Annual Project Report 2015

Student Mental Health And Disability

Authors and Responsibilities

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Contribution to and distribution of Survey
Meeting college and departmental staff
Meeting Students and Student Reps (Focus Groups)
Collating evidence to illustrate key issues
Report writing – focus on disabled access

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Summarising feedback from department
Meeting college and departmental staff
Meeting Students and Student Reps (Focus Groups)
Collating evidence to illustrate key issues
Report writing – focus on Dyslexia Services

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Formulating Survey questions
Compiling data, analysing and presenting data
Mental health research with a focus on student services and short-term solutions
Meeting college and departmental staff
Summarising feedback from department
Report writing – focus on Mental Health

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Creating, and distributing surveys for distribution within the halls of residence
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Liaising with Students and Student Reps (Focus Groups)
Initiating and facilitating student drop-in feedback sessions

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Mental health research with a focus on long term solutions
Creating & conducting surveys for independent research
Summarising feedback
Writing Introduction, Aims, Methodology, Conclusions and Recommendations including the Arts Therapies Clinic Proposal, researching the viability of the project through taster sessions, departmental meetings, and discussions with senior staff.
Compiling and editing individual contributions
Editing Final Report

Introduction and Background

Goldsmiths describes itself as "a close-knit community, a creative powerhouse, a thought-provoking place", it's webpage carries the message "Support to succeed. At Goldsmiths you can be whoever who you want to be. We nurture individual talent, providing a safe and supportive environment to grow academically and personally". These promises of a supportive and nurturing learning environment, providing a high quality student experience, entice many students to Goldsmiths, however there are significant areas where inclusivity, accessibility and student support are not succeeding, and require further development and improvement.

Aims

The aim of this project is to find out from students how supported they feel during their university experience, with a focus on mental health and disability. We will highlight the services students are aware of, their experiences of those services and recommendations to address currently unmet needs.

It's a hugely important but expansive topic, and each area brought for consideration in this project could have a report of it's own. With this in mind we have focussed on one key issue with workable solutions within each category.

These include:

1. **The increase in the number of students presenting with mental health issues**
   Exploring the subsequent impact on counselling services and looking at both short and long-term solutions.

2. **Examining dyslexia services**
   Affording particular attention to the assessment procedures for students.

3. **Disabled access within the campus**
   A day in the life of a wheelchair user at Goldsmith's and the obstacles faced.

4. **The wider support network**
   Researching how aware students living in halls of residence are of the variety of support services available.

5. **Conclusions and proposals**
   Summarising the findings of the report and offering ways to move forward which are congruent with Goldsmiths reputation as a progressive, inclusive and pioneering university.
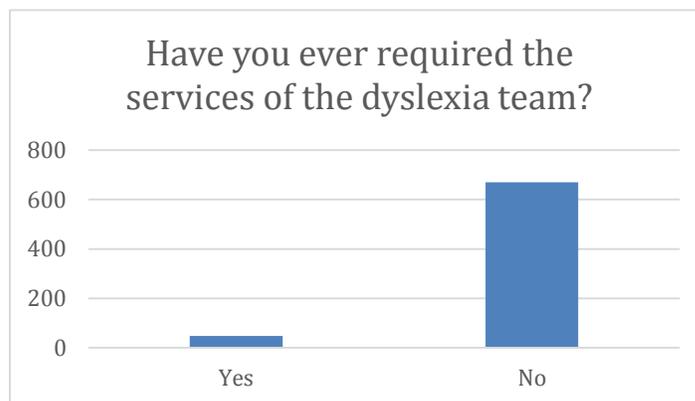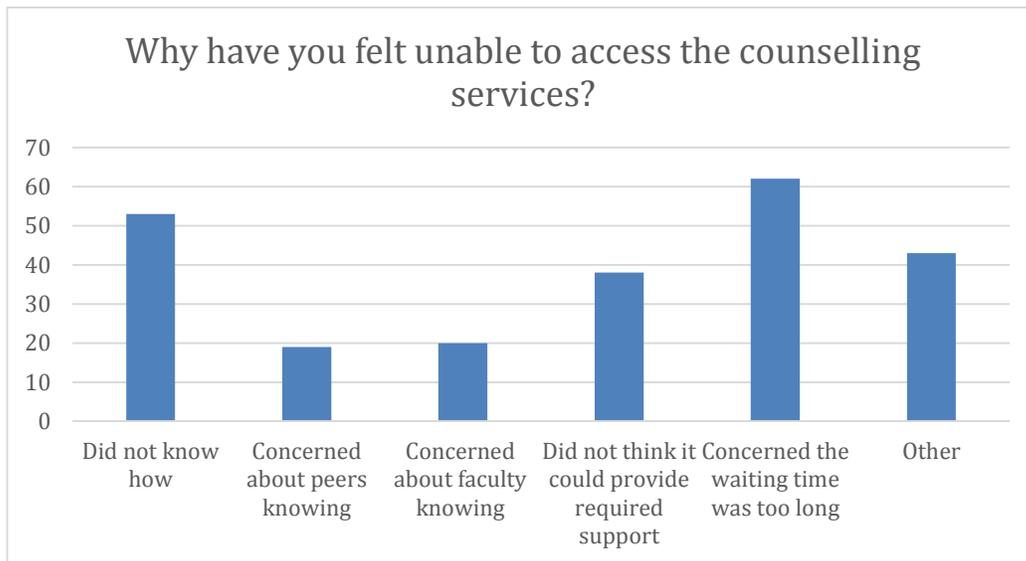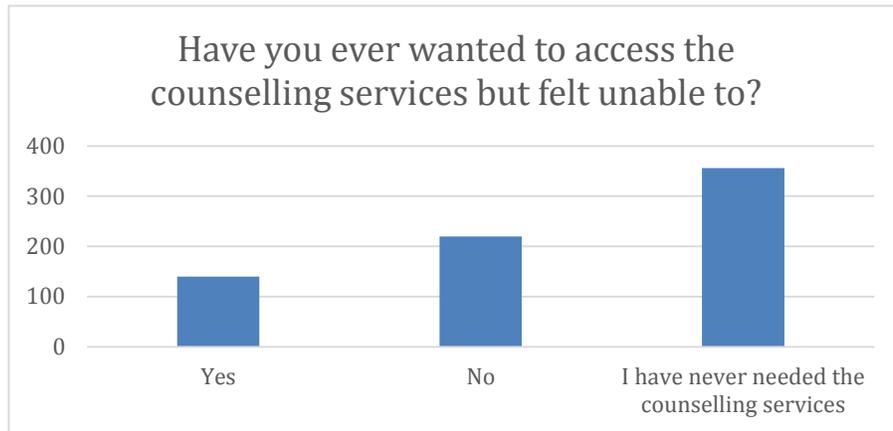
Methodology

