the nature of the service or support provision).

At a basic level, there were varying degrees of awareness of available supports and services for mental health. At one end of the spectrum of awareness, students referred to a variety of supports, both on-campus and off. Regarding college supports, students reported awareness of the Student Counselling Service, the Student Health Service, the Chaplaincy, Peer Support, Disability Support Service and mental health workshops on-campus. External supports such as the GP, the HSE, local mental health support services and organisations such as 'Aware', 'Pieta House' and 'Samaritans' were mentioned, in addition to online supports such as a 'personal issues' thread on Boards.ie and various apps for mental health and wellbeing. As such, collectively, students have a wide-ranging awareness of different types of services and supports.

However, a number of both first-year and final-year students reported not knowing of specific services available on-campus.

In terms of first-year students, a lack of awareness was noted regarding the Student Counselling Service, in addition to the presence of a GP that specialises in mental health within one of the college's medical centres. For example, in one group, when asked by the moderator as to whether the college had a separate counselling service, the only reply received was 'The Chaplaincy is the only thing I can think of' (David, Group 3). In the same group, a student subsequently suggested that a counselling service should be implemented on-campus, and that it would be 'worth it to finance that':

> *'Maybe if there was like a designed [sic] d'you know like college counsellor that you could just get on to straight away when you had an issue and like arrange a time with you to meet up, like even in one of the meeting rooms here, or like a designated place to do it, d'you know not necessarily going to the GP or like the Medical Centre'* (Nicole, Group 3).

Considering the challenges faced by many first-year students (transitioning to new academic, personal and social environments, moving away from home for the first time and becoming increasingly independent), it is concerning that a number of first-year students were unaware of important services on-campus that can be availed of for support for their mental health and wellbeing. Additionally, given results from our survey indicating that the Student Counselling Service and Student Health Service represent the services on-campus most likely to be used by students, it is crucial that awareness of both is increased amongst students.

Final-year students also reported being unaware of the Student Counselling Service for a number of years:

> *'...d'you know like the counselling and stuff... I wouldn't have heard of that for a few years...'* (Katherine, Group 4):

> *'Most people in my class didn't know about it [counselling] at all...'* (Robert, Group 4)

Final-year students made additional references to lack of awareness of other supports and services on-campus:

> *'...like I've been here, I wonder how I've never heard of them [the Chaplaincy]'* (Jennifer, Group 4)

> *'...I'm in my final year of Arts, it was only in the last year that I realised there was kind of facilities there, I knew there was a building there but I didn't know that was a... mental wellness office and... there's other services as well, my friend is a Peer Supporter and she was like 'there's this and there's this' and I was like 'I've never heard of half of these''* (Abigail, Group 1)

> *'... I didn't know you could actually go anywhere, even on campus'* (Dolores, Group 1)

> *'I actually work as a Peer Supporter... and I didn't even know we had a Wellbeing Officer... I actually didn't know that exists'* (Tara, Group 1).

It should be noted that students also reported a lack of awareness of other supports and services generally, not only those on-campus. A wide range of services, resources and supports for mental health were discussed within the groups - those on-campus, external supports and online supports - and several students indicated that, prior to attending the focus groups, they had not been aware of the range and variety of supports available:

> *'...I wouldn't be aware of the places you just said'* (Nicole, Group 1)

> *'... all the things that have been brought up today I never knew about half of them like, Boards and the Chaplaincy and all these different organisations and stuff, and the apps and stuff, I would only know about them now, so if I'd not gone today then I'd still be none the wiser...'* (Jennifer, Group 4).

Focus group discussions were therefore indicative of varying levels of awareness of different types of supports and services and illustrated that awareness alone may not be sufficient in and of itself to enable help-seeking. Specifically, whilst lack of awareness of supports and services is undoubtedly a major barrier to help-seeking, poor understanding of supports and services is also a barrier. Within the focus groups 'poor understanding' manifested as a general lack of knowledge of the nature of specific service or support provision:

> *'We just get loads of emails from them [the Chaplaincy], I don't really know much about it though'* (Hazel, Group 2)

> *'...there's mindfulness things as well, I don't know what it's about but I keep getting emails about them'* (Nora, Group 2)

> *'...the Disability Support Service is there, like I didn't realise that you can also go to them if you're going through mental health problems as well."* (Amanda, Group 1).

> *'I just thought that the Peer Support was just a number you ring and that there's someone who answers it'* (Dolores, Group 1).

As such, it is important that both awareness of services and understanding of services is promoted amongst the student population. Indeed, students suggested some interesting ways in which both awareness and greater understanding could be achieved in relation to available mental health supports:

> **Use tangible materials:** Students referred to provision of information via posters (*'...the canteen is the place where we get all our posters...we do get those posters in the Positive Mind and Body Week', but I think it's something that should be in a visible place throughout the year*), student diaries, leaflets within student packs (*'...maybe instead of, not just a first-year pack, have a mental health pack for every year, as soon as you come in, you get one*'), and within the college magazine or similar publications;

> **Information provision by staff or lecturers in-person:** Students suggested that student support staff or lecturers take the time to be physically present and provide information to students on the importance of looking after one's mental health, and the types of services and supports on-campus:

> *'...maybe a conscious effort to d'you know get someone to go in with each class group and literally say 'there's a GP service here, there's a Counselling Service here, it's in with the Career Service, it's not for only careers', you know, just literally explain to them, you know, you can pop over anytime you know, make an appointment and that sort of thing'* (Adrian, Group 4).

Students also referred to the use of online platforms, such as the college website and college social media, as key in the provision of mental health information; this is discussed further in Theme 6.

Theme 5: Increasing mental health literacy – recommendations from students

The importance of increasing students' mental health literacy was observed as a theme across the four focus groups.

Again, it is worth noting that survey results were encouraging in terms of indicating that the majority of respondents reported 'very good' or 'good' understanding of who to talk to and where to find information on getting through a tough time. However, discussions within the focus groups alluded to the need for increasing students' mental health literacy regarding other aspects of mental health and help-seeking, such as knowledge and understanding of the term 'mental health', when to seek help, how to support a friend, and awareness and understanding of different supports and services - all of which have been discussed in the themes above. Indeed, when students were specifically asked for ideas and recommendations on improving student support, suggestions were often related to the concept of increasing mental health literacy, particularly with regard to help-seeking.

Increasing mental health literacy in this sense will require a change in the culture of mental health and help-seeking on campus. Such culture change can be underpinned through the provision of reliable, authoritative and engaging mental health information which is routinely and clearly visible to all students to a point where it forms part of the 'knowledge landscape' of student life. Many of the responses from students provide insight into how this might be achieved.

For example, it was suggested that the need for information to be routinely available for all students - not just at orientation or other landmark times during the academic calendar - is particularly important:

> '...I think students should be kind of made more aware of everything, d'you know like the counselling and stuff, like I wouldn't have heard of that for like a few years... and maybe more emphasis on mental health...'
> (Katherine, Group 4).

