Degrees of Distress: The Impact of University life on the Mental Health & Wellbeing of Undergraduate Students; A Mixed Methods Exploration

being a thesis submitted in fulfilment of the

requirements for the degree of

Doctor of

Philosophy in Psychology

in the University of Hull

by

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May 2024

Dedication

For Eden, the reason for everything.

Acknowledgements

Publications and Conferences

University of Hull – Emotionally Demanding Research Conference (presented). November 2021

University of Hull – Postgraduate Research, Wellbeing Conference (presented). February 2022

University of Hull – Teaching & Learning Conference (presented & Panel Member). July 2022

Mental Health Nursing Research- Annual Conference (presented). Oxford. September 2022

Abstract

Today's university students are pivotal to the future of our societies, professions, and families, making their psychological wellbeing a significant public health concern attracting interest from researchers and policy makers alike. The sociodemographic nature of student populations has shifted significantly, which, when combined with the impact of neoliberal ideologies on higher education, has contributed to heightened pressure and anxieties amongst students. A narrative of a 'student mental health crisis has emerged in which deficit and pathology have been emphasized arguably at the expense of considering the contextual demands which may be driving student distress. This thesis clearly delineates the often-conflated constructs of mental health and wellbeing and distress, offering theoretically grounded critical engagement with the prevailing discourse, consequently identifying contextual facilitators of wellbeing and psychological distress as constructs of import.

The use of a sequential mixed-methods approach iteratively advances examination of the topic of interest, grounding findings in both the extant literature and in the subjective experience of contemporary students. Situated within a paradigm of pragmatism, the use of contrasting but complementary research design and methodologies, approaches the topic from a variety of perspectives thus increasing the robustness of the findings.

Research findings highlight that contextual demands associated with the university experience can drive psychological distress and serve to diminish or facilitate wellbeing. Of particular value was the identification of the student-personal supervisor relationship as having a significant influence on wellbeing, belonging and academic engagement implicating the relevance of a settings-based approach

The findings of this thesis illustrate that one cannot divorce students' experience of mental health and wellbeing from the social, political and environmental forces which shape them. Implications are offered for both future research and more importantly, practical application within the university sector. Consideration of the psychological impact of systems and processes as well as a fundamental shift toward prioritising relatedness in all university activity has the potential to positively impact on student wellbeing.

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Chapter 1 Introduction

1.1   Thesis statement

This thesis employs a mixed methods approach to empirically investigate the factors influencing wellbeing among university student populations. By critically engaging with the discourse surrounding the "mental health crisis," the study situates its findings within a clear theoretical framework. Adopting a pragmatic stance, the thesis seeks to provide actionable insights for the practical improvement of student wellbeing within the higher education sector within the context of a settings-based approach.

1.2   Positionality statement

"Whether we like it or not, researchers remain human beings complete with all the usual assembly of feelings, failings, and moods. And all of those things influence how we feel and understand what is going on. Our consciousness is always the medium through which the research occurs; there is no method or technique of doing research other than through the medium of the researcher." (Stanley & Wise., 2002, p156)

This thesis is centred on the investigation and development of proactive settings-based approach to student wellbeing. My positionality in this research is informed by my professional background both as a mental health nurse and from being embedded within, and leading the development of mental health and wellbeing services and strategy within the higher education sector. My experience as a nurse working within acute mental health settings has shaped my views on mental health and illness and the ways in which these are described, experienced and responded to. The differences in my experiences of working within acute mental health care & treatment and subsequently, within support services within higher education, have shaped my approach to the topic of this thesis and in particular my rejection of approaching the topic through a psychiatric or pathogenic paradigm or through a discourse of 'crisis'.

My beliefs and values in relation to the purpose of higher education are centred around the transformational properties of education as providing opportunities for intellectual, moral and ethical development, civic engagement, social justice and the nurturing of the whole person. As such, my values coupled with my background and experience have shaped my belief that higher educational environments can and should be, effective sites of holistic health promotion and that consideration should be given to anticipating and preventing issues relating to social, emotional and psychological health before they arise. I recognise that my positionality may influence my engagement with the evidence and with the data collected during this research. To mitigate this, I have attempted to employ rigorous methodological

practices, to engage with reflexivity and reflection to bring to light personal bias and assumptions and to remain open to diverse perspectives and findings which may challenge my own assumptions.

1.3   Organisation of thesis

To aid the reader's navigation through the thesis, a concise chapter outline is provided below:

Chapter Two: Establishing the Background and Context. This chapter establishes the prevailing discourse surrounding student mental health and wellbeing, introducing key concepts that may elucidate the influence and impact of this discourse.

Chapter Three: Framing Wellbeing within Theoretical Constructs. Here, the concept of wellbeing is situated within theoretical frameworks, offering precise definitions for the fundamental constructs examined in this thesis: mental health, wellbeing, and psychological distress.

Chapter Four: Methodological Paradigm and Design. This chapter explains the underlying research paradigm and outlines the research design and methodological approach adopted for this thesis.

Chapter Five: Literature Review. Chapter Five critically evaluates the extant empirical literature pertaining to the topic of investigation.

Chapter 6: Study one – Exploratory study. Chapter Six presents the first of three original research studies, an exploratory study of data sourced from a university mental health and wellbeing service.

Chapter Seven: Study two - Qualitative Exploration. This chapter introduces the second original research study, a qualitative inquiry into the factors influencing wellbeing among undergraduate university students.

Chapter Eight: Study three - Quantitative Investigation. The final original research study is presented here, focusing on a quantitative examination of the associations between the student and supervisor relationship and student wellbeing.

Chapter Nine: Integration of Findings and Conclusion. In this final chapter, the thesis culminates with a comprehensive summary and critical evaluation of the findings. The chapter offers actionable insights for application both within scholarly research but also within the university sphere.

1.4   COVID Statement

The research and development of this thesis encompassed both pre- and post-COVID periods, with data collection occurring before and after COVID-related restrictions. The profound challenges posed by the pandemic, including the temporary suspension of in person activity within higher education institutions, significantly impacted student mental health and wellbeing. While numerous studies have explored student wellbeing during the pandemic, this thesis takes a broader temporal approach in its consideration of student wellbeing. Furthermore, it offers a future-orientated perspective on student mental health and wellbeing, aiming to provide insights that are relevant beyond the immediate context of the pandemic.

Chapter 2 Context and Background

2.1 Introduction

This chapter introduces the current cultural discourse surrounding student mental health, which has been steadily growing over the past decade. It provides commentary on the dangers of uncritically accepting this discourse and situates the contemporary student experience within a wider sociocultural and political landscape, highlighting gaps in current knowledge that will be addressed in subsequent chapters. This chapter will establish the rationale for the thesis which aims to critically examine the impact of the university context on the psychological wellbeing of students and position aspects of the university setting as a driver of both distress and of positive wellbeing.

2.2 Dominant discourse; The 'student mental health crisis'

Today's university students represent the future of our communities, professions, and families, and thus, their psychological health represents an important public health issue. The interest in the mental and physical health of university students is not however a new concern. In the post war years (1944-1968), an increased interest in psychology coupled with the loss of so many young people during the war, contributed to both a focus on and concern about the psychological health of UK university students, a population who were viewed as being critical to the future of UK society (Crook, 2020). Scholars and commentators across this period expounded the perspective that there were particular psychological challenges experienced by university students which required substantial expertise and attention (Davies & Stengel, 1966; Zweig, 1963). Changes to university funding structures in this period also extended the perceived responsibilities of the university from being purely academic and the post war years saw the establishment of university situated health services thus contributing to the visibility of student' psychological experiences (Crook, 2020). While interest in and focus on the student population has certainly not remained constant since the post war years, in the past two decades, there has been a steep rise in both public discourse and research activity related to student mental health which in many ways' echoes that of the post war period.

Over the past two decades, renewed international attention has increasingly focused on the mental health and well-being of university student populations and its impact on both individuals and institutions (Stallman, 2010; Royal College of Psychiatrists, 2011). Reports and surveys commissioned by influential UK higher education adjacent organizations such as the Office for Students and Universities UK indicate a rise in students experiencing poor mental health. Examples include the report 'Not by Degrees' (Thorley, 2017), which declared a 'fivefold increase in the proportion of students who disclose a mental health condition to their

institution' (p.3); Universities UK (2018) Suicide-Safer Universities, which stated that 'at least 95 university students took their own lives in 2016-17' and that numbers of students dying by suicide are 'rising,' and a report by The Insight Network (Pereira et al., 2019, p.6), stating that 'one in five students has a mental health diagnosis' and 'one in three has experienced a serious psychological issue for which they needed professional help.' Furthermore, data from a recent HEPI & Advance HE student experience survey (Neves & Hewitt, 2021) reported that almost one-third of their sample of 10,186 full-time UK undergraduate students reported having considered leaving university, and of those, 34% cited this was due to issues with their emotional or mental health. These reported trends emphasize the potential impact of poor mental health on various aspects of students' lives and experiences, warranting serious attention. Additionally, from an institutional perspective, in an increasingly competitive market, poor student experience and the impact on achievement and retention are of grave concern. However, framing student mental health as a crisis may narrow our understanding and responses by primarily focusing on illness and pathology.

Scientific research suggesting heightened levels of psychological distress within student populations has existed for some time (e.g., Mionk & Mahmood, 1999; Schweitzer et al., 1995). However, more recent reports and surveys, along with subsequent media attention, seem to have triggered a significant growth in research interest alongside the emergence of a narrative suggesting there is a 'crisis' within student mental health (Bantjes et al., 2023). Crisis narratives serve to frame public discourse and understanding of harms or risks (Seeger & Sellnow, 2016), often using hyperbolic language that creates responses based on fear (Glowacki & Taylor, 2020). The term 'Student Mental Health Crisis' seems to have first been used in the UK by The National Union of Students in 2013 but has since become increasingly utilised, particularly within the UK media, academic journals (e.g., Vogt & Johnson, 2023), professional bodies, and a range of higher education and healthcare stakeholder bodies and organisations. This narrative has paved the way for student mental health to be declared as a strategic priority for the UK Higher Education Sector by the Office for Students, leading to funding initiatives aimed at improving 'student mental health outcomes' (Kotouza et al., 2022). Universities have responded by introducing a broad range of mental health focused settings-based intervention which are largely empirically untested (Worsley et al, 2022). The risk of this narrative dominating our approach to student mental health is that it defines the 'problem' from the perspective of illness and pathology, driving an urgency to respond and shaping subsequent inquiry and response toward individual risk factors. This arguably leaves little room for nuanced consideration of the university setting as a vehicle for health promotion nor for

consideration of systematic as opposed to individual factors which may contribute negatively to student's psychological health.

Perhaps one of the most devastating impacts of poor mental health and emotional distress is suicide. Again, there has been an increase in both research and commentary on the risk of suicide within university student populations, further compounding the 'crisis' narrative and intensifying pressure on the higher education sector to respond. The UK higher education sector has been tasked with actively preventing student deaths by suicide, with Suicide Safer Universities, a guidance document developed by Universities UK (2018), placing the onus on universities not only to respond appropriately to a suicide but also to actively prevent suicides through the development of distinct suicide prevention strategies and policies. The organisation further cemented their position by claiming *'universities can help save lives with a proactive response to suicide prevention'.* Suicide is an incredibly complex and nuanced issue with multiple individual and socioeconomic determinants including childhood adversity, school avoidance, use of social media, experience of sexual assault and intimate partner violence, diagnosed mental illness and myriad personality factors (Davies et al., 2022; Ivbijaro et al., 2019; Milner et al., 2012), making this task one which arguably far exceeds the capabilities of individual educational establishments. Despite universities having ethical and legal obligations for the health and safety of their students, their primary function as sites of academic scholarship means they may not be equipped with the required levels of expertise and governance for suicide prevention.

Despite the impetus for universities to address student mental health, there remains uncertainty in relation to the prevalence and impact of the issue including whether mental health outcomes are significantly worse for students than non-student peers (Tabor et al., 2021). Concerns have been raised by both researchers and professional bodies that the rapid development of "solutions" may not be underpinned by sound empirical evidence (Barkham et al., 2019; Worsley et al., 2022). The crisis narrative has arguably driven the proliferation of cross-sectional survey-based research, which, despite methodological limitations, serve to reinforce the narrative. The nature of cross-sectional research means that it is limited in its ability to capture complex constructs such as mental illness and may in fact be providing evidence of a different phenomenon (Kessler., 2009; Solar et al., 2020). The dominant focus on individual level risk and pathology also means there is limited empirical focus on both the health diminishing and health promoting aspects of the university setting itself.

Many reports and surveys fail to adequately contextualize their findings in terms of overall student numbers or comparisons to non-student-aged matched peers. According to the Higher

Education Statistics Agency (HESA) the number of university students within the UK has risen from around 1.9 million in 2000 to over 2.8 million in 2022[i]. One might naturally assume that as a population increases, incidences of mental health issues within that population would increase, this does not however necessarily mean that the proportion or percentage of students experiencing mental ill health is higher.

Additionally, there is a lack of high-quality service-level data collected directly within university mental health and support services, hindering a clear understanding of students' actual needs and experiences (Broglia et al., 2021). The empirical research evidence which we might expect to illuminate the issue is unfortunately subject to a number of methodological flaws, leading to unclear estimates of the prevalence of mental ill health, confusion and conflation of key terminology, and a lack of clarity regarding determinants and impact of poor mental health and efficacy of interventions. Consequently, it is difficult to definitively conclude that clinical mental ill-health is the dominant issue within student populations as opposed to other psychological phenomena for example distress or problem relating to wellbeing. For the higher education sector to develop a coherent and meaningful response which supports the psychological health of students, clarity is needed on whether we are indeed facing a crisis of clinical mental ill health within our student population or whether other more nuanced factors are at play.

2.3 The Research landscape; political and sociocultural factors impacting Higher Education and its students.

Attendance at university has long been associated with a range of beneficial social and economic outcomes for graduates (Holmes & Mayhew, 2016; Senior et al., 2018; Towl & Senior, 2010), and the number of university applications and acceptances in the UK has risen dramatically over the past two decades. In 2020/21, there were 2.6 million students attending UK universities, compared to 984,000 in 1992. There has long been an assumption that university students are privileged and protected from some of the predictors of poor mental health; however, they may actually be particularly vulnerable due to pressures from transitions, social and emotional adaptations, academic workload, and financial burdens. Furthermore, the sociodemographic profile of students within higher education has changed dramatically, with a more diverse student body and many more students entering education from historically low-participation backgrounds. For example, in the UK, numbers of first-generation students, students from low-participation neighbourhoods, and those from economically deprived areas have all risen since 2016. Despite a relatively narrow focus on wellness and illness within the extant empirical literature, there is a growing recognition of the complexity of social, psychological and economic factors which impact on contemporary

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students. The higher education landscape is increasingly subject to political and economic forces, contributing to significant restructuring and refocusing of higher education. Neoliberal ideology has reshaped the higher education sector, moving it away from its traditional purpose of knowledge generation and civic responsibility toward a commodified transactional experience, where the primary objective is to fulfil the needs of the labour market (Adnett & Slack, 2007; Bunn et al., 2022; Callender & Dougherty, 2018; McArthur., 2011). In this context, the educational experience is dominated by pressure, competition, anxiety, insecurity, excessive testing, and rising debt (Banks & Smythe, 2015; Desierto & de Maio., 2020; Joo et al., 2008; Maiese.,2022). It is unsurprising, therefore, that students entering higher education against this backdrop would experience high levels of psychological distress.

There can be no doubt that the complex confluence of political and market forces, impact in myriad ways on both our understanding of and on students' lived experiences of mental health and wellbeing. The complexity of socioeconomic factors makes it difficult to attribute psychological distress solely to pathological causes. Despite this, researchers have largely pursued efforts to understand student mental health from a purely pathogenic perspective, without due consideration given to critical contextual factors. Over the past two decades, there has been a burgeoning research interest in the mental health and wellbeing of university students, described by Bantjes and colleagues as a 'research industry' (2023, p3). A basic literature search identified a significant increase in academic articles focusing on student mental health with 421'000 academic articles with 'student mental health' in the title, published between 1990 and 2000, in comparison to over two million between 2000 and 2020. A more robust mapping of the research identified a three-stage growth in research activity focused on student mental health, peaking between 2010 and 2020 (Hernandez-Torrano et al., 2020). One interpretation of this rapid expansion in research is the fact that many researchers are located within university settings and therefore have ease of access to student participants. The ease and low cost of survey-based research with this population may be contributing to a distortion of the scale of the problem (Bantjes et al., 2023), narrowing the field of inquiry (Patalay & Freid., 2020) and being subject to the 'false-positives' limitation associated with diagnostic boundaries (Wakefield., 2015). These factors will be discussed in further detail in chapter 5.