Feedback was obtained via the Departmental Student Coordinator (DSC) student survey circulated to all Goldsmiths students. 709 students responded (although not every student responded to every question).

47 Students were independently surveyed in relation to mental health support. This involved a face-to-face questionnaire, conducted during a drop-in session at the Student Union. This was advertised online via email to all students in halls of residence, and on the relevant Goldsmiths virtual media pages. Approximately 50 Students in halls of residence were also spoken to informally, by two of the group members who have a dual role as a resident assistant. Additionally, a survey focusing on dyslexia support was created and responded to by 60 students, 30 with dyslexia and 30 without.
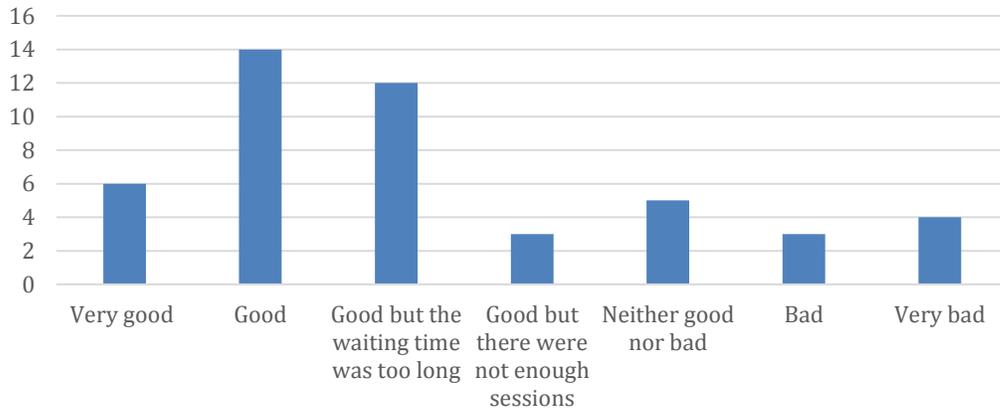
Contact was made with all year 2 & 3 graduating art and dance movement psychotherapy students, to discuss their involvement in a potential solution to the current issues facing support services. 19 Art Psychotherapy and Dance Movement Psychotherapy PG students have expressed their interest in a proposal to provide further creative therapeutic support within the university. During Health and Wellbeing week in February 2015, 25 students engaged in Art and Dance Movement Psychotherapy taster sessions, and expressed an interest in further participation of this kind.

Additional observations refer to the 2012/2013 DSC reports, the counselling service annual reports, departmental correspondence, and national legislation, reports and publications regarding student mental health and disability.
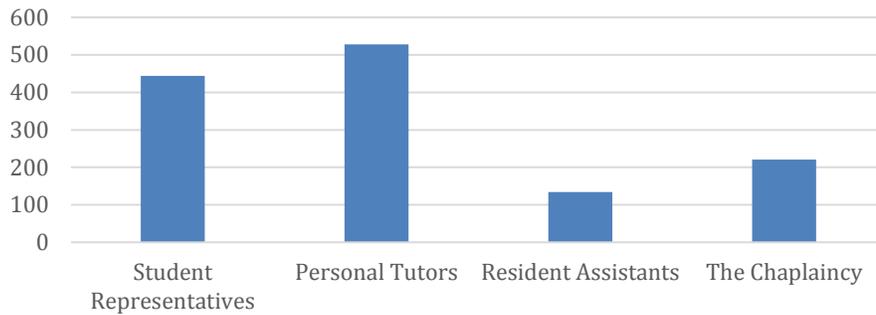
DSC Annual Student Survey Results

Have you ever wanted to access the counselling services but felt unable to?

Category	Value
Yes	~140
No	~215
I have never needed the counselling services	~355

Why have you felt unable to access the counselling services?

Category	Value
Did not know how	53
Concerned about peers knowing	19
Concerned about faculty knowing	20
Did not think it could provide required support	38
Concerned the waiting time was too long	62
Other	43

Have you ever required the services of the dyslexia team?