The ways in which mental health is framed will be vital in achieving this culture change, beginning with a change in emphasis so that mental health is recognised as important and personally relevant for everyone:

> "..make more awareness of just even that term [mental health], that it's, we all have one every day like, it's not only then if you're depressed or something'
> (Jennifer, Group 4)

With this clarity of messaging in relation to the relevance of mental health to the entire student body, should follow clarity in relation to the roles and functions of the full range of supports available, recognising that levels of need vary depending on the individual student and the nature of any given difficulty:

> *'…I think just kind of clarity on where to go, what do the services provide… what are they supposed to do… just clear on what to do and where to go'* (Una, Group 2)

Students' suggestions regarding increasing awareness and understanding of mental health, supports and services, and how to support a friend (all aspects of mental health literacy) focused on **the importance of information provision** in particular. Key recommendations by students regarding information provision are outlined below.

In keeping with survey results indicating that the majority of students agreed that 'online mental health information can be unreliable', students referred to the importance of providing quality information:

> *'If there was maybe one site for Ireland that was the kind of… gold standard site, that it was maybe quality assured and stuff like that'* (Joanne, Group 1)

> *"I think it's kind of good to have… some sort of quality one… you know if you Google you can be led down so many rabbit holes and different things, like if there was something, you know, accredited by UCC or something, you'd know you could go there, that would be a good first stop, I think."* (Una, Group 2)

> *'I think sometimes though if you just generally Google it, instead of going to like a proper website, you end up thinking you're way worse than you actually are… I guess you know, you came into UCC, they gave you like a list of kind of websites to go to I think, so …they might be good ones to check out …I dunno, you know instead of just randomly like Googling your symptoms.'* (Linda, Group 1)

It should be noted above that students suggested that college endorsement of particular websites would 'verify' the reliability of the information provided on such sites.

Another key issue that was referenced in the groups was the regularity with which information on supports and services is provided to students. Statements by students suggested that such information is perhaps not provided consistently. For example, a final-year student referred to the fact that information on college supports and services is primarily provided during registration day:

> *'The traditional approach in our college always was just cram it all into the Registration Day, we have them all out on that day, we'll just flake them around the place and show them everything'* (Adrian, Group 4)

However, this student acknowledged that first-year students, often overwhelmed on Registration Day with so many tasks to attend to, may not be receptive to or remember so much information. This suggests the importance of additionally providing information to first-year students at a later stage or at regular points during the academic year. A first-

year student from another group (who was unaware of the counselling service on-campus) attested to this point and suggested that it was likely that he had been told about the counselling service previously, but had forgotten:

> *'It could be the kind of thing they tell you once, when you start – but then, you know, if you don't need it at the time you kind of forget about it'* (David, Group 3)

A key point in the above quote is the fact that mental health information provided to students that is not perceived as relevant or meaningful to them may be 'forgotten'. Moreover, statements regarding the current use of email by support services for communicating with all students suggest that information that is not perceived as immediately relevant may also simply not be attended to:

> *'I would say never email anyway, 'cause if it's not something relevant to me, it's gone, like, as in, especially when you're in fourth year like, you're too busy to read crap to be honest with you, and you know like if it's not relevant to you at that moment or in the near future, you know, it's just going to be deleted…'* (Adrian, Group 4).

> *'if I saw Student Services emails coming up, I just don't read them… because I just don't feel like they have any relevancy [sic], I read the ones that my college lecturers send out and that's it'* (Katherine, Group 4)

In particular, David's above reference to not needing information that is presented 'at the time' indicates that the relevance of such information may change for students at another time in their lives. All of us will face difficulties and go through tough times, and this further highlights the importance of increasing the visibility of information and the regularity with which it is provided - given that the next time a student sees such information, it may then be of value and of relevance to them. This is also important when considering results from our survey indicating that students with poor mental health are less likely to have a good understanding of where to get information on getting through a tough time.

Another focus group participant made reference to this when making a case for the benefits of having a specific mental health 'section' within a college's online student portal (a landing page for students within the college site) rather than providing information to students via email:

> *'If it [a mental health section] was kind of always there at some point then it might be relevant to you and at least it's still there, rather than trying to scroll back 1000 emails trying to find something that you might have seen last month'* (Jennifer, Group 4).

This importance of ensuring regular provision of visible mental health information was summarised by two students:

> *'I'd say it's about making it easy and accessible, 'cause like if you do have a problem it's a lot easier to just see something and click on it, rather than think about it and go find it'* (David, Group 3)

> *'…if I was in that place [experiencing poor wellbeing] would I actually do the research, whereas if I just had like one Facebook or one Twitter account that has all the information, I would be more inclined to go onto that'* (Nicole, Group 3).

Additionally, a change in campus culture regarding student mental health literacy and help-seeking will involve engaging students in mental health events on-campus. While it is acknowledged that dedicated mental health weeks form a part of the schedule of most campuses, it is worth considering how best to market them to students. Although this was noted earlier regarding the names of such events, statements from the focus groups additionally suggest that these events are perhaps not always perceived as meaningful or engaging to students:

> 'Nora: *There was Mental Health Week, but I'm not really sure…*

> Hazel: *That kind of just went by… another week, like.* [Group 2].'

> *'…like that week [Mental Health Week] d'you know it'd be grand for some people who might have an interest in some of the events but other people would just be like 'oh, it's just, they're just calling it this week and there's nothing really going on', d'you know.'* (Katherine, Group 4).

As such, the culture of mental health on campus may be influenced not only with quality, visible information that is regularly provided, but with the sense that events pertaining to mental health are engaging and inclusive of the entire campus community.

Theme 6: The role of online resources, supports and resources

Online and technology-based services and resources represent relatively new initiatives in the field of mental health service provision. Considering the amount of time spent online per day by students, in addition to responses to survey questions regarding students' likelihood of use of various online supports, it is important that students' views of such supports are explored.

A number of focus group participants referred to the internet as a first port-of-call when seeking help or support:

> *'The first thing that I'd think of is the internet, 'cause it has so many resources…'*
> (Nora, Group 1)

> *'...a lot of people would use the internet and social media, so that would be their first place to look if they're looking for help'* (Charlotte, Group 3).

Additionally, it was recognised that some individuals may have a specific preference for online resources over face-to-face supports:

> *'The Samaritans... you can phone them, think they've got an email address as well, which is probably a lot more accessible for people stuck at home and stuff, they don't wanna actually sit and talk, it's easier to write an email for some'* (Charlotte, Group 3)

However, an element of 'distrust' or uncertainty regarding the use of online services for mental health support (whether peer support or professional support), was also evident in focus group discussions. For example, discussions on the use of online forums for mental health support typically involved reference to the potential for negative interactions to occur, as 'anybody could be saying anything' within forums and individuals on forums could deliberately 'try and stir trouble'.

