

# Mental Health Matters

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Mapping Best Practices  
in Higher Education

# Overview

Why did we do the research?

How was the research conducted?

What were the findings?

What are the recommendations?



Why did we do the research?

# Why?

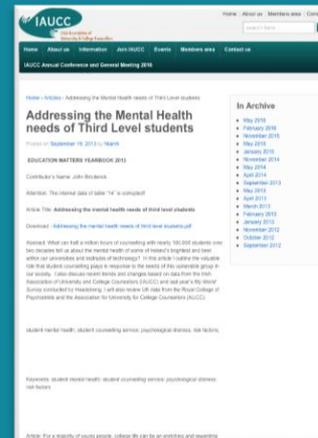
1/3 of young people reported to have experience of mental health difficulties (Dooley and Fitzgerald, 2012)



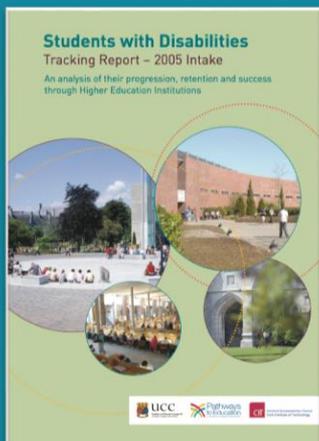
Rise in numbers of students with mental health difficulties accessing higher education (AHEAD, 2015)



Increased demand for counselling services (Broderick, 2013)



Students with mental health difficulties most vulnerable to drop out (Twomey et al, 2010)



Benefits of holistic needs assessment and tailored support (McCarthy, Deegan and Byrne, 2015)



# Questions

What's working well to support students with mental health difficulties?

How could students with mental health difficulties be better supported?



How was the research conducted?

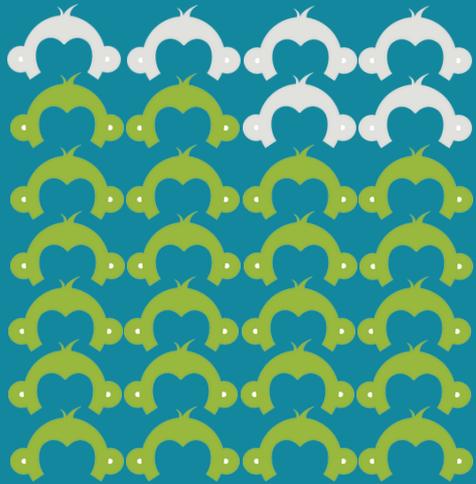
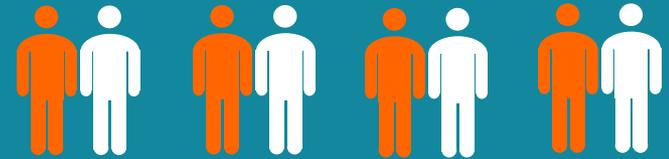
# How?

Semi-structured  
Interviews

3 Students



4 Professionals

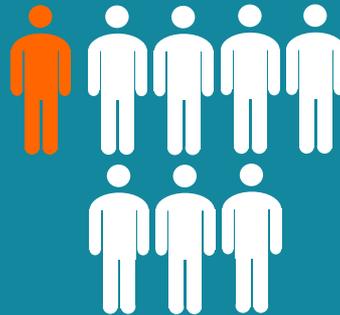


SurveyMonkey™

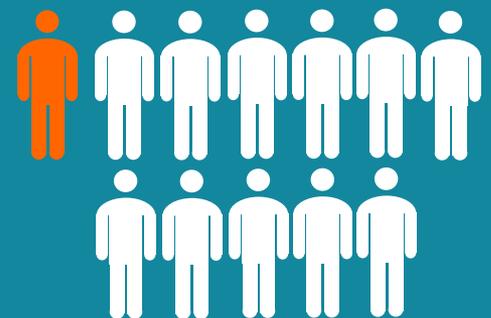
22/28 Responses

Focus Groups

7 Professionals



11 Students





What were the findings?