Category	Value
Yes	~50
No	~670

How would you rate the dyslexia team's availbility and services?

Category	Value
Very good	6
Good	14
Good but the waiting time was too long	12
Good but there were not enough sessions	3
Neither good nor bad	5
Bad	3
Very bad	4

I am aware of additional support available from:

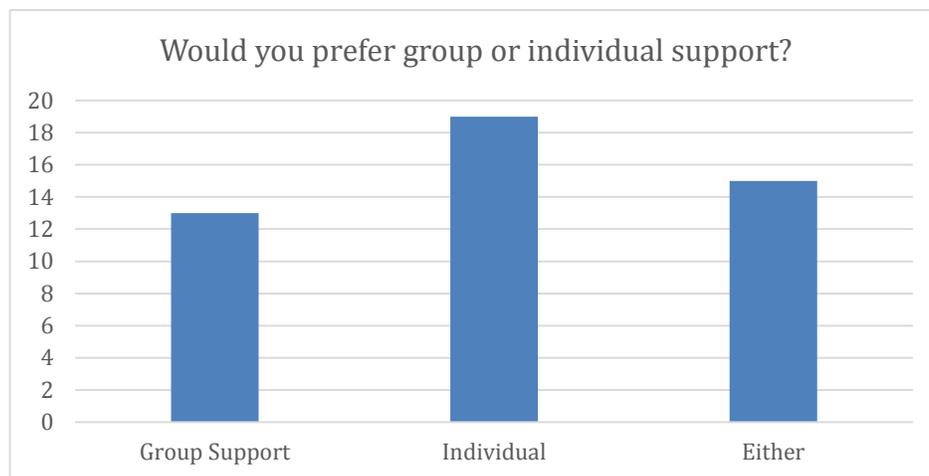| Category	Value
Student Representatives	~440
Personal Tutors	~525
Resident Assistants	~135
The Chaplaincy	~220

Have you ever had any difficulty with physical access to/within any campus buildings?
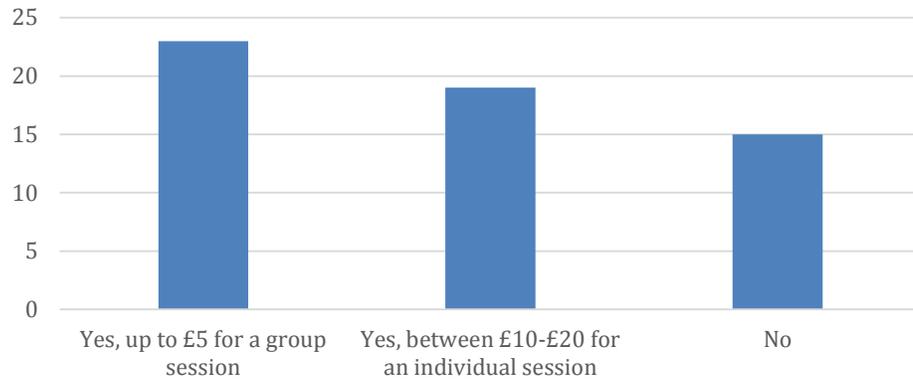
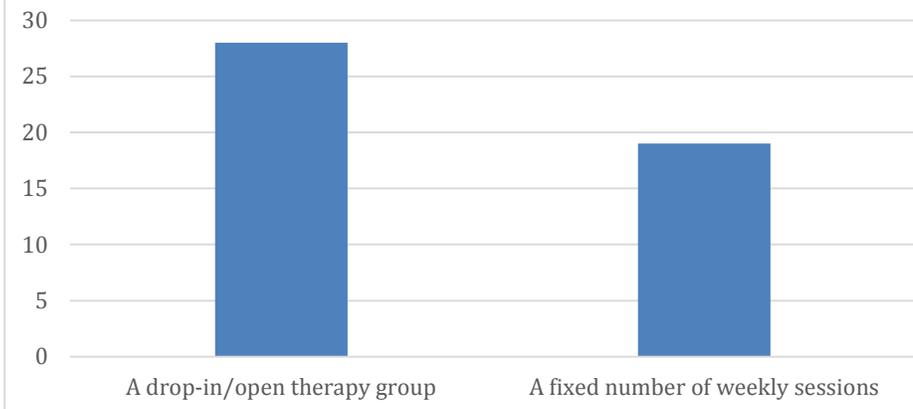| Category	Value
Yes	~30
No	~670
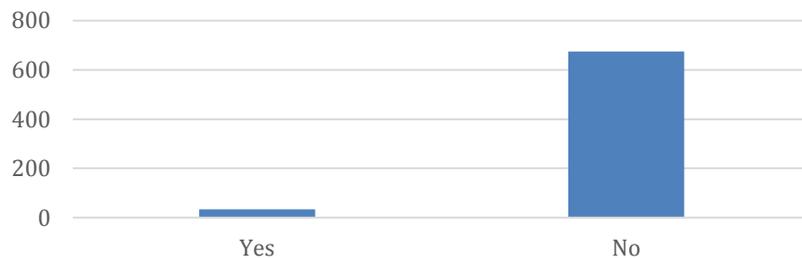
Independent Research

Survey Results from Mental Health 'Drop-In' Session

Would you be interested in Art or Dance & Movement Psychotherapy?