Additionally, students' views of online counselling (specifically video counselling) focused on the potential for the privacy and confidentiality of counselling sessions to be compromised:

> *'...there might be almost distrust, like you don't know is there somebody else in the room, that kind of a way like, if it's just a Skype and you can only see behind them, you don't know what's going on, so... maybe a bit dodgy...'* (Abigail, Group 1)

> *'...you'd be afraid like, would it be videoed or d'you know used again or something, 'cause you can't really trust the internet, someone could be hacking into it or anything'* (Joanne, Group 1)

> *'...could it [a video counselling session] ever be leaked, would that be a thing...'* (Amy, Group 4)

> *'...web-cam sessions and Skype session, you can record them if you want like, you know, it's not that tough for people to do that...'* (Adrian, Group 4)

Issues of trust were also noted regarding confidence in the professional providing an online counselling service, with one student remarking that an online professional might have less credibility:

> *'I suppose a bit of confidence in the service would be, would be tougher you know, because I suppose if you're going to see a counsellor you can probably see their degrees or whatever on the wall inside when you're walking into the office, whereas someone over the internet is... a lot of the time it's just someone over the internet d'you know and, they might have certs or whatever but to prove it and, for people to have confidence in that, d'you know, it might be tough to build that.'* (Adrian, Group 4).

Online counselling may be a relatively unfamiliar concept to many of us, and the above concerns are justified and understandable. However, such statements suggest that students may not be fully informed about this type of service. Depending on the current and future likelihood of availability of this service type, students should be provided with information as to the nature of online counselling provision – particularly regarding the security processes that may be undertaken by service providers, including the secure transmission and encryption of audio/video communication or text-based data. Additionally, students should be made aware of other types of online counselling that are available, which may be more amenable to use, such as email counselling or instant messaging with a professional.

However, despite such reservations regarding their use, students' positive views of online resources suggest their potential role as single resources and/or as adjuncts to face-to-face supports. For example, students indicated that online resources were advantageous from the perspective of immediate accessibility:

> '...it might be a lot easier to just say like 'well, Skype me this evening' [video counselling] rather than taking into the city yourself and wandering around for an office somewhere' (Yvonne, Group 1).

> 'I think it'd be good [video counselling], 'cause if you had someone who's very depressed and they find it hard to get out of bed in the morning, if they could just open up their laptop and Skype someone and talk about their feelings and their problems, they might find that they feel better then...' (Luke, Group 3).

Furthermore, students referred to the internet as a potential enabler of face-to-face support (indeed, one participant explicitly stated that online resources should not 'take away from other areas') - with statements reflecting the possibility of online resources to be used as a 'gateway' for accessing face-to-face support. It is important to note as well that such face-to-face support is not confined to formal services but also includes support from family and friends.

> 'I think it's a lot easier to go online first... and then you might go to your friends afterwards' (Joanne, Group 1)

> '...using it [video counselling] as a stepping-stone definitely, that'd be good, talk to them a few times before making the appointment... especially for somebody with anxiety...' (Hazel, Group 2)

> 'I think it's good [online forums] for an initial point of contact maybe with the person, like if they're kind of putting their toe in the water... but it should be geared towards interacting with people [face-to-face]' (Yvonne, Group 1).

Further mitigating any uncertainties students may have in relation to online service provision, many important recommendations were made by students regarding ways in which online platforms can be used to provide information and highlight available supports.

In particular, students referred to the college website as a key area for provision of mental health information, which reflects survey results indicating that 45% of students were likely to use this when seeking information or support. Although it is acknowledged that valuable mental health information is currently provided within sections of a number of college sites pertaining to their Student Counselling Service, it was suggested that students were not always aware of this and that this information was not always visible or easily accessible through the college site:

> *'Just trying to think of the layout of the current college website off the top of my head… I don't even know if there's any links but to get into counselling [the counselling section within the college website] you're talking about going navigating into sort of two, into two different things just to get in there'* (Adrian, Group 4).

Statements regarding the use of to use of the college website and online media for the provision of online information referred to the importance of capitalising on websites frequented by students:

> **Use of the student portal –** as students need to access the portal frequently to enter their student email or Blackboard accounts, it was suggested that having a permanent mental health 'section' on this landing page, with links to quality mental health website and articles, would be highly practical and visible – *'…you have to be on every day… so a portion of that for advertising like that needs to be used…'* (Peter, Group 4);

> **Use of Blackboard or Moodle –** *ensuring the inclusion of a specific folder with mental health information, that again would be visible and present on a website that is frequently accessed by students;*

> **Use of social media –** *considering the high proportion of students accessing social media every day, it is unsurprising that social media sites were considered key for information provision and engaging students in the topic of mental health, particularly Facebook and Twitter. Students suggested using college social media sites that are followed by a high number of students (such as the Students' Union Facebook page) in an engaging, informal way, or with humour, to provide such information – for example, through 'sharing' of images and photos (i.e capitalising on what students do online):*

> *'Photos and memes are shared a lot, like little joke ones that might have a picture and then a joke on the side, if ye had a number [of a mental health service] or said 'Reach Out' or something, so every time then people would just be sharing the photos, it's funny, but then at the same time you've got that little note at the side… it's not ye specifically saying 'share a page about whatever' but it's just, it would go'* (Jennifer, Group 4)

> *'…I'm not sure if there's one here, but in UCC anyway there's a 'Spotted at UCC' [Facebook] page, it's just like a funny kind of page run by the, I think it's the Students' Union, but… something like that, that's the kind of thing that… everyone there, they all go on it like'* (David, Group 3).

Such suggestions reflect our survey findings indicating that activities pertaining to use of social media and entertainment are popular amongst students, and that mental health information could therefore be presented in an engaging, accessible manner to students within online platforms that they frequently visit. Students also referred to the use of specific sections within the college website, pertaining to different departments or schools within the college:

> *'…I did Social Science for my undergrad… on the Social Science website, or the Faculty website, there's links to mental health and it's promoted because… we had a difficult course… so they'd promote that you get, d'you know, your mental health right… so I think maybe the College of Commerce and Arts, maybe that on the websites, the actual Schools themselves should kind of help the students, because d'you know they mightn't know where to go, whereas if it's coming from the actual Department, you're kind of more likely to see it… I know my friend, she's doing Architecture, the website doesn't have anything, Engineering: nothing, d'you know, they're stressful courses, so it would be helpful… if there was a page, like 'Health Matters' or something'* (Laura, Group 2)

Given that looking up information online represented the activity most likely to be undertaken by students when seeking mental health information and support, it is crucial that the above suggestions from students are considered. The college website, social media and online communications to the student body represent cost-neutral platforms that can be used to disseminate and signpost quality-assured mental health information that can make a real difference in positively changing the culture around mental health on individual campuses.

5. Concluding remarks and discussion

This study explored the help-seeking experiences and preferences of third level students in Ireland. Within this section, results are discussed and topline recommendations are presented for consideration by third level institutions, those working in the area of student support and representative bodies in the third level education sector.