# Findings

22



Provision of access/disability service

18



Providing academic support for students with mental health difficulties

11



Provide a dedicated service

6



Provide formal peer support

# Findings

- Whole Campus Approach to Mental Health (e.g. induction)
- One to One Specialised Supports (e.g. NLN, Unilink, Counselling services)
- Flexibility in mainstream teaching and learning
- Structured peer support initiatives
- Staff awareness of the students' experiences of mental health difficulties
- Inadequate referral system
- Inadequate funding for mental health supports



## Whole Campus Approach to Mental Health (Induction)

**“after induction you can almost track the students (calling to my office). The induction is very even so you’re introduced to the academic staff, the career staff, disability staff and the counselling staff. All those services laid out to you as being **equally accessible**” ( IOT Counsellor)**



## Positive Outcome for Student Mental Health

“During induction in the first few weeks, (she) **introduced herself** and said, this is where I’m based, **explained that she was there for students**. I said to myself I need to introduce myself so I made an appointment.” (IOT Student)



# Mental Health Excluded from Induction Poor Student Outcome

**“Nobody ever actually talked about mental health, and the sort of services that are available.. I think if that had been included right from the beginning, it would be a good way to begin to normalise the whole thing and take away the stigma, when it’s sort of causally inserted into the normal orientation of university life” (University student)**



# Positive Outcomes of One to One Specialised Supports

“my first meeting with the OT ( in UniLink) I disclosed about my depression... the help was kind of in two forms: **counselling-ish kind of service and academic help**”

(University Student)

“If you said you had a mental health problem, they (NLN) would have the **learning agreement**. I never needed a print out, that was less stress for me.. such a **brilliant resource**. It was brilliant for me.”

(IOT Student)

“I got **structure** from my counsellor. She asked me to write down my days of what I was doing... Support with that **calmed me down**, I'd been all over the place and so stressed.”

(IOT Student)



# Inclusion in Mainstream Teaching and Learning

“Not every lecturer likes to put their stuff up (online) and that can be a big problem for people who can’t attend a class. So, he said to every single lecturer, “I want all the notes that were made in class and outside of class” and he forwarded me on all of these notes” (IOT Student)



# Lack of Inclusive Practices

“I would have liked more support to catch up. When you have to be absent, I was in hospital, that’s what is not currently there...for the recording of the lecture notes...something tiny like that could help you catch up. **It’s just not looked at you know having mental health problem as something, that needs that support.** When you’re going through this you need as much help as you can get or it makes you feel worse” (University Student)



# Inadequate Referral System and Disability Funding

“We fire fight and crisis manage a lot...**collective college anxiety** and talk about anxiety. I hear all of the time **we are not trained to deal with these situations**. I want more funding resources for mental health”

( Disability officer)

“We need a better referral system... for **students that are really struggling with a serious mental health difficulty** because we can't, as a college service, we do our best but **we're not a primary care service**, we can only offer a certain number of sessions, psychologists referring students in saying, you know, “This student that's coming to you now, she's a first year and she comes to see me once a week all year round.” We can't do that and we have to tell them that...end up supporting people as best you can. It's **not really adequate**”

(Senior OT)

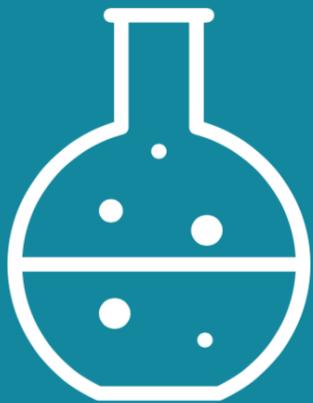


What are the recommendations?



# Recommendations

- Whole campus strategic response
- Access to specialised one to one supports
- Coordinated multi agency approach between HEA and HSE to improve referral system
- Review of the Fund for Students with Disabilities
- Flexible approach to teaching, learning and assessment
- Signposting support services
- Mental health awareness training
- Formalised peer support initiatives



Next Steps

# Next Steps

- Establish steering committee
- Review research recommendations
- Develop implementation plan

Thank You