Response	Count
Yes	37
No	10
Maybe	17

Would you prefer group or individual support?

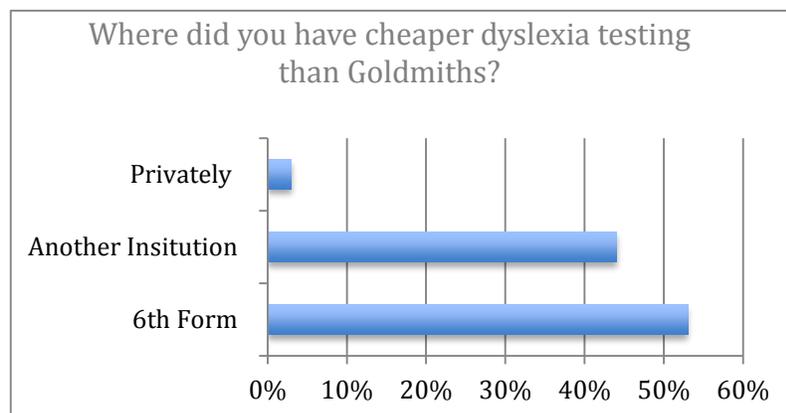| Response	Count
Group Support	13
Individual	19
Either	15
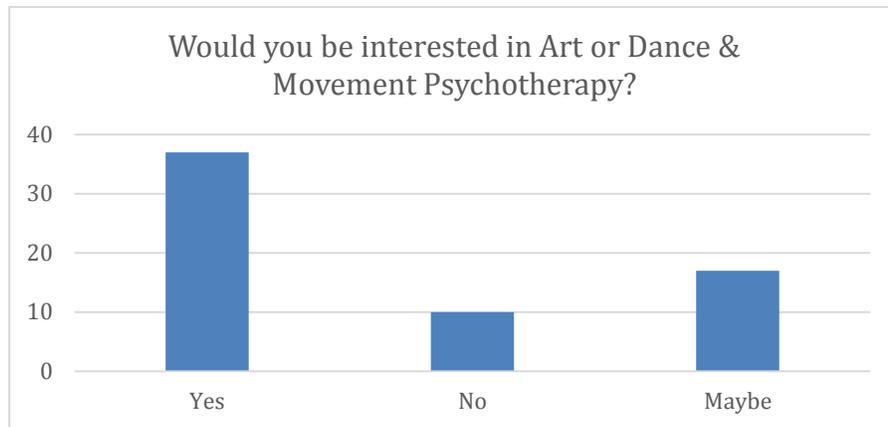
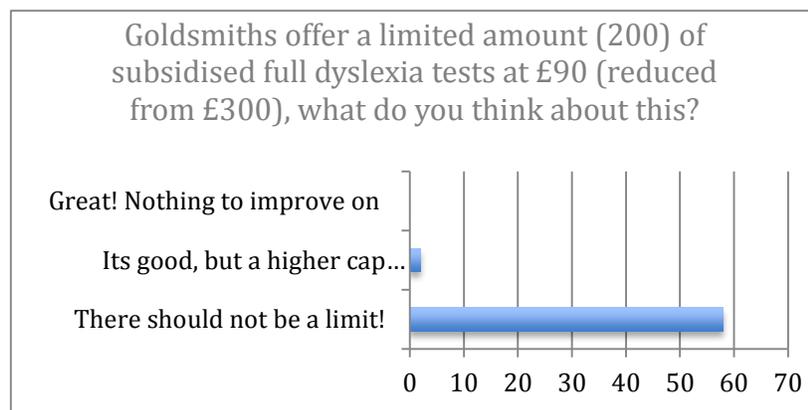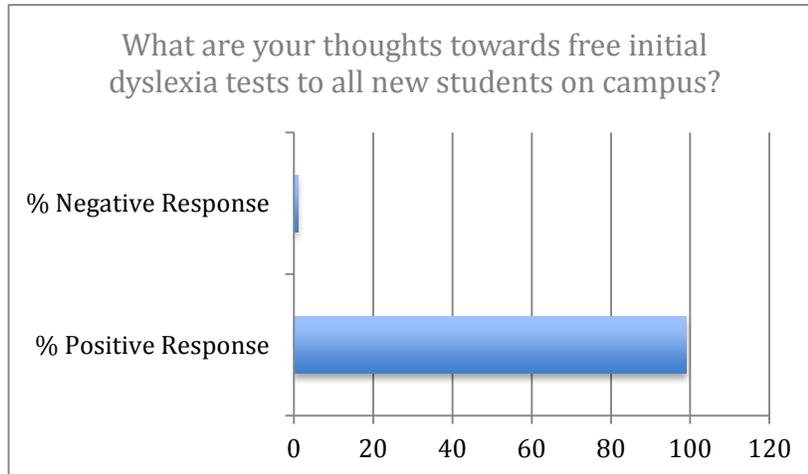## Would you consider paying a nominal fee for psychotherapeutic support from an independent organisation operating on campus?

Category	Value
Yes, up to £5 for a group session	23
Yes, between £10-£20 for an individual session	19
No	15

I would prefer to attend:

Category	Value
A drop-in/open therapy group	28
A fixed number of weekly sessions	19

Dyslexia Survey Findings:

What are your thoughts towards free initial dyslexia tests to all new students on campus?

% Negative Response

% Positive Response

0   20   40   60   80   100   120

Goldsmiths offer a limited amount (200) of subsidised full dyslexia tests at £90 (reduced from £300), what do you think about this?