Another driver of research interest may be influenced by trends emerging from the student population, such as increased numbers of students accessing student support and counselling services. The growth in student numbers has seen a concomitant increase in university students accessing student support and counselling services with 94% of universities in the UK reporting a significant increase in students seeking support between 2013-2018 (Broglia et al.,

2018; Thorley., 2017; Universities UK., 2018) and in students disclosing a mental health related disability on application to university (5.2% of UK domiciled applicants in 2020 up from 1.79% in 2014/15). Furthermore, given that undergraduate students tend to represent the age group most vulnerable to developing mental illness with approximately 75% of mental illness occurring before the age of 25 (Kessler et al., 2007), this data could indicate a growing prevalence of mental ill health within this population and a corresponding growth in research interest.

A further likely influence on the growth in research interest in student mental health and wellbeing is changes in sociocultural norms and discourse around mental health and ill-health. There has been a societal shift toward a greater awareness of mental ill-health as a serious public health challenge and efforts to destigmatize mental illness. These welcome shifts have however also led to a proliferation of information and misinformation, particularly in the media and social media, around mental health, with the ontology of mental health and wellbeing pervading every facet of our lives. Pierre & Frances (2016, p.1) argue *"as the medical specialty moves closer towards a 'spectrum view' of mental illness, psychiatric terminology increasingly risks misappropriation and conflation with lay concepts of normal suffering"*. Identifying non-clinical facets of psychological and emotional health using this language makes it increasingly difficult to differentiate between clinical mental disorder and congruent psychological distress (Arie., 2017) or between individual medical issues and the consequences of wider socioeconomic conditions. Perhaps the most obvious example of the potential consequences of this phenomenon is within the publication of self-report polls from organizations, such as Unite & The National Union of Students (NUS). These reports, at first glance, appear to suggest staggering estimates of the scale of student mental health problems and have, in part, fuelled the crisis narrative. However, these polls have significant methodological issues, in that they are often based on single statement responses without any clear definition of the terminology used (Barkham et al., 2019). For example, a 2015 NUS survey was widely reported as providing evidence that 8 out of 10 students experienced a 'mental health issue' in the year in which the survey took place. The sample size of this survey was only 1093 students, or 0.05% of the UK university student population in 2015/16, and the assertions were based on a single statement of 'I have experienced mental health issues in the past year' without qualifying the nature, duration, or impact on functioning of said 'issue'. These methodological flaws make any interpretation of the results unclear as we cannot be sure what phenomena or experience, in other words congruent distress or mental illness, is actually being described by participants. Despite the methodological concerns inherent in these surveys, when reported in the press they again suggest a population overburdened by

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mental ill-health and further intensify the pressure on the Higher Education sector to swiftly implement interventions in response. These methodological flaws make any interpretation of the results unclear as we cannot be sure what phenomena or experience, in other words congruent distress or mental illness, is actually being described by participants.

There is a significant danger in positioning or misattributing what may be congruent emotional and psychological responses to contextual experiences to mental illness. Cote (2018) argues that many of the experiences, which are pathologized and used to support the 'mental health crisis' discourse, are in fact the manifestation of psychological developmental issues largely created by the fact that many students are underprepared for university life. This supposition is borne out when considering retention data with personal and social issues being cited as the primary factor in university withdrawal (Parker et al., 2006). There is certainly evidence that first-year undergraduate students might often feel academically underprepared, but with often unrealistically high expectations both of themselves and of the university experience (Money et al., 2016). One particularly stark example of this comes from Higher Education Statistics Agency data (HESA) which found that 45% of a cohort in one UK university expected to get a First-class degree, when in the same year only 16% of graduates actually received a First (cited in HEPI., 2016). The impact of unmet expectations has been linked to poor psychological outcomes and decreased satisfaction within student samples (Lipson & Eisenberg 2018). Compounding this issue is the fact that research suggests, lecturers' expectations of students' level of academic skill are significantly overestimated and that teaching and learning strategies promoted in secondary education do not translate into the more independent style of learning required at university level (De Clercq et al., 2018; Smith & Wertlieb., 2005; Taylor & Bedford., 2004). Those students who do have more highly developed social and emotional competency tend to fare better in higher education, both socially and academically (Parker et al., 2005). The misattribution of congruent responses to challenging environments, positions the issue primarily as a personal medical problem, the responsibility for which sits within the individual. This means that any obligation on either wider government or on individual institutions to address larger social or environmental issues is refocused on the student. Interventions are therefore unlikely to have the hoped-for impact. For example, a student experiencing emotional distress around managing poorly designed assessment deadlines alongside necessary paid employment, is perhaps more likely to benefit from both better student finance and a restructuring of the curriculum than psychological therapy. In fact, the authors of a paper investigating the efficacy of a wellbeing-based intervention noted that the intervention had minimal impact as the assessment structure and student workload were not adequately addressed (MacArthur et al., 2021) Moving away from individual risk

factors and pathology toward a broader focus on the influence of the university context in determining student wellbeing at population level is therefore critical.

2.4 The Whole University – A settings-based approach

In response to the evolving discourse surrounding student mental health and wellbeing, several initiatives and research networks have emerged in both international contexts and the UK. Notable among these are the UK Research & Innovation-funded SMarTeN and the Government-directed multi-agency initiative, The University Mental Health Charter. These initiatives aim to develop a robust evidence base that explores the social and environmental factors contributing to psychological distress among students. Specifically, the Mental Health Charter seeks to ensure that universities adopt safe and evidence-based practices in addressing the psychological needs of their students.

The Mental Health Charter advocates for a *'whole university approach,'* articulating its core vision as ensuring that *"every university becomes a place that promotes the mental health and wellbeing of all members of the university community"* (Hughes & Spanner, 2029, p. 7). This vision aligns with the theoretical underpinnings of settings-based approaches to health promotion, which emphasize the critical role of context, environment, and socio-cultural factors as significant determinants of health (Barry et al., 2019; Fernandez et al., 2016). Such approaches recognize that health is not merely the absence of illness but is intrinsically linked to the social and environmental conditions in which individuals live and study (Dooris, 2009; Dooris et al., 2017). In a university context, settings-based approaches aim to enhance structural and organizational factors that positively influence health at a population level (Newton et al., 2016). By focusing on the institutional environment, these approaches aim to centre a holistic perspective of student wellbeing, recognizing that it is influenced by far more than individual support services. The Okanagan Charter (2015) underscores this perspective, advocating for the integration of health promotion into the fabric of higher education institutions to create supportive environments that foster student wellbeing. This approach also aims to promote positive health outcomes and reduce the prevalence of mental ill-health, particularly among marginalized and non-traditional student groups.

The unique nature of universities, as multifaceted environments for teaching, learning, socializing, and living, positions them as ideal contexts for implementing settings-based approaches. The diverse array of activities and experiences within universities creates numerous intersecting structures and systems that can be leveraged to promote wellbeing at micro, meso, and macro levels (Lewis et al., 2017). For instance, embedding wellbeing into the core mission of an institution can cultivate a culture where all students feel valued, connected,

and supported. Despite the obvious advantages of adopting a settings-based approach, implementing and evaluating these initiatives presents challenges. A recent scoping review of literature on university settings-based approaches to health promotion noted significant methodological limitations and a relatively small body of studies robustly evaluating their outcomes (Sweeting et al., 2023). The review highlighted the nascent state of this field, with findings indicating that interventions incorporating curriculum structure have the potential to yield positive results. However, the body of evidence remains *"scarce and contradictory"* (Fernandez et al., 2016). Similar limitations were noted in a systematic review of longitudinal evaluations of curriculum-embedded interventions (Upsher et al., 2022). Furthermore, a broader systematic review by Luu et al. (2024) whilst noting methodological limitations in the available literature, did identify a range of under-researched settings-based phenomena—such as relational support and pastoral care—that could facilitate positive wellbeing outcomes for students. As such, there remains a notable gap in evidence concerning the institutional determinants of wellbeing and how these can be effectively harnessed to promote student wellbeing at a population level (Thaivalappil et al., 2023).

2.5   Gaps and limitations of current knowledge

As a rapidly growing area of research, there remains a number of issues which have led to what has been described as *"a multitude of disconnected survey-based reports yielding differing estimates of student wellbeing/mental illness with no strategy for linking and combining data"* (Barkham et al., 2019 p352). Furthermore, the dominance of focus on individual illness and pathology means that there is a dearth of focus on the interactions between students and their environments and the ways in which these might promote health. (Luu et al., 2024; Solis Garcia et al., 2024) This lack of clarity in an evidence base means that at the time of writing there is significant variation in the response from universities leading to a proliferation of well-intentioned but potentially ineffective interventions alongside what some critics have referred to as 'a dangerous rise of therapeutic education' (Ecclestone & Hayes, 2019). Furthermore, the conflation of terminology around mental health and ill health represents a significant barrier to developing a nuanced overview of the true nature of the issue and therefore the opportunities to intervene.

Before moving on to more robustly explore what the current body of empirical research tells us about student mental health and wellbeing, the following chapter will address issues of terminology and definition thus providing a clear framework of understanding in which the commentary and subsequent research within this thesis can be situated. It is important to engage in pathogenic perspectives in order to evaluate extant knowledge and re-orientate the focus towards health promotion. The subsequent chapter therefore engages with key concepts

and constructs found in the literature, mental health & illness, psychological distress and wellbeing.

Chapter 3 Theoretical Frameworks; mental health, wellbeing and psychological distress.

3.1 Introduction

The previous chapter provided a summary of the landscape and context in which this thesis is situated and, in particular, highlighted the theoretical ambiguity which influences both the empirical enquiry related to the topic of interest and the surrounding discourse. This chapter will advance the thesis by addressing this theoretical ambiguity and providing definitions of the key concepts.

The language employed to describe and attribute significance to a phenomenon holds immense importance, particularly within empirical research. Discourse surrounding mental and psychological health, both in societal contexts and within the scientific community, is continually evolving. This dynamic linguistic and conceptual landscape poses challenges to the evaluation of research in this domain, as comprehension relies heavily on a shared understanding of the theoretical frameworks in which it is grounded. Mental Health and wellbeing tend to be nebulous constructs which link to a wide range of theoretical concepts and definitions across a number of fields of study and defy simple definition. Researchers and commentators alike utilise a wide range of terminology including, but not limited to, mental health, mental illness, mental disorder, psychological distress, psychiatric disorder and wellbeing; the consequences of which are widely disparate estimates of the occurrence and prevalence of student mental health issues. Uncertainty regarding definitions within this nebulous domain raises questions about the interpretation of participant responses when assessing their experiences. Moreover, without clarity regarding the constructs being measured or the nature of the issues under investigation, the capacity to provide robust, evidence-based solutions is compromised. Given that empirical research findings influence policy and practice, it is imperative to establish conceptual clarity in the exploration of these concepts.

This chapter aims to address several objectives. Firstly, to expound on the challenges and risks associated with bias and theoretical ambiguity in the context of student mental health & wellbeing. Secondly, to offer a concise analysis of the foundational theories pertaining to mental health/illness, psychological distress, and wellbeing, providing conceptual definitions of each construct. Finally, the chapter will provide a clearly defined framework that contextualises the subsequent chapters of this thesis. It is important to clarify that the term "definition" herein denotes the clarification, specification, or distinction of concepts. It must be noted that providing a definition of terms within this thesis is not designed to offer an absolute

truth as alternative definitions of equal validity may exist. Rather, the intent is to provide the reader with a lens through which to comprehend and evaluate the methodological choices and subsequent claims presented within this research.

3.2 Student Mental Health & Wellbeing; The dominance of the psychiatric paradigm.

Scientific research on the study of student psychological health has adopted a variety of perspectives. However, the predominant approach stems from theoretical and paradigmatic contexts rooted in psychiatric, medical, or clinical psychology frameworks, which tend to view health and illness dichotomously (Haslam & Lusher, 2011; Scheid & Brown, 2010). It could be argued that the dominance of this research, largely focused on the measurement, incidence and prevalence of disorder, creates a bias which is skewed toward a discourse and response based in pathogenesis; and which has given rise to the narrative of 'crisis'. Particularly problematic is the conflation of perhaps momentary affective states with psychiatric disorder and it is not clear that within the body of both empirical literature and commentary related to students' psychological health, that due consideration has been given to the complexity in delineating between mental illness and congruent emotional responses.

Ryff (2003), a seminal figure in the scientific exploration of wellbeing, identifies the importance to healthy psychological functioning, of experiencing and expressing a wide range of emotions stating: *"…bad things happen to people, and the healthy response is to feel the sadness, pain, frustration, fear, disappointment, anger, or shame resulting from the adverse experience. However, good things also happen to people, and the healthy response is to feel joy, pride, love, affection, pleasure, or contentment from such experience positive experiences. Thus, the capacity for experiencing and expressing both realms of emotion is central to healthy functioning.* (p.154)*"*. Within the literature relating to student mental health, it is consistently unclear whether cross-sectional survey-based research is capturing evidence of mental illness or transient everyday affective issues indicative of healthy psychological functioning. The dominance of the pathogenic paradigm can be attributed to a particular type of scientific bias illustrated in Abraham Maslow's (1966) popularly rephrased assertion that '*if all you have is a hammer, everything looks like a nail*'[1]. This bias is often referred to as 'law of the instrument'[2]

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[1] The popularised rephrasing is derived from Maslow's (1966) The psychology of science in which he wrote *"I remember seeing an elaborate and complicated automatic washing machine for automobiles that did a beautiful job of washing them. But it could do only that, and everything else that got into its clutches was treated as if it were an automobile to be washed. I suppose it is tempting, if the only tool you have is a hammer, to treat everything as if it were a nail."P15.*
[2] Also associated with Kaplan (1964) & Tomkins (1963)

and describes a tendency for researchers to choose methods, instruments or interpretations which confirm their own area of expertise rather than those which are appropriate for the problem being investigated. In the case of student mental health and wellbeing, it may well be that the tendency to approach investigation from this perspective is pathologising what are, in essence, congruent emotional responses to environmental demands.

In examining the terminology used within the pathogenic paradigm, it becomes evident that inconsistency among researchers regarding both terminology and the definitions of associated constructs poses challenges for comparison and correlation. This inconsistency is a recurrent issue in the available research, with numerous factors—both individual and societal—being claimed to exert differing influences on mental illness and wellbeing (Iasiello et al., 2020). The lack of consistency in definition and terminology invariably also leads to a multiplicity of measurement tools being employed across studies, presenting a notable methodological limitation in constructing a coherent understanding of student psychological health profiles. Throughout the literature, a plethora of psychometric instruments and measures have been employed to collect data; ranging from those which identify symptoms of mental illness to those which measure individual satisfaction with life.

Transitioning from a pathology-centred perspective to research focusing on student experiences from the perspective of wellbeing reveals similar challenges in terms of measurement and terminology. For example, Cooke and colleagues (2016) identified 42 different psychometric instruments purporting to measure wellbeing or closely related constructs. Their analysis revealed significant disparities in both the theoretical underpinnings and conceptualisation of wellbeing. This conflation is evidence in research which explore and report on 'Student Wellbeing', where measures of perceived stress and self-esteem (Collings et al., 2014), trust, relatedness, and social support (Bye et al., 2020), as well as the State-Trait Anxiety Inventory (Grajfoner et al., 2017), are utilised to operationalise the construct. The inconsistency in how these complex concepts and constructs are defined, operationalised, and measured not only complicates the interpretation and comparison of research findings but also raises concerns about the validity of claims derived from the collective body of evidence.

The pervasive conflation of terminology and constructs coupled with a bias towards pathology, is not simply a matter of semantics, but poses significant barriers with far reaching implications for both individual students and for higher education institutes (HEI's). It has been suggested that the ease of access researchers have to student participants may be overestimating the magnitude of the prevalence of mental illness (Bantjes et al., 2023). Haslam (2016) argues this conflation, characterized as "concept creep", not only risks marginalising those with serious

mental illness, but also risks inflating demand for health services. Furthermore, focusing the issue on individual pathology situates the 'problem' on the individual response to their environment as opposed to considering whether the demands placed on them by their environment, are in fact reasonable. Distinguishing between mental health and wellbeing is essential and it is critical to do so without invalidating either construct; however, it is crucial to recognise that responses to clinical illness and congruent distress or poor wellbeing warrant distinct approaches.