5.1. THE VALUE OF TRADITIONAL SERVICES ON-CAMPUS

Findings from the present study clearly demonstrate that traditional services on-campus are valued by students. Survey results demonstrated a high willingness amongst the student population to avail of one-to-one counselling with the Student Counselling Service (63%) and to attend the Student Health Service (58%) when seeking information or support for their mental health. It is noteworthy that the likelihood of availing of these services is higher than that reported by the My World Survey: although the My World Survey did not refer specifically to health services on-campus, doctors and GPs generally were reported as the most likely formal source of support by 46% of their sample, and the reported likelihood of availing of Student Counselling in the present study is almost twice that which was reported within the My World Survey (34%; Dooley & Fitzgerald, 2012). This may be as a result of the wider age range of students within the current study, which included students over the age of 25.

Regardless, these findings are encouraging and point towards the need to ensure that both the Student Health and Student Counselling Services are adequately resourced. Increased staffing of Student Counselling Services is also paramount when considering that use of these services is likely to continue to increase (in line with trends reported over recent years within IAUCC data) and given focus group discussions which referenced lengthy waiting lists and high demand as a deterrent to seeking help from the counselling service for problems that may not be 'serious enough': *'especially with waiting lists, you can feel like you're wasting their time if you're just going for something that's not like a death or something really serious'.* Additional findings from the study further underline the value of counselling services on-campus. The majority of students agreed that *'it is reassuring that there is a free counselling service on-campus';* moreover, students reported being more likely to attend their Student Counselling Service than to avail of support from an external counsellor, and to avail of online counselling if specifically offered by their counselling service on-campus. These findings highlight the need for increased permanent fulltime counselling staff within Student Counselling Services, in contrast to the pattern observed over the past number of years of decreasing permanent staff.

5.2. SUPPORT PROVISION BASED ON LEVEL OF NEED

In parallel with increased staffing of Student Counselling and Student Health Services, it is also suggested that there is a need to 'prioritise demands against the resources available to meet these' (Royal College of Psychiatrists, 2011, p. 20), and to ensure that appropriate support for students is provided with the use of alternative resources and services – both online and offline. It is worth considering that mental health needs vary from person to

person. For example, all individuals require general information about mental health, to ensure they are aware of how to look after their mental health and are also aware of when they may need support and where to seek such support. Others going through a tough time or experiencing mental health problems may require specific types of support, depending on the nature and severity of the issue. This can, of course, include face-to-face therapy (particularly for enduring or more severe issues), but equally it may also include other appropriate forms of support, such as peer support/mentoring, or self-help and self-management resources for minor or mild forms of mental health problems. As such, it may be that a proportion of students seeking one-to-one counselling on-campus may be suited to alternative or lower-threshold forms of support. This is not to suggest that they should not be encouraged to access traditional services; however, with increasing demand on these services and long waiting lists, it may be practical to prioritise these demands in addition to ensuring adequate resourcing and staffing of such services.

It is therefore suggested that colleges consider developing a system of information provision to improve awareness of available supports, to help manage the demand for services and to refer students to appropriate supports or services, based on their preferences and level of need. For example, the following could be considered by colleges:

- A general, comfortable 'front of house' drop-in service could be developed, where students' needs could be discussed and referral to an appropriate service on-campus and/or communication with a relevant member of staff could subsequently be arranged if needed. Such an approach has been suggested by Mowbray et al. (2006), who advocate a similar service for all types of student needs: 'Campuses might want to consider procedures similar to EAP (employee assistance programmes) in industry, wherein concerned faculty and staff can refer students to a centralised services, independent of whether the problem is academic, physical health, or behavioural health (e.g. mental health, alcohol or drug abuse). Such a student assistance programme could then do the necessary comprehensive assessments and refer students to academic counsellors, academic support services (e.g tutoring), medical treatments, or behavioural health treatments' (p. 234).

- An online mental health screener could be developed, again to assist in referring students to appropriate sources of support. This was suggested by a participant in one of the focus groups, who acknowledged the practical value of an online brief alcohol intervention (ePub) currently being used within a number of campuses, which provides tailored feedback to students based on their reported alcohol consumption. This student referred to the potential value of having a similar tool related to mental health, particularly in terms of providing clarity on where to get help:

> '…I was wondering could there be a mental health ePub set up, that would just channel people right from when they enter, so that you know, this is who you go to…' (Abigail, Group 1).

Currently, ReachOut Australia (the sister organisation of ReachOut Ireland) are developing an online self-assessment tool and mobile app that invites young people to specify the issues affecting them at present (for example, 'feeling stressed, anxious, worried or down' or 'getting bullied at school, home, work or online'), rather than focusing on particular 'diagnoses'. For each issue, young people are asked to indicate to what extent it is affecting them, and are subsequently signposted to an appropriate type of support or service, based on their level of need (whether online information, phone support, online support, or face-to-face support). A similar online tool could prove useful in a college setting, whereby students could be directed to online resources or other specific supports on-campus and off, as appropriate to their level of need and presenting issue (e.g. academic or personal).

5.3. THE VALUE OF QUALITY ONLINE MENTAL HEALTH INFORMATION

An additional key finding from the present study related to the importance of providing students with *quality* online mental health information that is visible and easily accessible. While over half of students agreed that online information can be unreliable, the majority of the overall sample reported being likely or very likely to look up online information about mental health generally (85%) and about mental health supports and services (81%). This is perhaps unsurprising, given that 'it has become instinctive to go online when seeking information and advice' (Chambers & Murphy, 2015, p. 3). Moreover, focus group discussions highlighted the college website and college social media as key for the provision of information on available supports and services and provision of links to quality third-party websites, particularly as information communicated by the college would be perceived by students as reliable.

The importance of simply seeking information cannot be overstated. Considering that initiation of the help-seeking process requires awareness and knowledge of mental health in addition to awareness of mental health resources, supports and services (important aspects of mental health literacy), quality information can empower young people and provide them with the confidence and knowledge to seek further help. Indeed, results from the study suggest that students are most likely to avail of e-mental health by looking up online information before seeking further help. For example, focus group results suggest that students may seek clarification of whether their problem is 'serious enough' to warrant seeking help or for further information on the nature of their problem. As such, the finding that a very high proportion of students are likely to seek online mental health information is one that should certainly be capitalised upon by colleges, particularly given that. online platforms are valuable in allowing information to be provided to all students. As discussed earlier, this is important given that any student may go through a tough time themselves. Additionally, the positive finding that students are highly likely (74%) to seek help from a friend, (whereby any student may be approached by a fellow student or another individual for information and support), coupled with focus group discussions indicating that students may not always know how best to support a friend, points towards the value of visible, universal mental health information. The provision of online mental health information for students is therefore a highly practical recommendation and one that can be built upon by colleges already providing such information for students.

colleges should carefully consider how best to effectively provide online information, to ensure that students are likely to access and engage with such information.