Great! Nothing to improve on

Its good, but a higher cap...

There should not be a limit!

0   10   20   30   40   50   60   70

Where did you have cheaper dyslexia testing than Goldmiths?

Privately

Another Insitution

6th Form

0%   10%   20%   30%   40%   50%   60%

Statistics from Counselling Services 2013-2014

Number of students seen

2013 – 14	2012-2013	2011- 2012
1,078	817 (over 10% of the student population)	642 (8% of student population)

The following figures relate to individual counselling sessions 2013-14

Profile of Clients

Gender	2013-14	2012-2013	2011-2012
Female.	**76%**	77%	82%.
Male	**24%**	23%	18%

Age
- 13% of students seen were aged between 18 -20.
- 71% of students seen were aged between 20-29
- 11% of 30-39 year olds, 3% 40-49 year old and less than 1% of over 50 year olds accessed the service. Figures are very similar to that of the previous year.

Course Level	2013-14	2012-2013	2011-2012
Undergraduate	**78%**	71%	69
Postgraduate	**26%**	20%	26
PhD	**5%**	4%	0

At risk clients	2013-14 Student Numbers at Assessment stage
Suicidal thoughts/behaviour	**148**
Mental Health	**109**
Retention	**161**

Course Level	2013-14	2012-2013	2011-2012
Home	**67%**	59%	68%
EU	**15%**	12%	15%
International	**18%**	29%	16

Mode of study	2013-14	2012-2013	2011-2012
Full time	**86%**	91%	73%
Part time	**6%**	5%	16%
International	**18%**	29%	16

Departments
The departments with the highest number of students attending the counselling service

include Art, Media and Communications, English and Comparative Literature and Psychology.

Ethnicity	2013-14 %	2012-13 %
White	**74%**	67
Asian	**9%**	9
Black	**6%**	5
Racially Mixed	**9%**	7
Other	**4%**	3

Referral Source	Number of students 2013-14	Number of students 2012-13
Self	**525**	503
Tutor	**38**	19
GP	**13**	7
Student Services	**5**	3
Friend	6	13

Presenting Issues

Categories devised by Association of University & College Counselling Services (AUCC)

Presenting Issues Defined By Client	Number of clients 2013-14	Number of clients 2012-13	Number of clients 2011-2012
Abuse (sexual, psychological, physical)	**29**	18	33
Academic	**112**	83	52
Anxiety	**246**	223	102
Addictive Behaviour	**19**	8	4
Depression, Anger, Mood Change	**183**	167	75
Other Mental Health Conditions	**32**	17	16
Eating Disorder	**43**	8	5
Loss	**48**	55	40
Physical Health	**22**	13	10
Relationship Difficulties	**108**	52	49
Self & Identity	**87**	40	18
Self Harm	**30**	28	23
Sexual Issues	**16**	6	12
Transitions	**23**	11	11
Welfare & Employment	**11**	5	13

Quantitative Findings

Below is an analysis of the figures relating to student feedback based on four key areas:

Retention: In total 85% of students considered counselling to have helped them stay at university.

Achievement: In total 60% of students considered counselling to have helped them do better with their academic work.

Student experience: In total 75% considered counselling to have improved their overall experience of university.

Employability: In total 60% of students considered that counselling had helped them develop skills useful for obtaining employment.

1.)The Increase in the Number of Students Presenting with Mental Health Issues
Currently, there are 315 students - roughly 5% of the student population at Goldsmiths, registered as having a mental health condition such as depression, schizophrenia or an anxiety disorder. Realistically, these numbers will be higher due to the stigma against mental health conditions prevalent throughout society that inhibit disclosure. National data shows that over half of students with mental health difficulties are too scared to reveal them, as they are worried that it will have a negative impact on how they are seen by their university.

> *In UK higher education around 1 in 125 students (0.8%) have disclosed a 'mental health condition' to their university*.

> Equality in higher education: statistical report 2013, ECU

However, figures from the Department for Health indicate that a far higher number of adults in the UK population as a whole experience 'mental health illness'.

> *One in four adults experience mental illness at some point during their lifetime and one in six experience symptoms at any one time.*

> www.dh.gov.uk/health/category/policy-areas/social-care/ mental-health

If the number of people disclosing a mental health difficulty is an indication of how many people are accessing support and/or adjustments, then there may be people not receiving support they might require. Such support can have an impact on staff and student retention and achievement, and form part of an HEI's 'duty of care'.

Research shows that universities are becoming increasingly stressful environments, and, combined with a growing awareness of mental health issues, the number of students reporting mental health conditions is on the rise. This is strongly reflected at Goldsmiths, with a considerably overstretched counselling service. Students are currently facing significant wait times (6-8 weeks on average), to obtain an initial appointment or assessment, even longer for any kind of treatment or advice. The waiting list prior to Christmas exceeded 100 students, averaging 60-100 students on the list across the academic year, at any one time. Currently, there are only four counsellors employed by the service, and one available to staff and student staff. The obstacle these waiting times present when trying to access support is evident in both the DSC survey and our independent research.

> *'It took so long to be seen that I gave up trying'*

> *'The service was really helpful but the waiting list to access it was very long'*

Examples of Current Good Practice

External Support – This year has seen the initiation of a weekly drop-in service at Goldsmiths provided by the Samaritans, advertised in halls of residence and on campus.