In an attempt to avoid the conflation of key constructs, for the purposes of this thesis, mental health, psychological distress and wellbeing are defined as being conceptually distinct yet related constructs, all of which are likely to have relevance to an exploration of student experience. This chapter will first present a conceptual analysis of these three key constructs before presenting a theoretical model in which the relationships between the key constructs can be understood.

3.3   Conceptualising mental health and mental illness

The conceptualisation and operationalisation of ideas surrounding the mind, encompassing mental health and illness, have been at the forefront of philosophical and scientific discourse throughout history. However, as of the time of writing this thesis, no definitive consensus has emerged regarding their precise definition or measurement. This illustrates the inherent complexity and nuance of these constructs. Scholars, such as Jackson and Haslam (2022), have contended that the term "mental health" has been "stretched to breaking point" (p431), reflecting the ongoing debate surrounding its definition and usage. Despite this debate, research in the field of student mental health and wellbeing, remains predominantly focused on pathogenesis, wherein health and illness are situated at opposite ends of a single spectrum. This perspective can be traced back to Eaton's assertion in 1951 that *'mental health merges imperceptibly and gradually like the colours of the rainbow into mental illness'* (as cited in Iasiello & Agteren, 2020). It is this approach, which suggests an individual can move from a state of illness to a state of wellness, which underpins much of the practice of modern psychiatry and psychology. Mental illness is perhaps best understood as a collection of symptoms experienced over a defined period of time (Pierre & Frances, 2018). The World Health Organisation (2022) defines mental illness as *"a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour. It is usually associated with distress or impairment in important areas of functioning"* Within this framework, the presence of mental illness is established or diagnosed by means of the identification and measurement of symptoms, with interventions typically focused on symptom reduction as a means to alleviate symptom severity or facilitate a return to a state of mental health.

To critically evaluate the role of universities in responding to mental illness in a student population one must first consider the aetiology of mental illness to establish how and when a university might intervene. Within Western culture, three dominant aetiological theories co-exist, influencing the diagnosis, conceptualisation and treatment of mental illness. The first two theories can be described as somategenic and psychogenic, both of which attribute the causes of mental illness to internal factors – either within the body or the mind (Farreras, 2020). The third approach, the sociological perspective, posits that the causes of mental illness exist external to the individual – within societal structures. These three primary theoretical perspectives have influenced divergent models and frameworks of treatment, guiding both research and practice in contemporary society and informing the discourse relating to student mental health and wellbeing.

Somategenic theories attribute mental illness to organic causes or physiological functioning such as brain damage, genetic inheritance, hormonal imbalances, or physical ailments (Walters, 2020). These ideas can be traced back to around 400BC when in an attempt to advance medicine as an empirical science and eliminate supernatural explanations of illness, Hippocrates developed an approach which attributed both physical and mental illness to an imbalance in bodily fluids, of 'humours. Somategenic theories of mental illness dominated the practice of psychiatry well into the 19th century. Treatments including shock therapy and lobotomy were standard practice and the scientific community viewed mental illness as having purely physiological causes (Albee & Joffe, 2004). Recent technological advancements have enabled scientists to study the brain in novel ways, yielding evidence of specific brain abnormalities associated with illnesses such as schizophrenia, post-traumatic stress disorder, and depression (Albon et al., 2008; Palazidou, 2012). Additionally, empirical studies suggest the heritability of mental illnesses, along with genetic variants and markers contributing to mental illness (Gottesman et al., 2010; Uher & Zwicker, 2017). Furthermore, advances in psychopharmacology have reinforced the biomedical position within psychiatry, with pharmacology dominating the treatment approach to mental illnesses including schizophrenia, anxiety disorders and clinical depression (Chakravarty, 2011). Proponents of Somategenic theories of causation argue the approach serves to de-stigmatise mental illness by creating parity with physical illness (Lam at al., 2005). However, critics contend that physiological or biological abnormalities alone cannot fully explain the diverse range of human psychological experiences, and individuals with 'normal' brains can still exhibit symptoms of mental illness (Albee & Joffe, 2004; Whitaker, 2010). Moreover, it is suggested that despite the dominance of the psychiatric or biomedical model, treatment outcomes for patients with mental illness remain generally poor (Deacon, 2013). Perhaps the most significant criticism however is

presented by psychiatrist George Engel who argued that the dominant biomedical model *"leaves no room within its framework for the social, psychological, and behavioural dimensions of illness. The biomedical model … requires that disease be dealt with as an entity independent of social behaviour* (1977, p130)" The psychogenic approach, which will be explored next addresses some of Engel's criticism.

While somategenic approaches focus predominantly on biology and physiology, in contrast psychogenic approaches to mental illness consider individual experiences such as trauma and childhood adversity and psychological processes, such as cognition and perception, as causing mental illness. Psychogenic approaches suggest that mental disorders are simply habitual or atypical ways of thinking, feeling or behaving which can be recovered from (Albee & Joffe, 2004; Walters, 2020;). Psychogenic approaches gained prominence through the work of Freud and the psychoanalytic movement. Freud argued that mental illness resulted when individuals were unable to effectively repress their unconscious drives. Treatment involved essentially tracing a symptom back to its roots through the process of psychoanalysis (Solms, 2004). While Freud's theories, which were largely based on his own subjective observations, are open to critique, psychological approaches to mental illness have evolved exponentially since Freud's epoch. There is a significant body of empirical evidence which appears to demonstrate the legitimacy of psychogenic theories, as well as the efficacy of psychological therapies in the alleviation of mental illness (Castonguay & Beutler, 2006; Nathan & Gorman, 2002). There are numerous therapeutic approaches to the treatment of mental illness and ongoing advances in the development of interventions designed to target the psychological processes which cause and maintain mental illness (Harvey et al, 2022). There are however critiques of the psychological approach in that in its purest form, it situates the 'problem' internally and fails to acknowledge the impact on individuals of their social, environmental and cultural context. (Teo, 2006). These limitations are addressed through the third dominant paradigm, the sociological perspective, discussed next.

The sociological perspective to mental illness has similarities to psychogenic approaches both in terms of its position within the social sciences and in its rejection of the biomedical model. This paradigm however positions the causes of mental illness to factors which are external to the individual, such as their environment and social structures. Sociological approaches are less focused on treatment and intervention and more on explaining the social and cultural contexts which influence identification and responses to illness (Thoits, 1999). This paradigm is concentrated on the interactions between the self and the social world. In a sociological context, symptoms of mental illness are viewed as either a psychological response to environmental and social factors or as products of particular sociocultural contexts (Newman

& Newman, 2020). Durkheim's seminal work, Suicide (1951) was perhaps one of the earliest examples of research which identified the disparities in rates of mental illness across social groups, thus demonstrating the impact of socioeconomic conditions on health and illness. There now exists a significant body of empirical research which identifies higher rates of mental illness in socially and economically disadvantaged groups thus correlating environment and illness (e.g. Kessler et al, 2005; Thoits, 2010). The social response theory is of particular interest in the context of apparent increased prevalence of mental illness in contemporary society. This theory seeks to explain not the aetiology of symptoms, but instead how and why people respond to perceived symptoms. (Horwitz, 2013). Social response theories suggest that particular groups of people, for example females and younger adults, are more likely to interpret their problems of living as being psychiatric in nature (e.g. Horwitz, 1987; Pescosolido & Boyer, 2010). Studies grounded in this framework have suggested that a significant proportion of individuals engaging in psychiatric treatment do not, in fact, have a mental illness but are instead responding to dominant socio-cultural discourse (Wang et al, 2005). This theory might contribute to an understanding of recent increases of students self-identifying with mental illness, as discussed in the preceding chapter.

The three conceptual frameworks outlined exhibit inherent limitations when considered individually. They not only presuppose a singular 'common cause' from which all psychiatric symptoms arise; they also fail to acknowledge the complex interactions between the physical, social and psychological aspects of a person's life. There are however frameworks which seek to capture the complexity of mental illness. Among these, the biopsychosocial model stands out as perhaps the most prevalent. Initially proposed by Engel in 1977, this model seeks to overcome the shortcomings of dominant approaches by providing a framework that equally considers biological, psychological, and sociological influences on health (Frazier, 2020; Henriques, 2015). This model advocates for a holistic approach to both the treatment and prevention of mental illness and is a common approach in the care and treatment of mental illness in contemporary Western society (Gask, 2018; Wade & Halligan, 2017).

Another emerging approach to understanding the aetiology and treatment of mental illness is the network approach. Unlike traditional models positing a common cause for symptoms, this explanatory model suggests that symptoms interact within a network of mutually reinforcing causal relationships (Borsboom, 2008; Borsboom, 2017; Robinaugh et al., 2019). For instance, consider a student who has experienced an adverse life event – described as an event in the external field – i.e. external to the network. This event initially leads to poor sleep, which in turn causes fatigue, subsequently activating reduced appetite. These symptoms, in a cascading effect, lead to low mood, which may further trigger anxiety. These symptoms then loop back

to impact the external field, as evidenced by the student's poor performance in an important exam, triggering further anxiety. The network of symptoms continues to evolve and sustain itself through a series of feedback interactions. This model acknowledges that the catalyst for generating a 'network structure' can be biological, social or psychological (Kendler, 2016; Fried et al, 2017). As an emerging approach, network models are not without limitations. However, their conceptualization of mental illness, encapsulating the biopsychosocial approach, holds particular relevance in exploring mental health within student populations. This is especially notable when considering the role of university life in both triggering and perpetuating symptom networks.

For the purposes of this thesis, mental illness is defined as a clinical disorder of thinking, feeling and/or behaviour, which is persistent and has an impact on a person's daily functioning. Diagnosis of mental illness relies on the identification and measurement of defined symptoms and can be managed through biological, psychological, or combined treatment approaches. Standardised diagnostic systems provide a shared language for professionals and researchers to diagnose mental disorders.

At the opposite end of the continuum, clinical mental health is therefore defined both as the absence of disorder and symptoms and as the goal of treatment or intervention. This evidence-based definition distinguishes between the constructs of psychological distress and wellbeing. It also clarifies the respective roles of education and healthcare providers, suggesting that diagnosis and treatment should primarily occur within healthcare settings. However, early intervention and prevention strategies, particularly those addressing psychosocial factors contributing to mental illness, may be appropriate to situate within university settings. One such strategy might involve interventions aimed at promoting positive wellbeing, a construct to be explored later in this chapter. Before considering the concept of wellbeing however, the next section of this chapter will consider the measurement of mental illness as a construct within empirical research.

3.3.1   Measuring mental illness in empirical research

Throughout the last century the dominance of somategenic and psychogenic frameworks in identifying and treating mental illness has fluctuated, with progress marked by nonlinear trajectories. However, despite varying aetiological perspectives, these approaches share commonalities: they aim to identify abnormal behaviour, measure symptoms, assign a diagnosis, and apply interventions or treatments aimed at curing the illness. References to mental illness or behaviour which is widely understood as being disordered, abnormal or deviant can be found throughout history. In his influential work 'On Being Sane in Insane

Places', Rosenhan (1973) posed the question *'if sanity and insanity exist, how shall we know them?'(p379).* The answer to this question is dynamic, heavily influenced by socio-cultural norms defining what is considered "normal.". Even at a single point in history, these understandings can be vastly divergent. Historically, the measurement of mental illness and disorder was largely socially constructed shaped by dominant class, gender, and political systems and discourse Less emphasis was placed on measurable diagnostic criteria and more on whether a person's behaviour was considered abnormal, deviant or non-conforming by wider society (Foucault, 1965). However, with the rise of the dominance of the psychiatric medical model and the development of the Diagnostic and Statistical Manual of Mental Disorders (DSM), now in its 5th iteration, emphasis shifted towards measurable diagnostic criteria. The DSM has provided a standardised language and classification of symptoms or dimensions, facilitating the description of mental illness. While not without critique (e.g. Thyer, 2015; Anderson & Ghaderi, 2006), the classification of discrete measurable symptoms enables researchers to develop and employ psychometric tools to estimate the occurrence and prevalence of mental disorder within specific populations.

The use of psychometric tools for data collection is ubiquitous in empirical mental health research, reflecting the dominance of a particular ontological and epistemological position underlying quantitative research methodology (Al-Ababneh., 2020). Findings from research using this methodology are often interpreted as accurately identifying the presence of mental illness within a given sample. Moreover, these prevalence rates are frequently used to calculate population-level estimates (e.g. McManus et al, 2016). However, the reliance of such measures neglects the complexity of the experience of mental illness. Accurate diagnosis also hinges on expert assessment by qualified clinicians capable of conducting holistic evaluations based on subjective and objective information (Lin & Chen, 2023). Consequently, cross-sectional collection of psychometric data may not truly reflect the actual prevalence of mental illness. Indeed, general population surveys often estimate substantially higher prevalence rates than those derived from data collected by treatment services (Wackers & Schille-Rognmo, 2022). This poses a challenge, as much of the empirical evidence supporting the notion of a mental health crisis among university students relies on data collected via psychometric measures. Therefore, caution is warranted when interpreting such research concerning the psychological and mental health needs of student populations. Psychometric measures of mental illness, when employed in data collection within student populations, may primarily capture evidence of psychological distress, a construct which will be explored next.

3.4 Conceptualising psychological distress

The construct of psychological distress is important to define as it is an easily misinterpreted phenomena, being a state or construct, which can be related to both mental illness and wellbeing. As with the term's "mental health" and "wellbeing", "psychological distress" suffers from a lack of clear definition and is applied within scientific literature to a multiplicity of concepts. The etymological routes of the term distress are based on the Latin '*distringo*' meaning *'to exert opposing strains on, stretch out or apart, or to make conflicting claims on the attention of, distract, to detain, to pull in different directions'* (Glare 1968, p. 561). Its conceptualisation as a psychological phenomenon largely stems from its application in healthcare-related literature (Ridner, 2003). Psychological distress can be viewed as a consequence of poor well-being or a stressful environment (Winefield et al., 2021), but it is frequently conflated with mental illness or a non-specific mental health issue. This conflation of distress and disorder arises from both the medicalisation of typical responses to stressors and from a failure to consider the context in which individual experience distress (Horwitz, 2007). There are two primary conceptualisations of psychological distress: the first defines it as a state of emotional suffering related to symptoms of anxiety or depression (Drapeau et al., 2012), while the second views it as a non-specific emotional or affective suffering or disturbance, often linked to harmful demands and stressors in life (Arvisdotter et al., 2016). The first conceptualisation situates psychological distress as a symptom of mental illness, whereas the second will be explored further within the context of stress-distress paradigm.

The stress-distress paradigm, initially proposed by Selye (1956) suggests that psychological distress arises when individuals are exposed to damaging or stressful events (stressors) that they perceive themselves unable to cope with effectively. Stressors can be psychological, physiological, or social demands, requiring action or attention and perceived by the individual as threatening in some way. These demands may be internal (related to self-image) or external (such as bereavement or increased workload). The key defining feature of the construct of psychological distress, is that it arises from the individuals subjectively perceived inability to cope with the demand, explaining why individuals may respond differently to the same stressor (Jones & Johnston, 1997). The required resources or skills to cope with the demand may be psychological (e.g., problem solving skills or resilience), socio-economic (e.g. money or supportive relationships), or cognitive (e.g. attention or concentration). Another defining feature of psychological distress is its transience, in other words, the fact that when the demand or stressor has been addressed or removed, the distress should abate (Phillips, 2009). This conceptualisation positions psychological distress as being a 'normal' or congruent emotional response to an event, environment, or experience. Carol Ryff asserted that

responding to negative experiences with *sadness, pain, frustration, fear, disappointment, anger, or shame'* is '*central to healthy functioning'* (2003, p154), emphasising that recognising psychological distress as a distinct construct offers an alternative to pathologizing what may be normal emotions experienced within student populations. Moreover, the recognition of psychological distress as a distinct construct allows scrutiny of the environmental demands from which distress may arise. It is also important to note that from a health promotion perspective, psychological distress is a central construct to consider given that if unmanaged – elevated distress can have significant negative effects on mental health, with research suggesting it can precede serious mental illness (Deasy et al, 2014; Horwitz, 2007) Furthermore elevated psychological distress has also been associated with suicidal ideation and maladaptive coping strategies, including substance misuse, in student samples (Deasy et al., 2014;Eskin et al., 2016)

For the purpose of this thesis psychological distress is defined as follows: it is an emotional or affective state characterized by angst, stemming from one or multiple stressors or demands, for which the individual lacks or perceives they lack the personal or social resources to resolve

The nature of the student experience involves concentrated periods of acute demands, relating to, for example, transition, finances, and academic assessments. Numerous studies highlight university as a period of heightened demands and stressors for students. Additionally, emerging adulthood, the developmental stage to which the majority of UK undergraduate students belong, is suggested to render individuals more vulnerable to the negative impacts of environmental stressors (Brougham et al., 2009). In a university context, distress can be conceptualised as a response to the overwhelming levels of competing demands experienced by students throughout their university journey, emerging when a student lacks the capacity to meet those demands (Adom et al., 2020). It is reasonable within this conceptualisation to expect universities to acknowledge the environmental demands that may lead to psychological distress and to provide resources to effectively address instances of distress.