However, it is not sufficient to simply provide information, whether in a specific section within a student portal, or within Student Counselling or Student Health sections of a college's website: colleges should carefully consider how best to effectively provide online information, to ensure that students are likely to access and engage with such information. In particular, the needs of students should be considered: for example, is the information reliable, visible, and engaging (will students actually read and attend to the information that is there)? Is the information presented in a range of formats (text, audio, video) to engage a variety of students? From a practical perspective, is it visually appealing to read (for example, having longer pieces of text broken up with the use of headings, using bullet points and contrasting colours), and is the page or website easy to navigate? ReachOut Ireland recently published a Good Practice Guide regarding the use of technology for wellbeing and referred to the importance of understanding the needs of any audience for whom information is being created and provided, with the use of focus groups and one-to-one user testing (Chambers & Murphy, 2015). Such user testing is worth considering by colleges, as, crucially, the provision of visible, engaging information within online college platforms (including links to quality third-party sites) could help to ensure that students are less likely to simply search for random information online and to encounter unreliable information as a result. Additionally, visibility and accessibility of online information is important in the context of survey results demonstrating that students with poor wellbeing are much less likely to have a good understanding of where to find information on getting through a tough time.

5.4. THE NEED FOR EVALUATION OF SERVICES PROVIDED TO STUDENTS

In addition to user testing and evaluation of online platforms for the provision of information, it is also suggested that colleges audit and evaluate the services that are currently being provided to students. This is important given survey results demonstrating the variability in likelihood of using different resources and services provided on-campus: with the exception of mental health workshops and the college website (which 45% of survey respondents indicated that they would be likely to avail of), students' likelihood of using other services and resources was much lower than that reported for the Student Counselling and Student Health Services. Specifically, a quarter of students identified the Students' Union Welfare Officer as a source of information and support that they would use, and one-fifth of students reported being likely to use the Disability Support Service, the Chaplaincy, or Peer Support. It is uncertain as to why exactly these services are less appealing to students, but focus group discussions suggest that poor understanding of these services may represent at least one reason, among other factors. It is necessary to explore 'why are students less likely to use these services over others? What factors are affecting their uptake and use? What would assist in making these services more appealing to students or more likely to be used?' Service evaluation and further investigation of facilitators and barriers regarding the use of different services would therefore be useful to inform

the development of such services to meet the needs of students. For example, in two focus group discussions, students referred to the value of extending the Peer Support service beyond first-year, including the potential of using it with transfer students from other colleges or Erasmus students from overseas (as they may be experiencing similar challenges to first-year students), and the potential for Peer Support for final-year students to assist with managing the challenges of transitioning out of college and starting a career.

Evaluation should also be undertaken for internet and technology-based support (including both online self-help tools and online counselling). Survey results suggest that the provision of online support to students is worth exploring (given that a relatively high proportion of students reported being likely to use online programmes, one-third of students reported being likely to avail of online counselling if offered by the Student Counselling Service, and one-quarter agreed that they would be more likely to use online supports rather than face-to-face supports, if offered by the Student Counselling Service). However, focus group discussions also indicate that students have specific reservations regarding online support provision, and evaluation of different types of online support would provide further insight into this. For example, colleges that recommend online programmes to students could actively evaluate the uptake and use of such programmes, using analytics (how much of the programme is being used by students before dropping out; what aspects of the programme are students using or skipping through), in addition to satisfaction measures to ascertain students' views of the programme, using quantitative or qualitative questions. Additionally, given that focus group discussions concentrated primarily on video counselling, and also given that the survey referred to 'online counselling' generally without further clarification, it would be useful to conduct further research regarding students' likelihood of participating in other types of online counselling, such as communication with a counsellor via instant messaging and email.

Colleges that recommend online programmes to students could actively evaluate the uptake and use of such programmes.

Finally, auditing and evaluation of student support services and resources is important in the context of variability in service provision across different campuses. From focus group discussions with students, in addition to reviewing support services within different colleges prior to the development of the survey, it is apparent that the types of resources and support services provided to students can vary across colleges. For example, different colleges signpost to different online programmes within their websites and various types of Peer Support Services are provided across colleges, such as specific peer-assisted learning and academic support in some campuses, versus more 'general' peer support in others. Although it is acknowledged that variability in service provision is likely to be as a result of differing student populations and available resources and staff on each campus, it would be valuable for such information to be collated and regularly shared with those working in the area of student support, such that a knowledge base of 'what works' in relation to service provision can be built upon, added to, and utilised by others.

Evaluation of resources and services provided on-campus is in keeping with Action 7.4.4 of Connecting for Life (Department of Health, 2015) – 'evaluate innovative approaches

to suicide prevention, including online service provision and targeted approaches for appropriate priority groups' - which references third level institutions as key partners regarding this action.

5.5. THE CULTURE OF MENTAL HEALTH ON-CAMPUS

It is crucial that colleges cultivate and actively promote a culture of positive mental health and help-seeking on-campus, with mental health framed as an integral part of everyday life and everyday conversation, and as a concept that does not pertain solely to mental health problems. This is important to ensure that students' reported high likelihood of seeking help from a range of supports and services is translated into action should the need for help arise in future - particularly given results demonstrating that students with poorer levels of mental health are less likely than those with higher wellbeing to seek help. Additionally, results indicating that students feel that their problems aren't 'serious enough' to warrant seeking help, that they 'don't have time' to access supports on-campus and that their

It is worth considering one student's suggestion regarding a dedicated lecture for all students within all courses on the topic of mental health and available supports and services.

ability to study, complete assignments and participate in hobbies have been affected as a result of their wellbeing, all point to the need for promotion of mental health and help-seeking on-campus.

As discussed previously in the Focus Group Analysis, this could be undertaken with the provision of engaging mental health information in a variety of forms, which is visible and provided regularly, such that students feel that colleges are acknowledging mental health as an important topic beyond registration or orientation. Additionally, hosting engaging mental health events and campaigns, and having lecturers or student support staff speak directly with students about mental health and available supports on-campus (as suggested by students) could assist in increasing awareness of mental health as an issue that is collectively valued on-campus, in addition to increasing awareness of the importance of seeking help when necessary (whether online, from a friend or parent, or from a support service on-campus). It is worth considering the suggestion by one of the students in the focus groups regarding a dedicated lecture for all students within all courses on the topic of mental health and available supports and services. Similarly to online mental health information, this would assist in targeting all students with a whole-college approach to mental health promotion.

The value of hosting workshops on-campus related to mental health should also be considered (for example, mindfulness, stress management, study skills and cultivating resilience), given survey results indicating that a relatively high proportion of students (45%) reported being likely to attend such workshops. Such workshops could meaningfully assist in engaging students with mental health information; additionally, workshops could ensure that students develop practical skills related to minding their mental health, coping with tough times and maintaining positive mental health.