Student Health and Wellbeing Week – Occurring in February 2015, this included a range of diverse events from The Confucius Institute, The Reader Organisation, meditation with the chaplaincy, Club Pulse Gym activities, PALs workshops, careers service sessions, Student Minds events, disability services and Art and Dance Movement Psychotherapy Workshops, all promoting a healthy balanced lifestyle at Goldsmiths.

Goldsmiths Student Union 'Starting the Conversation' campaign - raising awareness and encouraging important conversations to happen.

Mental Health Awareness Week – Last May Goldsmiths Disability services ran a week of events promoting open and frank discussion about the challenges of managing mental health issues, as well as tackling stigma attached to mental health and dispelling any myths.

Goldsmiths Dedicated Listeners/Re:Mind - Non-judgmental peer support systems at Goldsmiths University provided for students, by student volunteers, with training by Nightline.

Student Minds – Looking After Your Mate Workshops A workshop shaped by students' own experiences, providing peer support.

Whilst external provision from organisations such as the Samaritans, or Student Minds, can provide valuable support to those who might be on waiting lists, or with less severe needs, we feel this is a stopgap measure, rather than a long-term solution. Students are presenting with increasingly complicated needs, requiring qualified counselling, and in increasing cases informed assessment and referral procedures to the appropriate health service, along with continued, consistent support across the university.

The Student Health and Wellbeing events are great at raising awareness, however we believe this should not be limited to one week per calendar year. Awareness and advocacy should be an on-going presence in the university in order to dispel stigma, and improve accessibility to all.

We believe the answer lies in both prevention and intervention. Whilst there are positive signs that Goldsmiths is starting to raise awareness of mental wellbeing, more needs to be done to improve student's wellbeing, (as outlined in our recommendations at the end of the report).

2.) Examining Dyslexia Services

Affording particular attention to assessment procedures for students.

Currently 47% (600 students) of those registered with the Disability team have a specific learning difficulty (SpLD) such as Dyslexia or Dyspraxia. These figures are based on disclosures, and they expect another 200 or so students to disclose by the end of the year through assessments at Goldsmiths (statistics from the Goldsmiths disability team, 2015).

The DSC annual survey findings regarding dyslexia disability support were highly positive and encouraging. The Dyslexia tutors and the equipment for students funded by DSA (Disabled Students' Allowance) were said to be of vital importance and extremely appreciated by students. Further research, however, has highlighted a notable issue regarding Dyslexia Assessment.

An independent assessment for Dyslexia costs approximately £300, yet students doing it via Goldsmiths disability team pay a subsidized cost of £90. Whilst this is undoubtedly good practice, Goldsmiths have recently introduced a cap for the amount of subsidized tests available each year. The current cap is for two hundred students. This number was based upon records of students accessing testing each year, which has consistently been approximately 200 new students per year, although last year the disability team assessed 210 students (information given by the disability team, 2015). They also take into consideration how many students can be tested prior to assessment deadlines around October and the exam deadlines around mid-March. There is a concern that with increasing student numbers the current caps will prohibit those who need the service from utilizing it.

> A short survey, specific to dyslexia support, was issued to 60 students, 30 with dyslexia and 30 without.

- 98% of those surveyed responded that limiting the number of available tests, and the subsequent increased costs for those who do not fall within this thresh hold, was unacceptable.

- 70% of respondents, who had previously been tested at other institutions and not at Goldsmiths, reported cheaper dyslexia testing elsewhere. Some had been at sixth forms, where the test was free, or at other universities; for example, The University of East London, where the charge was £50).

> However, students were still appreciative of the reduced price for testing at Goldsmiths.

> Non-dyslexic students were asked their thoughts on the provision of free initial dyslexia tests to **all** new students on campus, with the possibility of further testing if

the initial results indicated a high possibility of dyslexia.

- 99% of respondents agreed that this would be a good idea, stating it would be "insightful and considerate" and "a very helpful thing to do at the start of your studies."

  This example of good practice is a common procedure at other arts and humanities institutions, such as Falmouth University.

3.) Disabled Access within the Campus

This section of the report considers the physical accessibility of the Goldsmiths built environment, identifying problematic areas of concern and, where possible, solutions to the same.

This report is informed by the challenges faced by a current student who is a wheelchair user

<u>Issues & recommendations</u>

1. **Entrance to the RHB Building** – Not presently suitable for wheelchairs
2. **The Lifts –** Insufficient in number and frequently not working
3. **Doors** – Should have wheelchair access and swing both ways
4. **Room Booking** - Allocation of ground floor rooms should be given to those with access needs
5. **Fire safety** – There are serious implications regarding access and evacuation as the current disabled access stands
6. **Library Provision** - Search computer stations do not have enough low-level stations, and the lifts are unusable, delivering users to a store-room
7. **MEC & IT Services** – No access to the library after 5 pm, when the door is locked
8. **The Canteen** - No access to the 1st floor
9. **Social activities and integration** – students are excluded from partaking in activities because of unmet access needs
10. **Classrooms** - Require dedicated wheelchair space
11. **Student Union** – There is a difficult lift instead of ramp
12. **Wheelchair Space** - Each room should have seating that allows for a wheelchair
13. **Reallocation of teaching rooms** – In previous instances when the lifts in RHB weren't operational, a wheelchair user was simply told not to attend. If the lifts are out of order for a period of four weeks, room bookings should relocate the wheelchair users class to the ground floor.
14. **Formation of a working group with students who are directly impacted by access issues.** This group could review:
→ Current building access
→ Sensitivity when allocating rooms
→ Provision of dedicated wheelchair spaces in every lecture hall
→ Making **all** spaces more inclusive, i.e. installing ramps at Loafers etc.