However, there is a limitation to this conceptualisation of psychological distress that warrants attention. This definition may overly focus on the distress itself rather than its antecedents, thereby placing the entire responsibility for both experiencing and managing that distress on the individual student. This approach risks implying a deficiency in the individual's response to their environment, exemplified by the toxic notion of the "snowflake generation," which suggests that increased distress in youth or student populations is simply due to a lack of individual resilience or "grit.". Psychological distress experienced by students can be better

understood as a result of the tension between an individual and the characteristics of the social world (Harbin, 2014, p. 101). Pathologizing these disturbances can be detrimental to individuals and may lead to an avoidance of critically examining the social and environmental conditions that may contribute to psychological distress. To mitigate this risk, this thesis aims to contextualise the psychological experiences of students within the broader socio-economic and political context of contemporary higher education, thereby redirecting responsibility for addressing heightened distress away from solely the individual experiencing that distress. Applying the construct of psychological distress to the student experience allows for an examination of both individual responses to environmental stress and the environmental demands and stressors themselves.

This chapter will now move onto exploring the third key construct explored within this thesis, that of wellbeing.

3.5   Conceptualising wellbeing

The term "wellbeing," in contrast to "illness," carries inherently positive connotations. However, the concept is associated with a multiplicity of theories, constructs and definitions each with each with its own core concepts, theoretical biases, and purposes. While it's evident that wellbeing is associated with a positive human state or experience, its complexity and multidimensionality have hindered consensus within the field of psychology (Pollard & Lee, 2003). This lack of consensus has resulted in an overly broad and ambiguous understanding of the concept (Jayawickreme et al., 2012). In contrast to mental illness which, regardless of positionality on causation, can be measured through defined symptoms, there is no such classification or consensus regarding wellbeing. This lack of clarity extends to the terminology used to describe the overall construct (e.g., wellbeing, happiness, life satisfaction, subjective wellbeing, psychological wellbeing, etc.), its definition, and the domains or factors that provide evidence of the construct. The theoretical ambiguity surrounding the construct of wellbeing naturally leads to significant variations in operationalisation and measurement within empirical research. The consequences of these variations are that they hinder the ability to compare research findings and thus accurately infer the state of wellbeing within student populations (Das et al., 2020).

A recent systematic review of instruments designed to measure wellbeing over a period of 20 years, identified 99 different measures encompassing 196 individual dimensions of wellbeing (Linton et al., 2016). The review also highlighted that many of these measures lacked an explicit theoretical foundation and showed significant conflation between determinants or influencing factors of wellbeing, the experienced state or feeling of wellbeing, and the

outcomes or consequences of wellbeing. Despite the lack of consensus in both definition and measurement, wellbeing is an important construct in the exploration of student experiences. It offers a framework to elucidate the relationships and distinctions between wellness, in its broadest sense, and illness

The term "wellbeing" encompasses a broad spectrum of perspectives and focus, ranging from physical health to psychological states, social relationships, and overall life satisfaction. Empirical inquiry into wellbeing is guided by two distinct philosophical foundations. Thus, positioning an exploration of the construct of wellbeing within contemporary psychology involves first considering its philosophical foundations and the assumptions inherent in those approaches.

While philosophers have offered multiple perspectives on what it means to 'be well' or live a 'good life', the hedonic approach, rooted in ancient Greek philosophy and later developed by thinkers such as Jeremy Bentham and John Stuart Mill, emphasizes the pursuit of pleasure and the avoidance of pain as central to wellbeing. Most associated with ancient scholars such as Aristuppus & Epicurus, for whom the very purpose of life was the pursuit of the experience of sensory pleasure and happiness (Soccio, 2009), this perspective equates wellbeing with happiness and the subjective experiences of pleasure and contentment. Measurement instruments derived from the hedonic tradition typically focus on assessing individuals' affective states, life satisfaction, and subjective experiences of wellbeing. In contrast, the eudaimonic approach draws inspiration from Aristotelian philosophy and emphasizes the pursuit of human flourishing and the realization of one's potential as central to wellbeing (Weiss, 1979). From this perspective, wellbeing is not solely contingent on momentary pleasures but is instead tied to the fulfilment of intrinsic human needs, the cultivation of virtues, and the pursuit of meaningful life goals (Ryan, 2001). The eudaimonic conceptualisation of wellbeing therefore is focused not on achieving a subjective state of positive emotion, but on the behaviours and individual choices people make aimed at making their life worthwhile. Measurement instruments derived from the eudaimonic tradition often assess individuals' sense of purpose, personal growth, autonomy, and the quality of their social relationships.

These two philosophical traditions not only shape how wellbeing is conceptualised within contemporary psychological research but also influence the design of research studies, the selection of measurement tools, and the interpretation of findings. Scholars adopting a hedonic perspective may prioritise the assessment of subjective happiness and life satisfaction, (e.g., Bradburn, 1969; Diener, 1984; Kahneman et al 1999). Hedonic psychology is also

associated with theories which seek to explain the satisfaction of preference, or wanting (Dolan et al., 2006). In contrast those adopting a eudaimonic perspective may focus on indicators of self-actualisation, personal development and psychological functioning (e.g., Csikszentmihalyi, 2000; Ryff, 1989; Waterman, 2011). Moreover, the choice of philosophical perspective can have profound implications for how interventions aimed at enhancing wellbeing are conceptualised and implemented. For instance, interventions informed by a hedonic perspective may emphasise increasing happiness or positive affect and reducing negative emotions, whereas those informed by a eudaimonic perspective may prioritise promoting personal growth, fostering meaningful social connections, and facilitating the pursuit of meaningful goals (Ryan, 2001)

These two philosophical perspectives have heavily influenced contemporary perspectives of wellbeing within psychology and the distinction between hedonic and eudaimonic psychology can be distilled into the question of whether wellbeing is characterised by a pleasant life or a meaningful life. For some psychologists and researchers, hedonia and eudaimonia are distinct concepts both theoretically and operationally (e.g. Kahneman, 1999; Ryff, 1989). Others however caution against an uncritical acceptance of this distinction suggesting that the approaches are potentially compatible and simply represent different aspects of the same broad construct of wellbeing (Biswas-Diener et al., 2009; Huta & Waterman, 2014; Peterson et al., 2005). When considering the population of interest in this thesis, the extant empirical research is guided by these paradigms and as such is concerned with different aspects of psychological, developmental and social process and their interactions with wellbeing. It is therefore crucial to both acknowledge and critically engage with these philosophical traditions and their associated theoretical models and measurement instruments.

3.5.1   The Pleasant Life: hedonic perspectives on wellbeing

Hedonic perspectives within psychology primarily centre on individual subjective assessments of cognitive and affective evaluations regarding quality of life. In simpler terms, they focus on how individuals feel and evaluate their life satisfaction. These perspectives emerged as a response to the predominance of attention on illness and disorder within psychology, seeking to highlight overlooked constructs such as happiness, positive affect, and life satisfaction (Dodge et al., 2012). Norman Bradburn's seminal research in 1969 significantly influenced the field of hedonic psychology. He was among the first researchers to empirically investigate subjective affective states. Bradburn hypothesised that the balance between an individual's positive and negative mood states could quantitatively represent their level of quality of life or wellbeing (Harding, 1982). Bradburn's theoretical foundation assumed that positive and negative mood states are opposite ends of a single spectrum and highly correlated. In other

words, the removal of a negative mood state, such as sadness, would correspondingly increase a positive mood state, such as happiness (Van Schuur & Kruitbosch, 1995) In fact, he discovered this was not the case and that positive and negative affect, while related dimensions are only weakly correlated. This finding, which has been supported by subsequent research, suggests that the absence of a negative feeling does not necessarily indicate the presence of a positive one. This implies that when assessing a person's overall hedonic wellbeing, both positive and negative affect should be treated as distinct dimensions which are measured independently (Cherlin & Reeder, 1975; Costa & McCrae, 1980; Harding, 1982; Headey, 2006; Lee & Ogozoglu, 2007; Watson et al., 1988). Bradburn's early work has significantly influenced the ongoing development of the field of hedonic wellbeing, which continues to focus predominantly on subjective assessments of affective mood states and quality of life as indicators of wellbeing.

Research and theory within the hedonic framework have primarily focused on aspects of wellbeing such as enjoyment, pleasure, and satisfaction, with a concentration on present-moment experiences and subjective evaluations (e.g., Diener et al., 1999; Fowers et al., 2010; Huta & Ryan, 2010; Waterman, 1993). Arguably the most dominant theoretical model in this tradition is that of Subjective Wellbeing (SWB) (see Figure 1), associated with Diener (1984). The SWB model proposes that wellbeing is a subjectively evaluated construct consisting of three distinct measurable domains: positive affect, negative affect and satisfaction with life (Diener et al., 1999).

Figure 1 representation of Dieners (1984) model of subjective wellbeing (SWB)
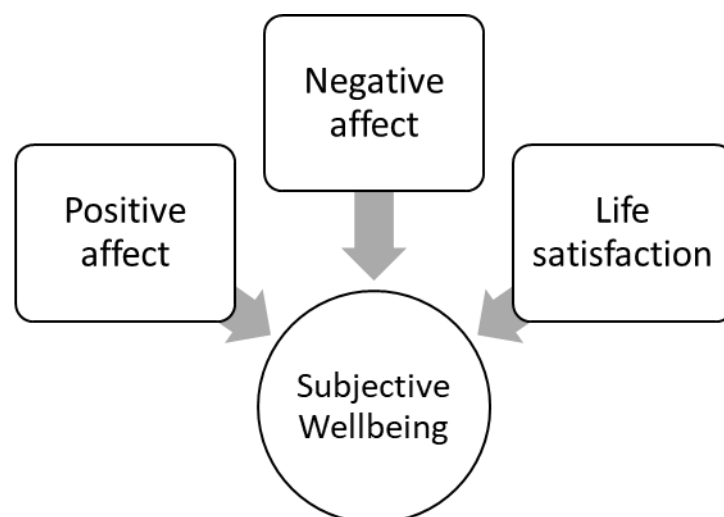
The Subjective Well-Being (SWB) model asserts that an individual with robust subjective well-being typically experiences heightened levels of pleasant emotions and moods, diminished levels of unpleasant emotions, and has a strong overall satisfaction with life (Diener, 1984).

Crucially, this model rests on the belief that the assessment of well-being, and consequently the ability to gauge it, resides solely within the individual's experiences. The foundational premise of subjective well-being specifies that the authority to evaluate mood, quality of life, and wellbeing inherently lies with the individual, and any external judgments regarding an individual's wellbeing are inherently value-laden, influenced by the evaluator's values framework (Alexandrova, 2005; Diener, 2009). Diener posits that evaluating the dimensions of SWB is primarily cognitive in nature, necessitating respondents to engage in reflection and introspection about their lives (Lucas, 2018). Consequently, empirical research on SWB predominantly relies on self-report measures, such as the Satisfaction with Life Scale (Diener et al., 1985), which assesses overall quality of life through a single item, and instruments measuring affect or emotional state, such as Fordyce's measure (1983), which asks respondents to rate the percentage of time they experience various mood states.

Despite evidence underscoring the reliability and validity of such measures (Anusic & Schimmack, 2016; Lucas & Donnellan, 2012; Sandvik et al., 1993), research also indicates that psychometric measures of SWB are particularly sensitive to framing effects and transient influences such as mood at the time of measurement. Moreover, they may be vulnerable to inherent biases in individual participants' evaluations and judgments of life (Diener et al., 2012; Schwarz & Strack, 1999; Veenhoven, 2006). Theories of social cognition propose that participants' evaluations of life satisfaction are not mere reflections of their internal emotional states, but rather complex constructions which are highly sensitive to contextual changes. These may include perceptions of and relationship with the interviewer, the survey environment, the time of measurement, the question order, and even weather conditions at the time of inquiry (Alexandrova, 2005; Lucas, 2018). Critiques of the model and associated measurement tools suggest that over 70% of variance in subjective well-being measures can be explained by participant mood during data collection, indicating that individuals often conflate temporal mood states with overall life satisfaction judgments (Graham, 2011; Veenhoven, 2006).

Despite these limitations, subjective well-being and its psychometric tools are consistently and extensively utilised in measuring wellbeing across diverse populations, offering some capacity to compare wellbeing levels among them. However, it has been argued that the hedonic perspective presents a somewhat narrow perspective of human well-being (Dodge et al., 2012). Critics of SWB argue that judgments of temporal mood states may not adequately capture the nuances of a fulfilled life, nor do positive emotions compensate for a life devoid of meaning or accomplishment (Jayawickreme et al., 2008). Furthermore, critics contend that hedonic accounts, including SWB, *"ignore the multifaceted nature of well-being"* (Forgeard et

al., 2011, p. 81). These criticisms are addressed by research and theory emerging within the eudaimonic tradition, which will be explored next.

3.5.2   The Meaningful Life; eudaimonic perspectives of wellbeing

The central critique levelled at hedonic conceptualisations of wellbeing is that they suggest an equivalence between feeling good and experiencing a life of meaning (Ryff & Singer, 2008). Aristotle himself likened the pursuit of happiness to 'a *life suitable for beasts'* (Aristotle/Ross, 1925, p.6). More recently, it has been argued that positive emotions and life satisfaction can be experienced as a result of immoral, illegal, and unhealthy behaviours, making the hedonic interpretation of well-being problematic (Nelson-Coffey & Schmitt, 2023). Eudaimonia offers an alternative perspective in which wellbeing is distinguished from the mere experience of happiness recognising that the pursuit of meaning in life may, at times, be associated with emotional challenge and exertion (Ryan, 2001). Eudaimonic well-being is considered a state of being in which a person is engaged in living authentically in accordance with their own values (Waterman, 1993) and in which one reaches their fullest human potential (Ryff, 1995). In general, eudaimonia is a less well-defined concept within psychology than hedonia, and research in this tradition is concerned with a much broader range of concepts and constructs than those encompassed within hedonic psychology, which are limited to emotional affect and life satisfaction.

Eudaimonic wellbeing is described as encompassing a 'multiplicity' of theoretical and operational definitions (Huta & Waterman, 2014) and as having no single theoretical or explanatory framework (Kashdan et al, 2008) which means that any perspective of wellbeing which is not concerned with affect tends to fall into the eudaimonic category by default. However key scholars within the tradition, for example, Carol Ryff, have provided comprehensive theoretical models of eudaimonic wellbeing. Broadly speaking, if hedonic perspectives can be understood as being focused on how people feel, then theories which fall into a eudaimonic category are more concerned with the ways in which what people 'need' and what people 'do' in order to influence their wellbeing. Researchers, theorists and scholars in the eudaimonic perspective recognise the importance of both positive and negative affect in healthy psychological functioning and therefore do not consider wellbeing as being defined by the absence of negative emotions. Instead eudaimonic wellbeing is focused on functioning, meaning and self-actualisation. Two dominant models' in the eudaimonic tradition are Ryff's (1989) Psychological Wellbeing (PWB) and Ryan and Deci's (2000) self-determination theory (SDT). Both models are similarly concerned with self-actualisation, optimal functioning and the fulfilment of psychological needs.