5.6. RECOMMENDATIONS

The following recommendations are suggested for consideration by colleges, college staff working in the area of student support and representative organisations in the third level sector, based on the above discussion and study results. *Note: It is acknowledged that several colleges are presently implementing a number of the recommendations outlined below. These recommendations are intended to guide colleges in building upon actions and strategies already being undertaken, or in commencing new actions, if feasible.*

1. Colleges should ensure that their Student Counselling and Student Health Services are appropriately resourced to meet the demand from students seeking information or support for their mental health.

This is particularly important to consider given that students' likelihood of availing of counselling and health services on-campus has increased substantially over the past number of years, in parallel with increased attendance rates of counselling.

2. Students should be provided with quality mental health information related to all aspects of mental health literacy.

Comprehensive information should be provided on mental health generally (what is mental health?), on minding our mental health, on how and where to seek help, and on how to support a friend. Information should also refer to available supports and services on-campus, clearly delineating the type of service provided by different services on-campus.

Comprehensive information should be provided to students on mental health generally, on minding our mental health, on how and where to seek help, and on how to support a friend.

Additionally, information should be provided on available services off-campus, as this may be useful for students who are on a lengthy waiting list to attend services on-campus, or who are unable to access colleges services at specific times (for example, in the evenings, at weekends, or if they are living away from the campus during the summer). This could include a link to the ICGP website for students wishing to access a health service and the Counselling Directory's website (which provides information on counsellors in a particular area, including low-cost counsellors or those who operate on a sliding scale). Information should also refer to helplines, support groups off-campus, and online resources, such as quality third-party information websites, online programmes, apps and online services who offer counselling and support groups within an online setting (e.g. Turn2Me.org).

Where this information is provided online, the online platform or resource in question should be user-tested.

3. Student support staff should be actively involved in ensuring that online information and online resources provided for students are of a high quality and reliable.

It is suggested that student support staff develop and agree upon a comprehensive list of quality, informative mental health websites and associated links. This list should be

circulated to other relevant staff (for example, those with responsibility for managing the social media of the Students' Union), to ensure the consistent provision of quality-assured information to students.

Student support staff should develop and agree upon a list of quality programmes and apps that could be included within information on self-help resources for students or recommended to students by staff themselves.

Student support staff should also develop and agree upon a list of quality programmes and apps that could be included within information on self-help resources for students or recommended to students by staff themselves. The Mobile Application Rating Scale (MARS), a reliable tool recently developed by the Young and Well Cooperative Research Centre in Australia (https://www.youngandwellcrc.org.au), allows health professionals to rate and assess the quality of apps. Alternatively, students could be linked to existing information on quality resources, such as the Australian National University Beacon resource, which rates online resources and categorises them according to the difficulty that an individual may be experiencing (https://beacon.anu.edu.au).

Of note is the recent development of a specific third level section with ReachOut.com (ie. reachout.com/ college). This involved a collaboration between the IAUCC and ReachOut Ireland, and aims to provide quality-assured mental health information to students on all aspects of mental health and mental health services, including student counselling services within their college.

4. Mental health information should be provided regularly to students and should be visible and engaging.

Colleges should capitalise on students' willingness to seek quality mental health information online in particular, with the provision of accessible, visible and engaging online information. The following actions could be undertaken by colleges:

- Use of the college website; in particular, the inclusion of a specific mental health 'section' within the homepage of each college's student portal.

- Use of Blackboard or Moodle, with the inclusion of a visible file with mental health information.

- Use of relevant college social media (such as the social media of the Students' Union, which is often followed by a high number of students). Social media could be used to signpost to sections within the college website that have existing mental health information (such as the Students' Union or the Student Counselling Service), or to signpost to quality third-party websites. Consideration should also be given to posting information or creating awareness of supports and services in an 'informal' way on social media where appropriate, to engage students, with the use of humorous posts and images or photos.

- Building upon existing mental health information within college websites, such as those pertaining to the Student Counselling Service and Student Health Service. Consideration should be given to the user-testing of such sections to ensure that the information is presented in a manner that facilitates engagement with the material.

- Use of the college email for communication with students, with the potential for provision of mental health information from lecturers themselves, given that focus group discussions suggested that emails from lecturers were considered important and necessary to read.

Colleges should also consider information provision with the use of other media:

- Provide information related to supports and services on and within tangible materials in college – posters, student diaries, leaflets within student packs, the college magazine or other publications.

- Provide information via student support staff – members of student support services could directly address students to explain the importance of looking after one's mental health, where their service is located, how to access the service and what type of service is provided.

5. Colleges should audit and evaluate all resources and services currently being provided to students, regarding the uptake and use of services, outcome of service provision and satisfaction with service provision. Such information should be shared among colleges, to increase understanding of service provision at a national level, and to inform future service provision.

As part of this evaluation, students should be involved in the planning of supports and services and/or the development of existing supports and services, through consultation with students and use of their feedback. As service provision varies across campuses, research should be conducted within individual campuses regarding barriers and facilitators to using different services, involving both students who have accessed particular services and those who have not.

6. Student Counselling Services should continue to collect data on their activity, and share this information within the sector

Given that the number of colleges providing such data to the IAUCC varies year on year, it is crucial that as many colleges as possible provide this data annually. It is also important that colleges collect data on the same variables, if possible, as this is not currently undertaken by all colleges (for example, regarding the impact of counselling on academic performance (post-counselling) and retention).

Additionally, it is suggested that Student Counselling Services collect data on waiting lists, if possible, to further understand the demand for services. This could include the number of students on waiting lists within specific periods during the academic year, in addition to the average time spent by students on waiting lists before commencing counselling sessions.

7. Colleges should consider developing a system for information provision and referral of students to appropriate supports on-campus.

This could involve a comfortable drop-in space on-campus or an online programme or screener that provides feedback to students on what to do or where to go.

8. Mental health campaigns should be marketed carefully, bearing in mind the language used to name the events and how best to share information about the events, in order to engage students and increase awareness of the events' activities.

Campaigns should also clearly involve collaboration with Student Support Services, including Student Counselling and Student Health Services, to ensure consistency of the information and messaging that is being provided to students, and to ensure that campaigns are not occurring in isolation.

9. Targeted skills-based workshops or modules should be provided to students to assist them in coping with the pressures of college life (e.g. work/life balance, stress management, study skills, mindfulness and resilience).

Depending on the resources available on-campus, this could be provided by a range of staff with expertise and knowledge in such areas. For example, staff from the Student Counselling Service could provide workshops, or could liaise with lecturers and other staff regarding the planning and delivery of workshops and modules. When planning such workshops, consideration should be given to students' timetables, in order to accommodate as many students as possible (i.e workshops could be held outside of regular lecture hours, such as at lunchtimes or in the evening).

Consideration could also be given to providing such workshops or modules to staff, in the interests of a healthy campus.