4.) The Wider Support Network

Higher Education students are under a great deal of pressure in the modern social climate. Not only are many making a significant financial commitment due to their university fees and living expenses, but there is also the need to obtain the best possible academic outcome in order to further their career prospects. This isn't just about the personal issues facing a minority of students. It's an academic issue, too.

> ***Just as buildings require strong foundations, students cannot be expected to thrive if they lack adequate support***

Social and mass media often promote unrealistic life expectations and engender a persecutory perfectionism within young adults. This can create a self-bullying mentality, which can make students feel dissatisfied with their own achievements and experiences while also heightening expectations of others. Unrealistic perfectionism is a key driver for more serious problems such as depression, anxiety, self-harm and eating disorders. Despite being more connected in a virtual way, many students feel more isolated, as they believe they have to hide their true self and present a perfect image to others. Changes in secondary education have made the transition to learning at higher education much harder and more emotionally challenging for many students. Real learning at degree level often involves going through periods of not knowing, being confused, until new knowledge emerges. However, some students may sense that if they don't understand something immediately they are failing or being failed by their tutors. Mental wellbeing is of great importance to every student's academic outcome and experience of university life, underlining the importance of responding to the increasing numbers of students suffering from mental health problems.
In research conducted this month, NUS has found that

> *of 1,200 higher education students surveyed, 20 % consider themselves to have a mental health problem, while 13 % have suicidal thoughts*

> *92 % of respondents identified as having had feeling of mental distress*
> which often includes feeling down, stressed and demotivated.

> *On average, respondents who experience feelings of mental distress experience them once a month or more (74 %)*

> *And almost one third suffered mental distress every week*

The main causes of this were found to be course work for 65% of respondents, exams and study were a cause for over half (54%), with almost as many citing financial difficulty (47%)

> *"These stats are confirming what I have been hearing on campuses for some time. My primary concern is the fact that over a quarter of those surveyed did not tell anyone about*

their problems with a mere one in ten using care provided by their institution"

NUS Disabled Students' Officer, Hannah Paterson

"This new research demonstrates the scale of mental health problems among students. We are particularly concerned that more than 1 in 10 students surveyed had experienced suicidal thoughts during the time they've spent at their current place of study"

Paul Farmer, Chief Executive of Mind

Causes: The changing profile of the student population

– 50% of young people are entering higher education
– Entry rates for 18 year olds from the most disadvantaged neighbourhoods of England increased over 70% since 2004 to reach 17% in 2013
– The proportion of disabled students who declared a mental health condition increased from 5.9 per cent in 2007-08, to 11.1 per cent in 2012-13. That is a rise from 0.4 per cent to 1.1 per cent of the entire student population.
– Specialist mental health services, such as eating disorder clinics, are being cut or even closed, whilst waiting lists for psychological assessments/ therapy are growing.
– Funding for GP practices is based on the weighting of their patient populations. The normal student age group does not generally attract the higher funding that groups such as infants and the elderly draw.

Our research
Our independent research corroborates the DSC survey findings indicating:

– **A lot of students simply aren't aware how to access the counselling services**
According to past DSC reports, this has been an on-going issue, which hasn't been resolved.

– **Limited opening hours** were a preventative factor for many students.
Although these have extended from last year. Services are currently available 4 hours a day Monday to Wednesday, and 3 hours a day on Thursday and Friday - clearly insufficient, in light of the current demands.

• **Fear and stigma remain an issue**, with 22% of students surveyed citing concerns about the social impact amongst peers, the academic impact on their studies and fear regarding staff perceptions of them. This stigma might also explain the gender imbalance of students accessing counselling services, with 76% of those doing so being female, whilst research indicates there are high numbers of young males increasingly suffering from a wide range of issues, including depression, anxiety, and eating disorders.

- **Personal tutors, Pear Assisted Learning, and Student reps were the most recognised sources of additional support**

- **The University Chaplaincy, Resident Assistants, and local charitable organisations received little recognition as an additional source of support**

- **After Counselling Services, students cited their personal tutors as their first point of contact (63.5%)** Whilst this illustrates the approachability of faculty and strong student relations, it also places tutors under increasing pressure and responsibility.

- **The vast majority (84.4%) of students surveyed expressed their interest in alternative, creative therapies, such as Art psychotherapy and Dance & Movement Psychotherapy.** Respondents were open to group *or* individual sessions and over 40% of students said they would pay up to five pounds for a group and 33% said they would pay up to twenty pounds for an individual session. 59% of respondents said they would prefer access to 'drop-in' or 'open' therapy groups, with the remainder preferring the idea of a fixed number of sessions.

Conclusions and Recommendations

Following feedback from DSCs, students and staff about mental health support, Student Services have been preparing plans for a restructure to be undertaken later in the academic year. Unfortunately detailed announcements about the planned enhancements to current provision won't be released until the internal approval processes (and consultation with the staff who may be impacted by the changes), has been completed in the forthcoming months.