The model of psychological wellbeing (see Figure 2) presents wellbeing, or optimal functioning as being multifaceted and constructed of or influenced by six factors or dimensions. In its creation, Ryff reviewed seminal works from the fields of humanistic, clinical and developmental psychology to draw out key areas of convergence and present a comprehensive theoretical model of wellbeing. Ryff's model is therefore heavily influenced by, among others, seminal developmental and humanistic psychologists such as Maslow (1968), Erikson (1959) and Rogers (1962), as well as utilitarian philosophers Mill (1893) and Russell (1930). The model encompasses evaluative aspects of the self and others, values of purpose and meaning, the drive to develop and grow, and the ability to manage one's self and one's environment (Ryff & Keyes, 1995; Ryff & Singer, 2008)

Figure 2 Representation of Psychological Wellbeing Model (Ryff, 1989)
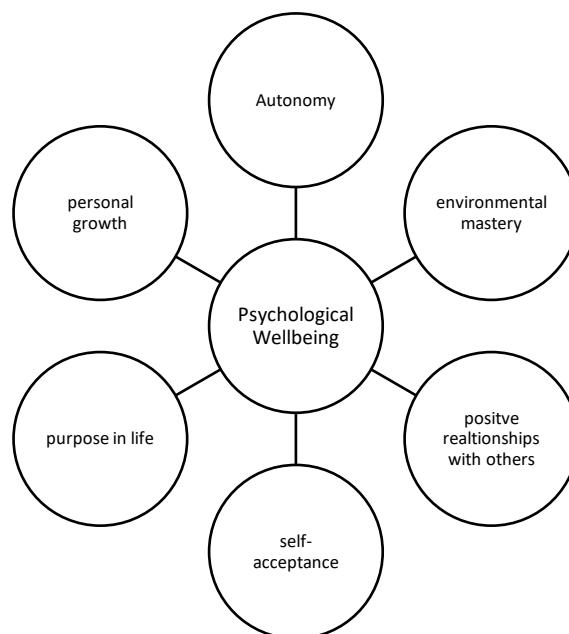
The Psychological Well-being (PWB) model, as developed by Ryff, identifies six key factors crucial to healthy human functioning: autonomy, positive relations with others, environmental mastery, personal growth, self-acceptance, and purpose in life. Autonomy entails making one's own choices and decisions, fostering a sense of self-determination. Positive relations with others emphasize meaningful social connections. Environmental mastery involves managing circumstances effectively and taking advantage of opportunities. Personal growth denotes experiencing progress and developing individual strengths. Self-acceptance pertains to self-awareness and acknowledgment of one's strengths and weaknesses. Purpose in life signifies identifying and striving to achieve meaningful goals. This model frames wellbeing as both an intrapersonal and interpersonal phenomenon, measurable through empirical means. In contrast to the subjective wellbeing model, Ryff's conceptualisation emphasizes actions and behaviours rather than solely cognitive evaluations (Ryff & Singer, 2008).

Ryff designed the Psychological Wellbeing scales to offer a theoretically grounded measure of eudaimonic wellbeing. These scales provide aggregated scores indicating respondents' overall wellbeing levels, with higher scores indicating greater wellbeing, along with scores for each dimension. Since their development in 1989, various studies have evaluated the factorial validity of these scales through confirmatory factor analysis. Although some studies proposed alternative factor solutions (e.g., Burns & Machin, 2009; Shyrok & Meeks, 2018), most provide robust evidence supporting the six theory-driven factors within the model (e.g., Cheng & Chan, 2005; Kallay & Rus, 2014; Van Dierendonck, 2004). Despite these occasional inconsistencies in reliability and validity, researchers routinely employ the model and associated scales across diverse populations. However, like all self-report measures, these scales are subject to the inherent limitations of self-report measures.

A notable critique of the PWB model pertains to the tension between universalism and relativism (Gough, 2004). The model seems to imply that everyone's wellbeing has the same influencing factors and moreover that everyone possesses the same capacity to act in ways that might enhance their wellbeing, irrespective of cultural, socio-economic, or demographic characteristics (Rostosky et al.,2018; Velez et al., 2017). Moreover, the model's inherent Western conceptualisation may not fully resonate with collectivist societies, where identity often extends beyond the individual to encompass familial or communal ties (Christopher, 1999; Lambert D'raven & Pasha-Zaidi, 2016). These criticisms certainly do not negate the utility of the model and associated measures which have been validated in diverse populations. Nevertheless, as Ryff and colleagues have acknowledged, cultural contexts shape ideals of human well-being and the practices aimed at fostering them (2014, p.1). Given the diverse nature of UK student populations, universities must consider these cultural nuances when designing well-being interventions.

Ryan and Deci's Self Determination Theory (SDT) offers a similar model of self-actualisation to PWB and is situated in a wider framework of 'organismic psychology' (Ryan, 1995). This framework assumes that humans have intrinsic tendencies or motivations toward psychological growth. Other seminal theories within this framework include Piaget's theory of cognitive development (1952) and Roger's actualising tendencies (1957). SDT posits that individuals are intrinsically and inherently motivated to meet three basic psychological needs, the fulfilment of which subsequently influence psychological growth and wellbeing.

The three basic psychological needs in SDT are connectedness, autonomy and competence (see Figure 3)

Figure 3 Representation of Ryan & Deci's (1995) Self Determination Theory
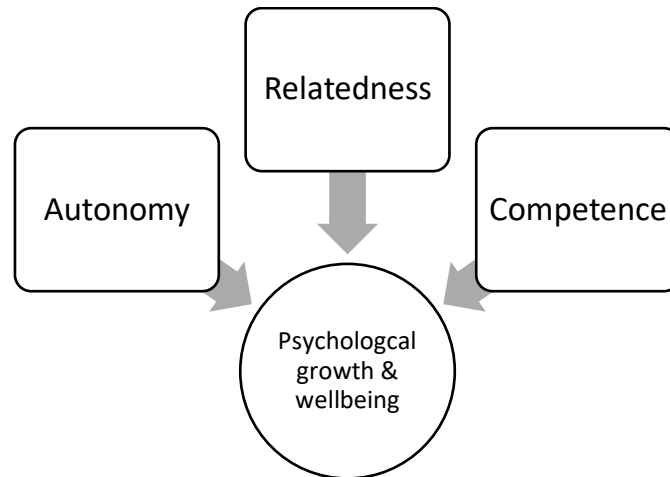
In SDT, autonomy is defined as an individual's conviction in their capacity to select their own behaviours and actions. Competence refers to a person's ability to master the challenges associated with their environment and finally relatedness refers to an innate inclination in individuals to forge social connections with others. Within this framework, wellbeing is construed as eudaimonic, emphasizing optimal human functioning and growth. Empirical research has consistently provided evidence for the validity of the model, identifying a positive correlation between the fulfilment of basic needs and wellbeing (e.g., Church et al., 2012; Milyavskaya & Koestner, 2011; Patrick et al., 2007).

Although the three basic needs identified in Self-Determination Theory (SDT) are also reflected in Psychological Wellbeing (PWB), albeit under different terminologies, SDT offers a different perspective in that it considers the motivations which drive individuals to attend to these factors. Consequently, SDT addresses some of the limitations of PWB by accounting for the external conditions influencing the fulfilment, frustration, or outright thwarting of these basic needs within specific environments and social contexts (Deci & Ryan, 2000; Ryan, 2009; Vansteenkiste & Ryan, 2013). For instance, when considering student populations, psychological distress may be attributed to the frustration or thwarting of basic needs within a learning environment. Gilbert et al. (2021) discovered that thwarted relatedness, particularly in peer interactions, significantly predicted psychological distress among a sample of 1855 Canadian undergraduate students. Similarly, Manning (2012) contends that the teaching methodologies and feedback mechanisms employed in teaching a sample of law students,

frustrated students' autonomy and competence, correlating with heightened psychological distress. Moreover, research conducted during and post the COVID-19 pandemic has identified the adverse effects of restrictions and isolation, including university closures, on individuals' ability to fulfil their basic needs and consequently on their wellbeing (Capon-Sieber et al., 2022; Holzer et al., 2021; Muller et al., 2021; Sakan et al., 2020). These findings underscore the myriad ways that universities might influence students' eudaimonic wellbeing by either through supporting or thwarting students' abilities to fulfil their basic psychological needs.

To summarise the two perspectives thus far presented, hedonic wellbeing can be defined as an individual's evaluation of their own happiness and satisfaction with life, while eudaimonic wellbeing can be defined as the extent to which an individual is functioning optimally across a number of dimensions. It is however important to note that the distinctions between hedonic and eudaimonic, perspectives and the models they have developed, is by no means uncontested. Proponents of integrated models would argue that wellbeing is a construct which combines *both* an evaluation of happiness and satisfaction with life *and* the ability to thrive, in other words, feeling and functioning. Consideration will now be given to some of the key integrated approaches to theoretically modelling wellbeing.

3.5.3 Integrated approaches to wellbeing; Flourishing Models

The emergent field of positive psychology has seen a proliferation of research and scholarship which has included the development of models which integrate both the hedonic and eudaimonic perspectives of wellbeing. Integrated models, for example Seligman's (2011) 'PERMA' model & Keyes's (2002) 'Complete Mental Health' are based on the perspective that the dimensions of hedonic and eudaimonic models are broadly complementary. Conceptual frameworks which are based on this integrated approach have been referred to as 'flourishing' models - flourishing indicating positive wellbeing (Henderson & Knight, 2012). Flourishing models typically include both hedonic and eudaimonic components and incorporate psychological, emotional and social factors. Keyes (2002) was the first to utilise the term flourishing. At the time of writing there are four primary flourishing models with significant similarities in terms of conceptual operationalisations (see Table 1; Conceptualisations of Flourishing)

Support for these theoretical flourishing models is robust, with researchers finding that the factors associated with hedonia and eudaimonia overlap and interact in complex ways (Huta, 2015; Kashdan et al., 2008; King & Napa, 1998). This research indicates that while experiencing positive emotions and achieving optimal functioning may appear as distinct factors, they are in fact highly correlated. For example, numerous studies have demonstrated that individuals

motivated toward personal growth, meaning and autonomy tend to report higher life satisfaction and positive emotions (Batson & Powell, 2003; Emmons, 1986; McAdams & de St. Aubin, 1992; Sheldon & Niemiec, 2006).

Table 1; Conceptualisations of Flourishing

Keyes (2002) Complete mental health	Huppert & So (2009)	Diener et al. (2010) Flourishing Scale	Seligman et al. (2011) PERMA
Positive relationships	Positive relationships	Positive relationships	Positive relationships
Interest	Engagement	Engagement	Engagement
Purpose in life	Meaning	Purpose & meaning	Purpose & meaning
Self-acceptance	Self -esteem	Self-acceptance & self esteem	
Happiness	Positive emotion		Positive emotion
-	Competence	Competence	Accomplishment/competence
-	Optimism	Optimism	-
Social contribution	-	Social contribution	-
Social integration	-	-	-
Social growth	-	-	-
Social acceptance	-	-	-
Social coherence	-	-	-
Environmental mastery	-	-	-
Autonomy	-	-	-
Personal growth	-	-	-
Satisfaction with life	-	-	-
-	Emotional stability	-	-
-	vitality	-	-
-	resilience	-	-

A recent study mapping hedonic and eudaimonic wellbeing indicators in a sample of 2393 US adults found that in 70% of the sample, high eudaimonic wellbeing correlated with high hedonic wellbeing, and vice versa (Pancheva et al., 2021). Notably, in the remaining 30% of the sample with divergent wellbeing profiles, factors such as age, gender, and level of education significantly influenced this relationship. This convergence between hedonic and eudaimonic approaches can be conceptualized by considering hedonic wellbeing as an experienced state of happiness and eudaimonic models as identifying the factors influencing or determining that state (Kashdan et al., 2008). In other words, individuals who function optimally, are motivated towards personal growth, and can meet their basic psychological needs are more likely to experience positive emotions and evaluate their lives positively—ultimately flourishing. Conversely, individuals struggling to function optimally within their environment are less likely to evaluate their overall emotional state positively. In terms of empirical support for the operational measurement of these theoretical constructs, there are some limitations. Other than Keyes' model, which has a large body of empirical evidence supporting its utility as a psychometric measure of wellbeing, the other three are at a much earlier stage in terms of evidencing their validity (Hone et al, 2014). Nevertheless, the concept of flourishing may offer an alternative means of considering and describing the holistic psychological, social, and emotional wellbeing of students.

For the purposes of this research, wellbeing is defined as a multidimensional state of social, emotional and psychological functioning relative to a person's social and environmental context. This definition most closely aligns with Kiefer's (2008) definition of wellbeing as *"an individual's physical, mental, social and environmental status with each aspect interacting with the other and each having differing levels of importance and impact according to each individual."* (p.244). Wellbeing is understood as being dynamic, influenced by various social, cultural, environmental, physical, and psychological factors. It encompasses both positive and difficult emotions, acknowledging that the latter are normal and essential aspects of human functioning (Huppert, 2009) and the former play a role in flourishing. Wellbeing as a state of optimal functioning is the definition most closely associated with the eudaimonic perspective and unlike flourishing which is conceptually and empirically in its infancy, the approach offers most appropriate framework to underpin a study of student wellbeing. Factors relating to eudaimonic wellbeing, for example personal growth and development, competence, autonomy and social relationships, may have particular significance to the ways in which students function within a university context. Moreover, the opportunities to help students develop in these areas is also arguably, something which universities are positioned to facilitate through pedagogy, policy and structure.

Whilst definitions have been offered for three key constructs, mental illness, wellbeing and psychological distress, the ways in which these three constructs interact is a key consideration in the context of student mental health and wellbeing. Arguably, it is the conflation of these key constructs and the failure to articulate their relationship with each other which has fuelled the discourse of a student mental health crisis. The relationships between mental illness. psychological distress and wellbeing are complex and will be explored next.

3.6 The relationship between mental illness, psychological distress and wellbeing.

The burgeoning interest in positive psychology since the 1960's has clearly identified that the absence of mental illness does not infer the presence of positive wellbeing. This chapter has thus far presented evidence of related yet distinct constructs. Mental illness or health being defined by the presence or absence of symptoms; wellbeing being a state of optimal or sub-optimal functioning and psychological distress being a transient affective state brought about by environmental stressors. The nature of the university student population means that not only do the majority fall within the age range of peak onset of mental illness, (Kessler, 2010) but they are also subject to a wide range of developmental, environmental and transitional life challenges. This means that within student populations mental illness will co-exist alongside psychological distress and wellbeing in dynamic and complex ways.. Frameworks of health and illness are often presented either as binary models positioning health and illness at opposite ends of a single continuum (e.g. Chen at al., 2020), or as stage models which represent a series of steps from wellness to distress and then from distress to illness (e.g., Patel, 2017). However, such models present a limited perspective, suggesting that individuals merely move bidirectionally from one state to another, occupying only one state at a time. While this representation may suffice for certain physical health issues, it fails to adequately capture the complexity of relationships between dimensions and allow for consideration of healthy psychological development and functioning (Joshanloo & Nostratabadi, 2009; Westerhof & Keyes, 2010). In order to effectively promote health both salutary (health promoting) and health decreasing factors need to be considered and attended to (Hewis 2023)

In 1958 Marie Jahonda, a seminal figure in the development of mental health and wellbeing theory, suggested *'it is unlikely that the concept of mental health can be usefully defined by identifying it with the absence of disease'* (p.14). This articulation emphasises the idea that positive functioning, happiness, and a meaningful life are predicated on factors beyond the mere absence of illness. Even in the presence of symptoms, individuals can flourish in life. A dual continuum model of mental health and wellbeing, as represented in Figure 4, is one theoretical model which goes some way toward representing the co-occurring nature of the

constructs of mental illness, wellbeing and psychological distress, as well as the complex interactions between the constructs.

Dual continuum, or dual factor models, have been proposed by several scholars, but are most often attributed to Keyes (2002). This model represents a departure from purely psychopathological models, where individuals shift between states of health and illness. Instead, it integrates theories of health and illness with broader aspects of human psychological functioning and adaptation, emphasizing wellbeing. The model positions the constructs of mental illness and wellbeing as conceptually distinct, however closely related and co-occurring.