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Appendix I

Memberships of Project Steering Group and Report Advisory Board

Project Steering Group

Ms. Paula Forrest, Senior Executive Officer, HSE National Office for Suicide Prevention

Ms. Bríd Casey, Resource Officer for Suicide Prevention, HSE National Office for Suicide Prevention

Mr. John Broderick, Student Counsellor, Dublin Institute of Technology & Chair, IAUCC

Ms. Katie Hendrick, Reg., Psychol Ps.S.I Student Counselling Service, Dun Laoghaire Institute of Art, Design and Technology and IAUCC Executive/ReachOut liaison representative

Ms. Gertie Raftery, Student Counsellor, Dundalk Institute of Technology

Ms. Orla McLoughlin, Student Counsellor, Trinity College Dublin

Mr. Chuck Rashleigh, Student Counsellor, Trinity College Dublin

Mr. Richard Boyle, Online mental health consultant & developer, ideasgarden

Dr. Leonard Douglas, Psychiatrist

Ms. Rosalind Agnew, Administration Officer, Trinity College Dublin Student Counselling Service

Ms. Aoife Ní Shúilleabháin, Vice-President for Welfare, USI

Mr. Greg O' Donoghue, former Vice-President for Welfare, USI

Report Advisory Group:

Dr. Helen Keeley, Child and Adolescent Psychiatrist, HSE

Ms. Helen Coughlan, Clinical Research Fellow, Royal College of Surgeons in Ireland

Dr. Martin Lawlor, Consultant Psychiatrist, HSE South, & Programme Lead, State of Mind Ireland

Professor Ella Arensman, Director of Research, National Suicide Research Foundation, and Adjunct Professor, Department of Epidemiology and Public Health, University College Cork

Dr. Michael Byrne, Director of Student Health and Wellbeing, University College Cork

Dr. Declan Aherne, Head of Counselling, University of Limerick Student Counselling Service & Public Relations and Heads Representative, IAUCC

Appendix II

Note: thanks to Chuck Rashleigh, Trinity College Dublin, for the information used in preparing this appendix.

Context

Statistical returns from IAUCC affiliated college counselling services have been collated centrally since 2005. The level of data returned and the response rate has varied across those years and in the most recent year for which data are available, covering the academic year 2013-2014, 60% of colleges responded.

An overview of the data gathered is presented here.

Staffing ratios

Across recent years the student to counselling staff ratio decreased from a high of 1:4,190 in 2008-2009 to 2,168 in 2013-2014. However, that decrease is partly explained by an increase in the number of trainees, interns and assistant psychologists involved in service provision. Perhaps a more telling figure is the ratio of students to permanent whole-time equivalent counsellors which rose to 1:5,019 in 2013-2014. This compares with a figure of 1:3,855 in 2007-2008

Service uptake

The number of students availing of counselling is steadily increasing. In 2007-2008 just over 4% of students availed of counselling compared with 5.5% of students in 2013-2014 (based on the total number of students and the number of students accessing counselling in colleges responding to the annual IAUCC survey only). Within those figures there is considerable variation in the percentage of students seen by individual counselling services, from a low of 2.6% to a high of 11.3% of the student population (2013-2014). The average number of sessions per client dropped to 3.3 in the academic year 2013-2014, perhaps reflecting the overall demand in terms of the number of students wanting to access services.

Outreach and on-campus engagement

College counselling services also provide a significant amount of outreach support to both students and staff, estimated to have served nearly 5,000 students and 900 staff in 2013-2014 across 15 responding institutions. Engagement also extends to committee membership, supervision of other support staff and management consultations.

Presenting and emerging issues

A range of presenting issues have been noted by the IAUCC in recent years, including: abuse; academic stress; anxiety; depression; relationship difficulties; welfare issues; loss; and, self-harm. Unsurprisingly, anxiety and depression account for the highest percentage of presentations, at 44% and 32% respectively in 2013-2014. Interestingly, more than one in four presentations in 2013-2014 were related to academic stress (27%). Relationships are also a significant presenting issue, accounting for more than one in four presenting issues (22.7%).

Client profiles

Mature students accounted for 16.3% of clients in 2013-2014, students with a disability accounted for 5.9% and 10.7% of clients were international students.

Mental health impacts

Based on data from institutions who ask clients about the impact of their mental health on aspects of their college lives, more than half of students (56%) using counselling services report negative or very negative impact on their studies. Risk of dropout is also associated with use of student counselling, with one in three reporting a risk of dropout ranging from moderate to very high.

Appendix III – Survey Instrument

Section 1 - A few basic questions about you, your study and your work

1 What age are you?

☐ 18 – 19

☐ 20 – 22

☐ 23 – 25

☐ 26 – 30

☐ 31 – 35

☐ 36 – 40

☐ Over 40

2 What's your gender?

☐ Male

☐ Female

☐ Transgender

☐ Other (please specify): _____

3 What's your nationality?

☐ Irish

☐ Other EU (please specify): _____

☐ International (please specify): _____

4 How would you describe your sexual orientation?

☐ Straight

☐ Lesbian

☐ Gay

☐ Bisexual

☐ Don't know

☐ Prefer not to answer

☐ Other: Please specify _____

5 During the academic term, how many hours per week on average do you spend:

☐ In lectures and/or tutorials? _____

☐ On study outside of lectures/completion of assignments? _____

☐ In paid employment? _____

☐ In unpaid employment/volunteering? _____

6 Are you…

☐ An undergraduate student

☐ A postgraduate student

7 Which college do you attend? Please type the name below:

_____

8 What year of study are you in?

☐ First year

☐ Final year

☐ Other (please specify, e.g. second year, third year): _____

9 What type of course are you studying?

☐ Arts and Humanities

☐ Engineering and Science

☐ Business

☐ Law

☐ Health and Medicine

☐ Creative arts, drama and music

☐ Other (please specify): _____

Section 2 – Your thoughts on different supports and services for mental health

We'd like to ask you questions about your views of:

- **Online/technology-based resources**

- **College supports and services**

First, a few questions on your general use of the internet…

10 Do you own… (please tick beside any that apply to you)

☐ A smartphone

☐ A tablet computer

☐ A laptop

11 Do you go online every day (not including when you go online for college work or

…assignments)?

☐ Yes

☐ No

12 On the days that you go online, how much time on average do you spend online (not including when you go online for college work or assignments)?

☐ Less than 1 hour per day

☐ Between 1 and 2 hours per day

☐ Between 2 and 3 hours per day

☐ Between 3 and 4 hours per day

☐ Over 4 hours per day

13 What are the three things that you do the most online (not including college-related activities?)

1. _____

2. _____

3. _____

14 Have you previously used the internet or technology in any way for mental health information or support?

☐ Yes (Please answer Questions 15 and 16 below first)

☐ No (Please go to Question 17).

15 In what way(s) have you previously used the internet or technology for mental health information or support? *(e.g. talking to a friend online about a problem, looking up information online about mental health, using a mobile app related to mental health and wellbeing):*

16 If you have previously visited specific websites for mental health information or support, please type them below:

17 Have you previously used any college services or college resources for mental health information or support?

☐ Yes (Please answer Question 18 below first)

☐ No (Please go to Question 19).