Research into mental health support and provision has enabled us to form the following conclusions and recommendations. These are aimed at both an organisational and individual level, in order to support the development of an inclusive environment, which empowers staff and students experiencing mental health difficulties and disabilities.

Mental Health & Disability Support: Conclusions and Recommendations

- **Reduce stigma & provide all staff and students with information around disclosure**, outlining the positives and negatives of disclosing, providing clarity on what happens when someone has disclosed, advice on how to contact support systems**,** demonstrating knowledge of equalities legislation, offering reassurances around discrimination, for example, clarifying that disclosing will not impact on future prospects.

- **Training should be given to staff,** teaching them how to identify students who may need support and how signpost them to get the right help. It is important that students who are struggling do not go unnoticed. This could take the form of online training.

- **Appoint students with a personal/pastoral tutor** in addition to their academic tutor. An example of good practice can be seen within the Dance Movement Psychotherapy MA, where all students are appointed a personal tutor for the entirety of their studies. Another example of good practice is held within the Psychology Department, who implement an effective **mentoring system.**

- **Increase the Counselling Service budget**, enabling them to extend their hours and increase their workforce, employing more staff to adequately support students in need.

- **Foster an inclusive environment for all**

  '*An inclusive environment is one that can be used by everyone, regardless of age, gender, ethnicity or disability. It has many elements such as societal and individual attitudes, the design of products and communications and the design of the building itself. It recognises and allows for differences in the way that people use the built environment and gives all of us the chance to join in mainstream activities equally and independently, with choice and dignity.'*

  Disability Rights Commission, 2005

- **Reconsider the current costs of dyslexia testing,** and **extend the cap of 200 subsidized tests, in accordance with the increasing student intake**.

- **Highlight student support services in arrival packs and throughout halls of residence.**

- **Take-up of support and adjustments**
  Goldsmiths should provide support and adjustments to all disabled students, including students experiencing mental health difficulties. A national survey on student mental health highlighted the following issues:

  "Around one in two (54 per cent) student respondents who had experienced mental health difficulties when studying their course had not received support or adjustments"

  Equality Challenge Unit, 2015

- **Offer more group counselling** to ease-pressure and expedite waiting lists

- **Regularly run psycho-educational workshops** with qualified professionals, keeping wellbeing and mental health awareness at the forefront of student life, these might include mindfulness, yoga and meditation and resilience training

– **Offer interactive self-help resources** to support students when away from campus

– **Provide step-by-step guides** detailing HOW students can access support and WHAT support is actually available.

– **Give personal accounts from students on how they have been helped**, and to mentors/other support staff on how they help others.

– **Make links with the local voluntary and statutory agencies** to ensure that cross-referrals are made effectively.

– **Ensure there is adequate signage on campus**, including clearly marked exit routes

– **Involve staff and students who have experienced mental health difficulties and mental health charities when re/designing buildings and spaces**.

Long Term Solutions

– A **dedicated Arts Therapies Clinic**, staffed by graduates looking to gain post-qualification experience, overseen by the Social Therapeutic and Community Studies department. Arts therapies could be offered within the existing student support services, or independently, extending services to the local community. Such a project is being envisioned within STaCs, to be presented in due course.

Such an initiative would:
– **Alleviate pressure** on Counselling Services
– **Promote joined-up thinking** within Goldsmiths
– **Provide placements and graduate employment for students**
– **Keep Goldsmiths at the forefront of recent healthcare policy**. Public Health England has issued a new framework to address the specific health needs of young people including an emphasis on enabling young people to explore their creativity as a tool for maintaining wellbeing.

Examples of good practice elsewhere:

– *The disability link-up scheme at Brunel University matches existing disabled students, following a training programme, with new disabled students to support and befriend them. Many students experiencing mental health difficulties have taken part in this scheme.*

– *The enhanced active Brunel scheme at Brunel University was set up collaboratively between the disability and dyslexia service and the sports centre to provide free gym membership, support and advice on health and fitness, to students with mental health conditions.*

- *The University of Oxford student-led organisation, Mind your head, aims to raise awareness and reduce the stigma of mental health issues, creating a more welcoming culture for people who have experienced mental health problems, and encouraging every student to look after their mental wellbeing*

- *The University of Salford works with services in the community, including mental health teams and charities such as Mind, and early intervention teams. They are part of an NHS group and get free training for staff.*

- *Imperial College Union launched its Stress less campaign in May 2013, designed to encourage students to take the time to relax during the examination period. Activities such as a petting zoo, laughter yoga, and arts were included to provide stress relief, while educational sessions encouraged participants to develop long-term coping and prevention strategies.*

CONCLUDING THOUGHTS

These changes are particularly important, given the college's plans to double students numbers in the next five years, within a climate where financial and demographic pressures are increasing, undoubtedly impacting on existing services. Providing students with extra support during stressful times of the year: around exam time and when final year undergraduate and postgraduate students are handing in their dissertations will maximize retention and ensure the best possible outcome for students.

__Disclaimer__ For the purposes of this survey, mental health difficulties include, but are not limited to, depression, anxiety difficulties (including panic attacks), schizophrenia, bipolar disorder (manic depression), obsessive compulsive disorder (OCD), eating disorders and self harm.' Although this definition implies a medical model definition, the survey did not ask for any medical detail and instead explored societal barriers and issues. This language should therefore be considered in the context of the social model of disability, which conceptualises how physical, procedural and social barriers can prevent people with impairments from accessing opportunities.

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