Figure 4 Dual continuum model of mental health and wellbeing (adapted from Keyes 2002)
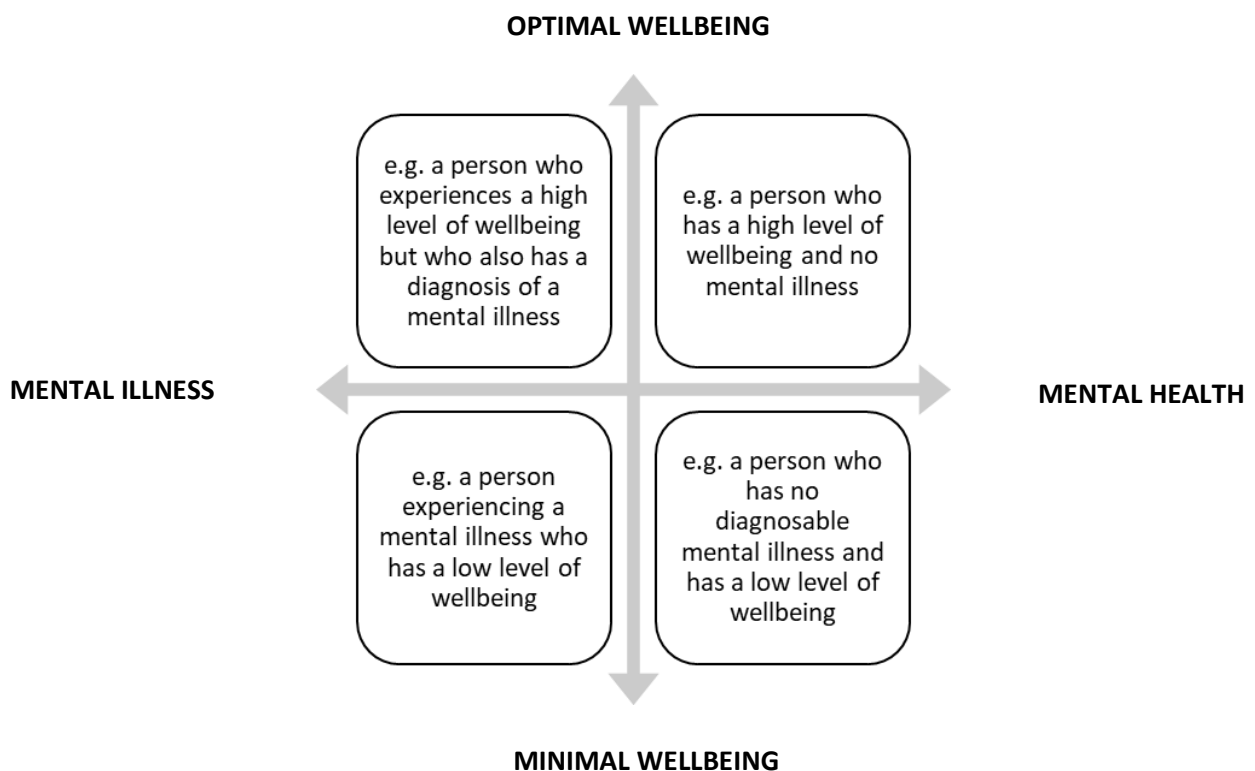
The dual continuum model is advantageous in research as it allows for the independent description and measurement of concepts, while recognising the complex interactions between them. The model is particularly relevant form a health promotion perspective as is offers avenues for proactive as opposed to simply reactive approaches to responding to mental health and wellbeing thus being of particular relevance to the aims of this thesis. Central to this model is the assertion that individuals can experience positive wellbeing even while concurrently diagnosed with a mental illness (Goodman et al., 2018; Keyes, 2005).

Furthermore, the model allows for consideration of psychological distress as resulting from poor wellbeing as opposed to being a symptom of mental ill-health.

Empirical research investigating the validity of the dual-continuum model has consistently found evidence for two distinct factors or constructs albeit with some level of intersection (e.g., Eklund et al, 2010; Keyes, 2005; Kim et al., 2014; Magalhaes & Calheiros, 2017), including among university student populations (e.g., Durand-Bush et al., 2015; Peter et al., 2011). There is also evidence to suggest that the two concepts have differential influencing or causal factors across a diverse range of samples (e.g., Iasiello et al., 2020; Patalay & Fitzsimons, 2016; Stewart-Brown et al., 2015). Evidence of the criticality of considering mental health, wellbeing and psychological health as separate constructs is illustrated Teng and colleagues (2015) study. The results of this study indicated that on a validated measure of clinical illness, 39% of the sample would be considered a diagnostic case. However, using a measure of subjective wellbeing, 75% of the same sample reported satisfaction with their life and were considered to have high hedonic wellbeing. Yet on a measure of eudaimonic wellbeing, only 16% of the sample were considered to be flourishing. While this was a small study with a sample of only 117 emerging adults, it perfectly illustrates how data relating to these complex constructs can be misinterpreted when considered in isolation. This argument is reinforced by Weich and colleagues (2011) who, in analysing data from a large sample of 7293 adults in England, identified that indicators of wellbeing were largely independent from symptoms of mental illness. This study again treated the constructs and their measurement independently and utilised a measure of eudaimonic wellbeing including items relating to social functioning, self-efficacy and relationships; alongside a measure of clinical symptomology.

Research exploring the relationships between wellbeing, mental health and distress consistently demonstrates that, while separate constructs, there is a correlation between the two, with higher levels of wellbeing associated with lower levels of mental disorder (e.g., Bhullar et al., 2014; Grant et al., 2013; Keyes et al., 2010). This suggests that optimal wellbeing can protect against the development of mental illness and vice versa. This hypothesis has been rigorously tested with results from longitudinal studies suggesting that low wellbeing predicts future risk of mental illness (Lamers et al., 2015; Trompetter et al., 2017). Furthermore, there is evidence that experiencing prolonged or persistent distress can contribute to the development of mental illness in particular by exacerbating underlying vulnerabilities to developing illnesses such as clinical depression or anxiety disorders (Cairney & Streiner., 2010).

Of further interest in the discourse around student mental health and wellbeing is the notion in the dual continuum model that individuals can experience suboptimal wellbeing, including psychological distress, without a diagnosable mental illness, a state described by Keyes (2003) as "languishing," wherein a person is *"devoid of positive emotion toward life and is not functioning well either psychologically or socially"* (p. 293). Keyes (2003) asserted that languishing is more prevalent than clinical depression. The concept of languishing aligns with Ryff's assertion that in the space between those individuals with a clinical mental disorder and those who are psychologically high functioning, may be a stratum of individuals who, whilst not '*dysfunctional*' '*lack many of the positive psychological goods in life*' (Ryff, 1995, p.103). Empirical evidence supports the existence of the 'languishing' state, identifying individuals who do not experience symptoms associated with mental illness but do lack the psychological and social resources which would ensure a state of positive wellbeing (e.g., Greenspoon & Saklofske, 2001; Moore et al, 2019; Suldo & Shaffer, 2008). High levels of Psychological distress might therefore be viewed as an expected result of poor wellbeing characterised by the lack of psychological and social resource in the face of environmental stressors.

Psychological distress has been empirically related to poor wellbeing across a range of student samples, with languishing students experiencing higher levels of psychological distress (e.g., Bore et al., 2016; Mulder & Cashin, 2015; Sood & Sharma, 2020). Bore and colleagues (2016) longitudinally measured the relationship between psychological distress and wellbeing in a sample of Australian undergraduate students. Their findings indicated an inverse relationship between wellbeing and distress at both time points with wellbeing being strongly negatively related to distress. A particular strength of this study was the utilisation of three separate measures of distress which were all strongly correlated. Similar results were identified by Moss & colleagues (2022) who found that in their sample of 241 post graduate research students, that higher scores for wellbeing predicted lower scores for psychological distress. While these studies identified between-person associations, a recent experience sampling study (Kraiss et al., 2023) utilised data collected from a sample of 25 students at 1,014 different time points. The results of this study identified a significant negative in-person association between wellbeing and distress. The use of momentary state-level assessments in this study is of particular relevance as it is more likely to be sensitive to contextual and environmental impacts on individual distress.

The description of languishing or poor wellbeing and its association with heightened psychological distress may better articulate what is happening in student populations than the narrative of a mental health crisis. Indeed, it could be hypothesised that the conflation of the constructs within empirical research and the tendency toward the pathologizing of

psychological phenomena has in fact contributed to a mischaracterisation of the experiences of university students. The literature indicates that positive wellbeing can protect against elevated psychological distress in turn reducing the risk of developing mental illness. It is therefore important to differentiate between all three constructs to consider their relationships to each other. Such findings are particularly significant in the context of student populations and in relation to the aims of this thesis – being to consider settings-based approaches to supporting wellbeing and reducing psychological distress. The findings relating to the dual continuum model, evidence that the adoption of strategies and policies within higher education which seek to promote wellbeing and reduce distress, may help protect students from developing mental illness. This settings-based, health promotion approach arguably sits more comfortably and reasonably within an educational environment than does a response to the treatment of mental illness.

Chapter5 will consider the current empirical knowledge relating to student mental health and wellbeing. Before presenting this evaluation of empirical evidence, the subsequent chapter explains the underlying research paradigm and outlines the research design and methodological approach adopted for this thesis.

Chapter 4 Research Paradigm, Methodology and Design

4.1 Introduction

The preceding chapters have presented both the context and theoretical framework for this thesis. This chapter expands the thesis through its description of the methodology and research paradigm used to address the research problem.

As identified in Chapter 2, there are significant gaps in knowledge in relation to our understanding of the nature of the 'problem' of student mental health and wellbeing in relation to university settings. These gaps have real world implications for both students and for higher education institutes (HEI's). The aim of this thesis is to identify those aspects of the university experience which impact on student distress and wellbeing while critically engaging with prevailing discourses that frame student distress solely as indicative of mental illness. The limitations of the existing literature in the area of student mental health and wellbeing which are presented in the subsequent chapter, alongside the fact that this is a relatively new area of empirical research, meant that an inductive and exploratory approach was favoured. The overarching objective of this thesis is to adopt a pragmatic stance, utilising findings to generate greater understanding and identify interventions to enhance student wellbeing within the research context. The purpose of this chapter is to present the epistemological and ontological assumptions underpinning this thesis. It also outlines the overarching research design and methodology employed. The research design adopted is a sequential mixed-methods approach. Detailed Methodologies for each study are presented within the respective chapters (6, 7, & 8) dedicatmd to that study. The current chapter serves to provide a comprehensive overview and rationale for the methodological decisions guiding the entirety of the thesis and to briefly introduce the rationale for the methods chosen for each component. Ethical approval for all studies was granted by the Ethics Committee of the Faculty of Health Sciences at the University of Hull.

4.2 Research paradigm, epistemology & ontology.

Scientific research is ultimately concerned with the generation of knowledge, with the choice of a methodology and associated set of methods influenced by the researchers' philosophical and ideological assumptions about the nature, process and acquisition of reality and knowledge (Lincoln et al., 2011). Every observation made by a researcher is grounded in their own philosophical and ideological assumptions and this paradigm becomes a lens through which the researcher experiences and perceives scientific endeavour (Bernstein, 1976). The ontological and epistemological assumptions inherent in a particular paradigm guide the interpretation, meaning, and production of knowledge by the researcher. Quantitative (QUAN)

research is rooted in realist and positivist assumptions asserting that reality can be known and is observable and objectively measurable. In contrast, qualitative (QUAL) research is ontologically situated in a framework of relativism which posits that a singular reality does not exist and that multiple truths coexist (Braun & Clarke, 2022). Central to the qualitative paradigm is the epistemological notion that knowledge is constructed through human experience, resulting in different realities for each individual (Adu et al., 2022). Although some perceive the ontological and epistemological assumptions which underpin qualitative and quantitative methodologies as diametrically opposed, a third paradigm does exist – pragmatism.

Pragmatism has given rise to the mixed-methods approaches which can be perceived as bridging the gap between quantitative and qualitative paradigms (Kaushik & Walsh, 2019). Rejecting the notion that a single scientific methodology can definitively reveal objective truths about the real world, pragmatism embraces the idea that there may be single or multiple realities open to scientific exploration. This paradigm is oriented toward generating knowledge with practical and tangible real-world applications, making it particularly suitable for research in social sciences where socially situated problems are addressed, aiming to identify actionable solutions (Kaushik & Walsh, 2019; Yardley & Bishop, 2017). The fundamental tenet of pragmatism as a research paradigm is that researchers should select the methodological approach best suited to the specific research problem and intended outcomes. In the context of this research project, the aim was not to develop theory but to generate knowledge with potential applications in the university context and the wider higher education sector. A pragmatic approach is considered especially relevant in educational research (Badley, 2003). Thus, the pragmatic paradigm and its associated mixed-methodology was deemed most aligned with the objectives of this thesis, informing the design of this research.

4.3   Research design and methodology

The methodology employed in this thesis follows a sequential mixed-methods design, in which each stage of the research builds upon the findings of the previous stage. Sequential mixed-methods research design involves conducting two or more research components sequentially, with dependencies and integration between the components (Creswell & Plano-Clark, 2011; Leech & Onwuegbuzie., 2006; Schoonenboom & Johnson, 2017). A mixed-methods approach incorporates both qualitative (QUAL) and quantitative (QUANT) methodologies giving each approach equal weight. In this thesis, investigation of the topic is advanced through the use of both exploratory and descriptive approaches supporting iterative development of research questions and methods at each stage. Exploratory research is utilised to investigate phenomena where limited extant evidence already exists. As such it is helpful in establishing

aspects of the topic which warrant further investigation (Grimes & Schulz, 2002). Descriptive research advances a topic of inquiry by observing and analysing relationships between variables, most commonly through the use of cross-sectional research methods (Siedlecki, 2020). The individual studies within each stage each employ separate design and analysis techniques, using the most appropriate methods to respond to the research question. Although more complex than research designs favouring a single QUAL or QUANT approach; the sequential mixed-methods approach facilitates iterative knowledge building to enable a comprehensive understanding of the research problem. Integration points, where analysis and results converge, ensure coherence and may occur once or multiple times across the research (Teddlie & Tashakkori, 2009). The present research began with a broad aim – to develop an understanding of the impact of university life on the mental health and wellbeing of undergraduate university students. The design employed allowed research questions to be iteratively refined and developed through integration and synthesis of findings, generating knowledge which could be utilised to improve student wellbeing at a population level.

As stated, central to a mixed-methods research design is the application of both quantitative and qualitative methodologies, where the research aims and questions dictate the design. A particular benefit to this approach is that the Integration of both QUAL and QUANT data collection and analytical frameworks enriches research quality by approaching problems from multiple perspectives (Fetters et al., 2013). Rather than being treated as opposing modes of research, in a mixed method design the ability for QUAL and QUANT data to validate and inform each other is emphasised. By capitalising on the inherent strengths of both QUAL and QUANT methodologies, a mixed-methods approach enhances and enriches understanding of complex social and psychological phenomena. Moreover, this design supports exploration of the research topic through multiple perspectives and positions, which was the primary rationale for its application to this thesis. The choice of a sequential mixed-methods design in this thesis aims to expand and develop the breadth of inquiry and enhance the utility of the research findings. By combining real-world service data from university mental health service users with empirical qualitative and quantitative data collected directly from students, the thesis is firmly grounded in student experiences, thus enhancing the validity of subsequent results and inferences. The research design is represented in **Error! Reference source not found.** following which each component is then briefly described.

Table 2 Studies conducted, their aims, research questions addressed and methodological approaches used

Study	Aim:	Research questions	Methodological approach
Lit review	To critically engage with the 'mental health crisis discourse' and to ascertain whether there is evidence to support this discourse	What does the current empirical research tell us about the prevalence & incidence of mental illness in student populations?	Review of literature (chapter 5)
1		Is there evidence of an increase in the numbers of students accessing university mental health and wellbeing services in the UK between academic years 2016/17 and 2021/22?	Exploratory descriptive analysis of service delivery data from university mental health and wellbeing services (Chapter 6)
		What are the needs and concerns which drive utilisation of a university situated mental health & wellbeing service?	
		Are there any observable associations between service utilisation and the university environment or activity?	
2	To engage with students lived experience to identify those aspects of the student experience which most impact on wellbeing	What role do undergraduate students perceive the context of university to have in relation to their wellbeing?	Exploratory Qualitative study employing a nominal focus group design (Chapter 7)
		What factors, both individual and institutional impact on student wellbeing?	
		How do undergraduate students perceive & describe the qualities and behaviours of a flourishing and languishing student?	
3	To investigate associations between the student supervisor relationship and student wellbeing	Is there a statistically significant relationship between Perceived Quality of Student-Personal Supervisor Relationship and Psychological Wellbeing (PWB), Sense of Belonging (SoB) and Academic Engagement (AcE)?	Descriptive quantitative study employing a cross sectional survey approach (Chapter 8)
		Can Perceived Quality of Student-Personal Supervisor Relationship predict Psychological Wellbeing (PWB), Sense of Belonging (SoB) and Academic Engagement (AcE)?	
		Does timetabling personal supervisory sessions have any impact on Perceived Quality of Student Personal Supervisor Relationship?	