18 Which college services or resources have you previously used for mental health information or support?

19 Please respond to these statements about online and technology-based resources for mental health:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Mental health information on the internet can be unreliable	☐	☐	☐	☐	☐
Using the internet and technology for mental health information or support can allow for anonymity, privacy and confidentiality[1]	☐	☐	☐	☐	☐
I'd prefer to talk with someone in person about how I'm feeling rather than with someone online	☐	☐	☐	☐	☐
There is a vast amount of valuable mental health information available online[2]	☐	☐	☐	☐	☐
Online counselling from a professional can be just as…effective as face-to-face counselling	☐	☐	☐	☐	☐
There can be harmful discussions about mental health in forums, social networking sites or discussion boards	☐	☐	☐	☐	☐

1,2 Based on findings from Horgan & Sweeney (2010)

20 Thinking about different types of online and technology-based resources:

If you felt that you needed mental health information or support, how likely are you to:

	Very likely	Likely	Neither likely nor unlikely	Unlikely	Very unlikely
Look up information online about mental health	☐	☐	☐	☐	☐
Look up information online about different mental health supports and services	☐	☐	☐	☐	☐
Communicate with a personal friend online	☐	☐	☐	☐	☐
Communicate with other people online (e.g. on forums, Facebook, support groups or discussion boards)	☐	☐	☐	☐	☐
Take part in online counselling with a professional	☐	☐	☐	☐	☐
Use a mobile app related to mental health and wellbeing	☐	☐	☐	☐	☐
Use an online programme related to mental health (e.g. a programme with online modules and exercises about mental health)	☐	☐	☐	☐	☐

We're nearly there with the questions…

21 Please respond to these statements about college supports and services:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
College supports and services for… mental health are easily accessible	☐	☐	☐	☐	☐
I don't have time to use college supports and services	☐	☐	☐	☐	☐
I'd prefer to deal with mental… health problems by myself, rather than see a college counsellor	☐	☐	☐	☐	☐
It's reassuring to know that there is a free counselling service in college	☐	☐	☐	☐	☐
I'd be more likely to use online than face-to-face supports, if available from the college counselling service	☐	☐	☐	☐	☐
I'd prefer to talk about mental health problems with a friend or family member, rather than see a college counsellor	☐	☐	☐	☐	☐
I don't consider my problems to be serious enough to warrant counselling	☐	☐	☐	☐	☐

22 **Thinking about different college services and supports:**

If you felt that you needed mental health information or support, how likely are you to use or avail of…

	Very likely	Likely	Neither likely nor unlikely	Unlikely	Very unlikely
One-to-one counselling from the college Counselling Service	☐	☐	☐	☐	☐
College Health Service	☐	☐	☐	☐	☐
Group therapy from the college Counselling Service	☐	☐	☐	☐	☐
Peer Support (students trained to provide information and support)	☐	☐	☐	☐	☐
Students' Union Welfare Office	☐	☐	☐	☐	☐
Online counselling from the college Counselling Service	☐	☐	☐	☐	☐
On-campus workshops about mental health and wellbeing (e.g. mindfulness, relaxation, stress management)	☐	☐	☐	☐	☐
Student Support Services	☐	☐	☐	☐	☐
College Disability Service	☐	☐	☐	☐	☐
College Chaplaincy	☐	☐	☐	☐	☐
College website (e.g. podcasts and leaflets on mental health)	☐	☐	☐	☐	☐

23 Outside of online supports and college services…

If you felt that you needed mental health information or support, how likely are you to look for it from these other sources? (You can leave an item blank if it doesn't apply to you).

	Very likely	Likely	Neither likely nor unlikely	Unlikely	Very unlikely
Friend	☐	☐	☐	☐	☐
Parent	☐	☐	☐	☐	☐
Counsellor outside college	☐	☐	☐	☐	☐
Boyfriend/girlfriend/partner	☐	☐	☐	☐	☐
GP/doctor outside college	☐	☐	☐	☐	☐
Helpline (e.g. Samaritans, Niteline)	☐	☐	☐	☐	☐

24 If you'd be likely to look for mental health information or support from someone else or somewhere else, please specify:

25 Please indicate whether you had heard of the following websites before this survey and whether you have visited them before by ticking the appropriate boxes.

	I hadn't heard of it before this survey	I'd heard of it before this survey, but I haven't visited it	I've already visited it
ReachOut.com	☐	☐	☐
SpunOut.ie	☐	☐	☐
Turn2Me.org	☐	☐	☐
YourMentalHealth.ie	☐	☐	☐
PleaseTalk.ie	☐	☐	☐

We're almost at the end of the survey – just four questions about you to go…

79

Section 3 - Your mental health and wellbeing

26 Overall, how would you rate your own mental health at the moment? *(By 'mental health', we mean your emotional and psychological health and wellbeing)*

☐ Very good

☐ Good

☐ Fair

☐ Poor

☐ Very poor

☐ Don't know

27 How would you rate your understanding of:

	Very good	Good	Neither good nor poor	Poor	Very… poor
Who to talk to if you're going through a tough time? *(By 'tough time', we mean a time when you might feel worried, stressed or down and need extra support)*	☐	☐	☐	☐	☐
Where to find information on getting through a tough time?	☐	☐	☐	☐	☐
How to access the college Health Service?	☐	☐	☐	☐	☐
How to access the college Counselling Service?	☐	☐	☐	☐	☐
How to help a friend who's going through a tough time?	☐	☐	☐	☐	☐

28 In the past 2 weeks, have your feelings interfered with your everyday life in any of the following areas? (Please tick the relevant box):[3]

	Not at all	A little	Quite a lot
Home life	☐	☐	☐
Friendships	☐	☐	☐
Lecture attendance	☐	☐	☐
Study outside of lectures and/or completion of assignments	☐	☐	☐
Participation in leisure activities/hobbies	☐	☐	☐
Any work commitments (paid employment and/or volunteering)	☐	☐	☐

3Adapted from the Saving and Empowering Young Lives in Europe (SEYLE) questionnaire, 2009

29 Please indicate, for each of the statements below, which is the closest to how you have been feeling over the last two weeks:

	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	None of the time
I have felt cheerful and in good spirits	☐	☐	☐	☐	☐	☐
I have felt calm and relaxed	☐	☐	☐	☐	☐	☐
I have felt active and vigorous	☐	☐	☐	☐	☐	☐
I woke up feeling fresh and rested	☐	☐	☐	☐	☐	☐
My daily life has been filled with things that interest me	☐	☐	☐	☐	☐	☐

30 In general, if you have any thoughts about

- **the kind of mental health resources or supports that students need;**

- **how mental health supports might be improved for students;**

- **or if you have any other comments at all that you'd like to add**

…please type them below:

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You've reached the end of the survey! Thank you - we really appreciate your time, help and attention.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Connecting For Life

REACH OUT™ IRELAND

IAUCC
Irish Association of
University & College Counsellors

ReachOut Ireland
Reachout.com
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