4.3.1 Literature review and study one: Is there evidence of a student mental health crisis?

The initial objective of this thesis (presented in Chapters 5 and 6), was to critically engage in the mental health crisis discourse and to address the gaps in knowledge identified in Chapter 2 by comprehensively examining current knowledge relating to the problem (i.e., student mental health and wellbeing). The research questions driving this phase of the thesis are:

1. What does the current empirical research tell us about the prevalence and incidence of mental illness in student populations?
2. Is there evidence of an increase in the numbers of students accessing university mental health and wellbeing services in the UK between academic years 2016/17 and 2021/22?
3. What are the needs and concerns which drive utilisation of university mental health and wellbeing service?
4. Are there any observable associations between service utilization and the university environment or activity?

The research questions were designed to be able to robustly respond to the assumption that university students are experiencing high levels of mental illness with the intention that the finding would influence the subsequent studies and focus if inquiry. Response to these questions was achieved through a concurrent process of a critical review and evaluation of existing empirical knowledge and an exploratory descriptive analysis of quantitative data derived from university mental health and wellbeing services.

The aim of the literature review was to explore and analyse the currently available empirical literature to respond to the research question, to shape subsequent research questions and to ensure further study is grounded in a robust understanding of what has been done, how it has been done and what the key limitations are (Jesson et al., 2011;Templier & Pare, 2015). A non-systematic narrative approach was taken to the review of literature as a strength of this approach is its ability in *"setting the stage for future research" (*Sukhera., 2022., p416) and as such was appropriate to the sequential mixed methods design of the thesis. Critical narrative reviews aim to describe and discuss available literature from a contextual or theoretical perspective (Rother., 2007). The purpose of this approach is to provide a relevant synthesis of a diverse range of literature and identify gaps in knowledge, thus providing a comprehensive context against which new and emerging knowledge can be grounded (Cronin et al., 2008; Grant & Booth., 200;.Sukhera., 2022). Narrative reviews can also support the formulation of

research questions and study designs (Ferrari, 2015) making this an appropriate approach for the exploratory nature of this stage of the thesis.

In line with the critical narrative review approach, non-systematic searches were undertaken to identify the most significant items related to the topic (Grant & Booth., 2009). Literature searches were undertaken using electronic databases (including CINAHL, PsycInfo via Ovid, PubMed and Google Scholar). Searches were performed using combinations of key words and terms appropriate to the topic for example university student AND (wellbeing, mental health, mental illness, prevalence, distress, psychological distress). Further forward and backwards searches were undertaken both by scanning references of articles and locating citing articles. The inclusion criteria were that the article was written in English, participants were enrolled university students, and the study was related to one or more of the theoretical concepts or models presented in chapter three. Information was extracted from the literature including study designs and methodology, participants, study findings and conclusions, and subsequently synthesised in a narrative review. This review is presented relative to the theoretical constructs, frameworks and definitions identified in chapter 3. Framing interpretations and evaluations of the literature in these constructs and definitions provided ensured that analysis and critique was theoretically grounded.

Study one (presented in Chapter 6) responded to the research questions through a descriptive analysis of self-referral and post-contact data, gathered from a university mental health service during the routine delivery of the service. A descriptive approach was favoured due to its utility in exploring areas with limited extant empirical evidence (Grimes & Schulz, 2002). Data was subject to basic non-statistical analysis techniques and results were again interpreted in the context of theoretically grounded conceptual definitions.

Findings from both components (literature review plus study one), were integrated to identify concepts and areas of confirmation and contradiction. This synthesis and interpretation established empirical evidence of contextual distress and poor wellbeing within the student populations. These findings presented new knowledge gaps, which shaped the research question and methodological decisions for the subsequent stage of the research (presented in Chapter 7).

4.3.2   Study 2: exploring contextual impacts on student wellbeing

The aim of this study was to advance the research through empirical identification of the factors or antecedents unique to a university context which impact positively and negatively on the wellbeing of undergraduate university students. The research questions for this study were:

1. What role do undergraduate students perceive the context of university to have in relation to their wellbeing?
2. What factors, both individual and institutional impact on student wellbeing?
3. How do undergraduate students perceive & describe the qualities and behaviours of a flourishing and languishing student?

To respond to these questions, an exploratory qualitative study was designed and implemented (Chapter 7). A qualitative approach was chosen for two reasons. Firstly, to counteract the dominance of quantitative research which was identified in the review of existing literature. Secondly to enhance interpretation of the findings of study one by adding the rich context of the lived experience of being a contemporary student which might underly the quantitative data. Data was collected using a nominal focus group technique with results subject to thematic analysis. The interpretation of results from this study, sequentially informed the research questions and design of the third study (presented in Chapter 8).

4.3.3 Study 3: Social support and student wellbeing

The aim of this phase was to utilise the knowledge and insights gained in the previous phases in order to more closely examine a particular settings-based wellbeing influencing factor. Identification of social support and more specifically, the student-supervisor relationship as a factor which influences student wellbeing provided the rationale for advancing the thesis through further investigation of this topic. In order to provide robust statistically significant findings which could be generalised across a wider student population, descriptive quantitative methodology was employed to answer the following research questions;

1. Is there a statistically significant relationship between and Psychological Wellbeing (PWB), Sense of Belonging (SoB) and Academic Engagement (AcE)?
2. Can Perceived Quality of Student-Personal-Supervisor Relationship (PQSPSR) predict Psychological Wellbeing (PWB), Sense of Belonging (SoB) and Academic Engagement (AcE)?
3. Does timetabling personal supervisory sessions have any impact on perceived quality of student personal supervisory relationship?

The study presented in Chapter 8 utilises an analytical cross-sectional survey design which was chosen primarily for its utility in establishing relationships between multiple variables (Wang & Cheng, 2020)

4.3.4   Integration: Responding to the thesis statement

As described in the opening thesis statement, the primary aim of this thesis is to provide actionable insights for the practical improvement of student wellbeing within the higher education sector. The final integration point presented in the concluding chapter of this thesis (chapter 9) integrates the knowledge generated from all stages of the research, these being a review of literature and three original studies, in order to offer a robust conclusion and empirically sound applications both for future research and university strategy.

Chapter 5 Current Knowledge Relating to Student Mental Health and Wellbeing

5.1 Introduction

The initial chapters of this thesis have provided the theoretical and contextual foundations underpinning this thesis with the preceding chapter describing the research methodology. This chapter advances the thesis by presenting one of the two components of the first stage of this sequential mixed-methods research (4.3.1) a critical narrative review of the extant literature relating to student mental health and wellbeing.

The number of students who disclose a mental health related disability on application to university, rose from 1.79% of applicants in 2014/15 to 5.2% in 20/21 (Higher Education Statistics Authority). Although this data suggests an increase in prevalence and incidence of mental ill health amongst university students, the empirical data which might support, refute or reframe this data is subject to a number of limitations. As noted in Chapter 2, there are significant gaps in the available empirical knowledge relating to student mental health and wellbeing leading to what has been described as *"a multitude of disconnected survey-based reports yielding differing estimates of student wellbeing/mental illness with no strategy for linking and combining data"* (Barkham et al., 2018, p352). A review of the literature yields little in the way of definitive conclusions and the following chapter will attempt to summarise and evaluate the current body of literature relating both to mental health and wellbeing in university student populations in the UK and internationally. It will also aim to identify gaps within this knowledge. Consideration will first be given to empirical evidence relating to the estimated prevalence and incidence of mental illness within the population of interest with a critical focus on methodology. For clarity, prevalence refers to the proportion of a population who have a specific characteristic, illness or disorder over a specified time period and helps us to understand, for example, the burden on healthcare. Incidence refers to the number of new cases during a specific time-period allowing us to estimate the growth of an illness or disorder. Consideration will then be given to the empirical evidence relating to both suicide and psychological distress within student populations with particular focus on the environmental predictors of distress. Finally, the evidence concerning wellbeing in student populations will be presented.

5.2 Empirical research; prevalence of mental illness in student populations.

A considerable portion of the available scientific literature relating to student mental health and illness is focused on prevalence. There is an abundance of studies aiming to present estimates of the overall proportion of university students experiencing mental health issues and, in some cases, offering comparison with non-student populations. Cross-sectional research using small convenience samples predominates, employing self-report tools to measure the prevalence of issues such as anxiety, depression, and suicidality. As discussed in Chapter 2, despite the dominance of this methodology in the literature, challenges remain in accurately estimating true prevalence rates of mental illness within the student population. These challenges are largely related to the limitations associated with the application of epidemiological frameworks and study design to the measurement of mental illness and disorder. The ability of a standardized measurement scale to capture the variation in lived experience of complex mental health problems is inherently flawed. It has been argued that even well validated scales designed to screen for mental health issues in the general population, provide only limited insight into the impact and chronicity of symptoms (Fried, 2017). Furthermore, the dominant application of this methodology risks narrowing the field of inquiry to pathology and therefore excluding or minimising inquiry focused on context and lived experience (Patalay & Fried., 2020). However, in order to consider the health promotion factors of a university setting, one must also engage comprehensively with the full range of evidence relating to the nature of the health and wellbeing status of the population of interest It is for this reason that a review of the state of knowledge relating not just to wellbeing but also to distress, disorder and suicidality is presented.

Interestingly, there is a dearth of research focused on student populations that explores mental illness beyond anxiety and depression, often collectively referred to as mood disorders. Studying severe mental illness such as psychosis or bipolar disorder, in the context of student populations would require interdisciplinary collaboration and specialised knowledge. Furthermore, accessing and recruiting participants with serious mental illness in student populations might prove challenging and lead to ethical concerns. The dominance therefore of research on common mood disorders, namely, anxiety and depression may imply that that researchers in the field, many of whom are based within universities, are over-reliant on convenience sampling, thus skewing the body of literature. This assertion is entirely speculative, however may explain the abundance of similar types of studies in the field.

Despite the widespread use of apparently reliable and well-validated clinical and psychometric instruments (e.g., the Brief Symptom Inventory - BSI (Derogatis, 1993); the Patient Health

Questionnaire - PHQ-9 (Kroenke & Spitzer, 2002); the Generalized Anxiety Disorder
Questionnaire - GAD-7 (Spitzer, Kroenke, Williams & Lowe, 2006); the Depression, Anxiety and
Stress Scale - DASS (Lovibond & Lovibond, 2004); The General Health Questionnaire – GHQ
(Lundin et al., 2016), and the Beck Depression Inventory - BDI (Beck et al, 1961), consensus on
the prevalence of mental illness within student populations remains elusive.

Many of the published studies are limited by their use of small convenience samples recruited
from single sites (<1000ptcps) and provide vastly divergent estimates of the prevalence of
clinical depression and anxiety disorders within undergraduate student samples internationally
(see **Error! Reference source not found.**). For instance, a 2022 study employing the PHQ and
GAD measures estimated that 13.9% of a sample of 425 medical students from a university in
India reported symptoms indicative of clinical depression, while 20.2% reported symptoms of
anxiety disorder (Arun et al., 2022). In contrast, another study using the same instruments with
an equal sample size of students in Bangladesh reported significantly higher prevalence rates
of depression and anxiety (69.5% and 61%, respectively) in their sample (Islam et al., 2022).
Similarly, a study utilising the DASS with a sample of 374 undergraduate students in the USA
found that 11% of these students reported symptoms classified by the authors as severe or
extremely severe depression (Bieter et al., 2015). Conversely, a study with a larger sample of
Malaysian undergraduates using the same measure found an almost threefold higher
prevalence of depression, with 29.9% of their sample reporting symptoms indicative of severe
or extremely severe depressive disorder (Cheong et al., 2022).

Table 3. Disparity in prevalence estimates of clinical depression & anxiety in student samples of <1000
participants 1990-2022

Measure	Authors	Sample Size	Country	Prevalence (% of sample)
BDI	Dion et al., 1990	432	Canada	34%
	Hendryx et al. 1991	110	USA	19%
	Tija et al., 2005	564	USA	15.2%
	Kaya et al., 2007	574	Turkey	26.9%
	Mancevsca et al., 2007	354	Macedonia	10.4%
	Curran et al., 2009	338	Ireland	13.9%
	Arslan et al., 2009	822	Turkey	21.8%
	Roberts et al., 2010	428	USA	22%
	Zong et al., 2010	266	China	21%
	Bibi et al., 2015	300	Pakistan	5.26%
PHQ-9	Garlow et al., 2007	729	USA	84.5%
	Scwenk et al., 2010	505	USA	44%
	Farrer et al., 2016	611	Australia	7.9%
	Boumosleh et al., 2017	688	lebanon	21.8%
	Arun et al., 2022	425	India	13.9%
	Islam et al., 2022	400	Bangladesh	69.5%
PHQ - 2	Jenkins et al., 2021	286	UK	6.7%
DASS	Bieter et al., 2015	374	USA	11%

	Cheung et al., 2016	661	China	35.1%
	Hall et al., 2018	101	China	54.5%
	Asif et al., 2020	500	Pakistan	59%
GAD - 7	Farrer et al., 2016	611	Australia	17.5%
	Boumoslehet al., 2017	688	lebanon	26.5%
	Arun et al., 2022	425	India	20.2%
	Islam et al., 2022	400	Bangladesh	61%
GAD - 2	Jenkins et al., 2021	286	UK	14.4%
DASS	Asif et al., 2020	500	Pakistan	84%

There is similar disparity found even in larger studies in which data has been collected across multiple sites or utilising larger sample sizes. These studies again present divergent prevalence estimates for depression ranging from 9.5% to 47.5% and anxiety from 17.9% to 76.9% (table 4)

Table 4. Disparity in prevalence estimates of clinical depression & anxiety in student samples of >1000 participants 1990-2022

Measure	Authors	Sample Size	Country	Prevalence (% of sample)
BDI	Steptoe et al., 2007	17348	Multi (euro)	21%
	Mikolajcyz et al. 2008	2146	Multi (euro)	19.5%
	Chen et al., 2013	5245	China	11.8%
PHQ-9	Eisenberg et al., 2007	2843	USA	13.8%
	King et al., 2021	3029	Canada	27.6%
	Chen & Lucock, 2022	1173	UK	9.5%
	Wu et al., 2022	1017	China	47.5%
	Zickgraf et al., 2022	121,624	USA	40.3%
DASS (depression)	Bayrem & Bilgel, 2008	1617	Turkey	8%
	Larcombe et al., 2014	4972	Australia	13.3%
	Cheong et al., 2022	1578	Malaysia	29.9%
GAD - 7	Lee et al, 2021	2691	USA	76.9%
	King et al., 2021	3029	canada	32.5%
	Chen & Lucock, 2022	1173	UK	17.9%
	Wu et al., 2022	1017	China	44%
	Zickgraf et al., 2022	121,627	USA	34.1%
DASS (anxiety)	Bayrem & Bilgel, 2008	1617	Turkey	21%

Larcombe et al., 2014   4984   Australia   18.3%

Several systematic reviews conducted over the past decade have synthesized the available literature, offering valuable insights. However, these reviews present a variable picture, with pooled prevalence rates of depression ranging from 21.1% to 30.6%, anxiety from 24.5% to 39.6%, and suicidal ideation from 7.6% to 18.8% (see **Error! Reference source not found.**). It is significant that all of the authors of these systematic reviews advocate caution in interpreting the pooled prevalence estimates due to the heterogeneity in the studies included. The authors all suggest that this heterogeneity significantly impacts the range of reported prevalence meaning the pooled estimates are not necessarily a valid indicator of true population prevalence.

Table 5. Estimated prevalence rates of mood disorders and suicidal ideation in undergraduate student populations from systematic reviews 2013-2023

Authors	Studies	Combined sample size	Date range	Depression		Anxiety		Suicidal ideation	
				pooled	*range*	*pooled*	*range*	*pooled*	*range*
Ibrahim et al., 2013	24	48,650	1990-2010	30.6%	10% - 84%	n/a		n/a	
Sarokhani et al., 2013	35	9'743	1995-2012	33%	Not reported	n/a		n/a	
Rotenstein et al, 2016	283	122'356	1982-2015	27.2%	9.3% - 55.9%	n/a		11.1%	7.4% - 24.2%
Akhtar et al., 2020	37	76'608	2009-2018	24.4%	2.9% - 71%	n/a		n/a	
Paula et al., 2020	48	56'816	2013-2018	26.1%	6.1%-65%	24.5%	7.6%-73%	18.8%	3.9%-49.1%
Sheldon et al, 2021	66	Not reported	1974-2020	21.1%	10% - 58%	Not reported		7.6%	0% - 40%
Demenech et al., 2021	44	37,486	2001-2019	28.51%	4.6% - 79.2	37.75%	11.6% - 100%	9.1%	7.2% - 12.97%
Ahmed et al, 2023	89	130'090	1980-2020	n/a		39.6%	0.02%-88.4%	n/a	

When considering the body of literature concerning the prevalence of mental illness in student populations, it becomes evident that there is considerable heterogeneity in study quality, sampling techniques, measurement tools, interpretation of cut-off scores, and types of analysis employed. For instance, Sheldon et al. (2021) reported a pooled prevalence of clinical depression in undergraduate university students at 25%, with a wide range of 10% to 58%. They concluded that the 66 studies included in the review were generally of poor to moderate

quality, limited by the use of imprecise terminology and poor methodology. Similarly, Akhtar et al. (2020) reported a similar pooled prevalence rate of depression at 24.4%, with a range of 2.9% to 71%, attributing the variation largely to inadequate sample sizes. Additionally, Ahmed and colleagues (2023) noted significant differences in estimated prevalence rates depending on the measure used, with PHQ-9 scores being the lowest and DASS the highest, suggesting that the nature of the measurement tool may impact how respondents report symptoms, regardless of whether they are designed to measure the same underlying construct.

Estimating the prevalence of mood disorders in any population is particularly challenging with two primary related issues. The first relates to the ability of psychometric measures to capture mental illness and the second relates to the limitations of utilising these measures in cross-sectional study design. As noted in the introduction to this chapter, limitations in the ability to accurately measure mental illness as a construct must also be considered due to significant variations in symptoms, impact, and chronicity. Studies focused on non-student populations have also reported significant variation in reported rates of prevalence due to these difficulties (Ferrari et al., 2013). The psychometric measures utilised in the reviewed studies generally use diagnostic criteria from the DSM (Diagnostic statistical manual of mental disorders) or ICD (International Statistical Classification of Diseases and Related Health Problems system) to develop variables. However, many of the variables within these measures closely resemble non-pathological responses to adverse life events or stressors leading to the risk of what has been described as a 'false positive' diagnosis (e.g. Lundqvist et al., 2022; Wakefield., 2015. In other words, the experience of occasional depressive symptoms does not imply a clinical diagnosis of depression (Wakefiled & Schmitz., 2012). It is crucial to therefore, to acknowledge the limitations of relying solely on such measures in trying to quantitatively assess the mental health issues among student populations and furthermore to exercise caution to avoid the mischaracterisation of the prevalence and incidence of mental disorder based on data captured by these tools.

 While the research in prevalence provides valuable insights into the population of interest and suggest some degree of disturbance or variation in psychological and emotional experience, it does not capture the full complexity of mental health experiences, including factors such as severity, chronicity, and impact on functioning and only capture a 'moment in time. This means that, in terms of the student population, contextual impacts and influences are not considered. Considering a student population, temporal fluctuations in affect, emotions, and distress which are unique to the academic environment, might be anticipated, particularly given the university experience is structured around distinct periods of increased stressors. This hypothesis finds support in research identifying varying degrees of stressors students face

at different times of the academic year (Pitt et al., 2017). Consequently, any data collected using psychometric measures in cross sectional research, is likely to be influenced by these temporal 'hot spots'. This methodological limitation is exemplified in participant responses to a cross-sectional survey exploring stress and resilience in students (Turner et al., 2017). Following completion of psychometric measures, participants were given the option to comment, with some mentioning contextual influences on their subjective evaluation of their psychological state. For example:

> *"I feel my overall resilience score is lower than it would normally be. A few days before this survey I was informed that I was not going to be offered a graduate job I had been chasing. Having made the final round of interviews and then just missing out was a bitter pill to swallow and my results in this survey reflect this" (p.712)*

> *"Survey answers could be distorted depending on what was going on in the respondent's mind in the last week. I moved house! In the week before that, the answers would have been quite different" (p.712)*

These examples illustrate methodological limitations in using self-report surveys in a cross-sectional research design to measure emotion-based phenomena, such as biased recall. There is a well-established body of evidence suggesting that affective recall is influenced by a range of factors including cognitive styles and individual personality differences (Ben-Zeev et al., 2009). Self-report questionnaires used in isolation from the expertise and judgement of a clinician, are also likely to yield over estimates of the prevalence of disorder within a sample due to the variability in how participants interpret the meaning of items, leading some to argue against reliance on self-report data in measuring psychological phenomena (Althubaiti, 2016). Furthermore, Potential biases in the existing literature, such as publication bias or sampling bias, may influence prevalence estimates, impacting the validity and generalisability of findings. It is suggested that prevalence estimates from large-scale, high-quality epidemiological studies are generally lower than those reported in the general literature, such as those reviewed here (Waraich et al., 2004; Steel et al., 2014). It is therefore reasonable to assume both a distorted estimate of prevalence and to question whether prevalence rates are actually representing illness, in this body of literature.

Finally, participant recruitment methods play a crucial role in epidemiological studies. Probability sampling techniques, such as random, stratified, and systemic sampling, are generally considered superior in this type of research as they ensure that each member of a given population has an equal chance of selection (Tyrer & Heyman, 2016). However, most of the studies reviewed in this context appear to rely on convenience samples, which, while

easier to recruit, are susceptible to sampling bias (Mooney & Garber, 2019). Moreover, it is worth noting that undergraduate students are often treated as a homogeneous group in the literature, sharing common characteristics. While there are certainly shared traits or experiences among students, they represent a diverse range of ethnic, cultural, psychological, and socio-economic backgrounds. The variations in prevalence rates observed in the literature may be reflective of this diversity. This notion finds support in the results of a 2013 systematic review by Ferrari and colleagues, who analysed 116 population prevalence studies and found a wide variation in the prevalence of depressive disorder, ranging from 0.05% to 73%. However, this variation was attributed to cultural and developmental differences in samples; for example, the prevalence rate of 0.05% was observed in Japanese males aged over 65, whereas the rate of 73% was reported in Afghan females over the age of 15. Caution should therefore be exercised when generalising findings from the extant literature to all university students internationally.

5.3   Empirical research. Incidence of mental illness within student populations and comparison with non-students

The literature reviewed thus far has largely focused on the estimated proportion of a population experiencing mental illness at one time point and measured using cross sectional data. This does not however provide us with robust evidence that the issue is 'growing'. Baxter et al. (2014) argue that any suggestion of an increase in prevalence merely reflects increasing population sizes, higher rates of self-identification due to heightened awareness, and the frequent conflation of psychological distress with mental illness. In other words, if there is an increase in symptoms, this may in fact tell us more about changes in the impact of context than in individual pathology. In order to make this hypothesis however, one must first establish whether there is an increase in reported symptoms over time within the population of interest.

A noteworthy finding arising from a synthesis of the systematic reviews presented in table 5, is the indication that the measured prevalence rate of mood disorder symptoms within student populations has not, in fact, increased over time but has either remained stable (e.g., Akhtar et al., 2020; Sarokhani et al., 2013; Paula et al., 2020) or has fluctuated without a discernible pattern (e.g., Ibrahim et al., 2013). These findings appear to directly challenge the assertions made by organizations such as the Office for Students (see Chapter 2) which suggest evidence of mental illness as a 'growing problem'. While the approach of using cross-sectional research-design is arguably suitable for measuring prevalence, it is limited in its ability to measure incidence, which refers to the proportion of participants who develop symptoms over a specific time-period (Wang & Chen, 2020). As prevalence and incidence are closely related,

cross-sectional data offers an incomplete picture (Caplili, 2021). The measurement of incidence, in other words, increase in cases over a period of time, is generally reliant on continuous sampling methods, however longitudinal prevalence studies can provide an alternative means of assessing growth in an illness over time (Schmidt et al., 2010). While the number of such studies are scarce, there are some noteworthy examples in which large nationally representative data sets have been utilised to longitudinally compare trends in incidence. These studies provide contradictory evidence to that in the aforementioned systematic reviews, suggesting that there is in fact an increase in incidence of the identification of symptoms of mental ill-health within the student population. For example, Tabor and colleagues (2021) used data collected from 8 waves of the UK Household Longitudinal study (UKHLS) collected between 2010 and 1019. Selecting only data from respondents aged between 17 & 24 resulted in a sample of 11, 519 of which 43.9% were higher education students. The study compared the prevalence of psychological distress at eight time points as well as comparison between student and aged matched non-students. The findings identified an increase in pooled prevalence of symptoms from 32% in 2010-11 to 43% in 2017-19 in the student population suggesting a 11% increase in incidence over a period of 9 years. Another cohort study (John et al, 2024) analysed data collected from linked records from the higher education statistics agency (HESA) to the primary and secondary care records of 96,760 undergraduate students and 151,795 in the UK between the academic years 2012-13 and 2017-18. The results of this study identified an increased incidence in the student sample only of self-harm and schizophrenia. Increased incidence of depression, alcohol use and autistic spectrum conditions were found in both samples however the rates were higher for students. While the authors of the study concluded that overall university students have similar, or in some cases, better mental health outcomes to their non-student peers, there was evidence of differential trends and trajectories than those within the general population.

The framing of much of the literature in the field suggests that students are an at-risk population in comparison to non-students. However, it may be that any increase in incidence in the student population are simply representative of broader societal trends. Direct comparisons of mental illness prevalence rates between students and non-students are limited and findings relating to the association between attendance at university and symptoms of mental illness are inconsistent (McCloud et al., 2023). While John and colleagues' study is one example of literature which robustly compares prevalence and incidence rates of mental illness in student populations with non-student populations, this endeavour in general poses a challenge primarily due to a lack of research employing comparable methodology and measurement tools.

Data synthesized from large-scale epidemiological studies conducted internationally, such as the most recent findings from the Institute of Health Metrics and Evaluation (IHME), suggest that in 2019, 12% of the world's general population experienced a mental disorder, with depression and anxiety disorders being the most common (IHME, 2019). This prevalence rate aligns closely with estimates provided by the World Health Organisation (WHO), which reported in 2022 that approximately 1 in 8 people, or 12.5% of the global population, experienced a mental disorder (WHO, 2022). Although these estimates appear lower than the pooled prevalence estimates presented in table 5, which range from 21.1% to 33%, it is important to note that they are not demographically comparable to student populations as they represent the entire worldwide population. Findings of studies in which it is possible to isolate estimated prevalence rates of the 18-24 age group suggest that participants in this age-range have slightly higher rates of mental illness compared to the general adult population, irrespective of their status as students (e.g. Alonso et al., 2004: De Graff et al, 2011; Jacobi et al, 2014: Regier et al, 1993)

There is inconsistency in the findings of studies which have compared prevalence rates between students and aged matched non-student peers. For example, Stallman (2010) reported that 83.9% of her sample of 6479 Australian undergraduates reported some degree of elevated distress, with 19.2% reporting symptoms indicative of clinical mental illness as measured by the Kessler 10. Stallman compared these rates to national epidemiological studies in which data was collected using the same measurement tools (Australia Bureau of Statistics, 2008), suggesting comparable rates of 29% heightened distress and only 3% mental illness in age-matched non-students. However, it is worth noting that the response rate of students in this study was particularly low at 16.8%, and the use of convenience sampling may have attracted participants with a vested interest in the subject. In contrast, a study using a different sample of Australian university students but comparing to the same national datasets as Stallman, found similar levels of symptoms in both student and non-student groups (Cvetkovski et al., 2012). Similarly, Franzoi and colleagues (2021) identified no difference in the rates of diagnosed mental illness in their sample of students and age-matched non-students. They did, however, suggest that students in their sample were more likely to perceive their mental health as poor. This suggestion links with the argument put forward by Baxter and colleagues (2014) presented earlier in this chapter, that students might present with higher rates of self-identification or mental illness and conflation of distress with disorder.

As identified earlier in this chapter, large scale cohort studies offer a more methodologically rigorous means of identifying or comparing prevalence and incidence rates. While such studies are limited, there are notable exceptions which are particularly beneficial given they are

conducted within the UK. The authors of a 2020 UK study analysing data from three UK National Psychiatric Morbidity Surveys (McManus & Gunnell) explicitly stated that they found no evidence in student populations of heightened rates of mental illness, self-harm, or suicide attempts compared to non-students. Another UK-based study (Tabor et al., 2021) found lower rates of mental disorder compared to non-students in their sample of 17-24-year-olds, 43.9% of whom were university students. Notably, in Tabor and colleagues' study, was the finding that while self-harm and suicidal ideation were lower in students than in non-student peers, psychological distress was deemed to be high across all participants. Similar findings relating to suicidal ideation were found by Benjet et al (2012) who identified that that rates of suicidal ideation and mental illness were actually lower for full-time students than for those who worked full-time or who combined study and work.

As referenced earlier in this chapter, a novel cohort study (John et al., 2024) provides perhaps the most compelling and clinically robust comparison between students and non-students available at the time of writing. This retrospective cohort study utilised data from 96,760 students enrolled in welsh universities and compared it with data from 151,795 non-students of the same age. The findings indicated that the prevalence rates for all studied conditions, including depression and self-harm, were lower for students. The only exception to this pattern was in anxiety and eating disorders in which students had a higher prevalence. However, when looking at incidence rates, these had increased over time at a higher rate for students than non-students. One explanation for this might be the increased access for students to mental health services within their universities which can facilitate access to primary and secondary care.

In contrast findings of a cohort study using data collected as part of the Longitudinal Studies of Young People in England (LSYPE), identified that students had higher levels of common mental health disorders than non-students (McCloud et al., 2023). It was however noted that the effect size of these differences were small and only present during the years of studying. Of particular interest in this study was the finding that after age 25, there was no statistically significant difference in the rates of mental disorder in those who had attended and those who had not attended university. This is important as it further suggests that the emotional or psychological phenomena being captured in cross-sectional prevalence studies may be transitory and directly related to the environment or setting. Another study utilising the LSYPE data (Balloo et al., 2022) responds to the complex and intersecting determinants which might influence mental health and wellbeing. The findings of this study were that a wide range of social determinants, for example gender, sexuality, socioeconomic status and race, had a stronger association with mental health outcomes than attendance at university. Of interest,

while the authors identified found a strong association between economic deprivation and chronic mental ill health, this association was non- significant for those who had attended university. They also noted that for sexual minority respondents, self-harm was lower in those who had attended university. These findings suggest that for some students, university attendance may in fact mitigate against the risk of developing a mental health issue. If this is the case, it supports the argument for a sector-based focus on settings-based health promotion.

Measurement of any complex construct is likely to be subject to variation and this is particularly apparent when reviewing the body of literature pertaining to the prevalence and incidence of mental illness in student populations. While the findings in the available literature appear to identify that students do in fact experience generally better mental health than their non-student peers in partial refutation of the crisis discourse, there is a suggestion of a differential rate of growth in issues for students and non-students. Longitudinal cohort studies do appear to suggest some increase in the incidence of reported mental health issues in the 18-24 age group over time with the gap between students and non-students decreasing. While providing compelling evidence that there is a 'problem' relating to student mental health and wellbeing, the available literature does not convincingly evidence the problem is one of mental illness. In fact the interpretation of the evidence as doing so supports the assertion by Baxter (2014) that studies reporting non-clinical symptomology using clinical terminology are contributing to a myth of increasing mental illness in student populations. What we can confidently assert, is that in the available research, students are identifying symptoms relating to psychological or emotional disturbance and this is something we must address by considering the ways in which the setting and context of university impacts on student's psychological health in both positive and negative ways.

Mental illness and suicide are often linked in media discourse and research (e.g., Fu et al., 2023). Furthermore, suicide prevention is a key facet of comprehensive mental health promotion in terms of reducing risk factors (MacPhee et al., 2021) Therefore, one cannot consider a settings-based approach to promoting mental health and wellbeing, without due consideration of the evidence relating to student suicide. Before presenting the literature pertaining to psychological distress in more detail, consideration will be given to evidence relating to suicide within student populations to explore whether students are indeed at heightened risk of suicide.

5.4   Suicide; thoughts and behaviours in student populations.

As discussed in Chapter 2, the issue of completed suicide within student populations has attracted significant attention, becoming the focal point of initiatives by both Universities UK and parent-led lobby groups. However, claims regarding a heightened risk of completed suicide within the student population do not seem to be supported by data. While overall rates of death by suicide in the UK have decreased (from 14.5 per 100,000 in 1982 to 10.7 per 100,000 in 2021), rates of completed suicide among young people aged 15-24 have slightly increased over the same period, particularly among females (ONS, 2022). In university student populations, deaths by suicide between 2017 and 2020 were notably lower than those in the general population, with a rate of 3.9 per 100,000 compared to 12.5 per 100,000. The rate among UK-aged matched populations between 2017 and 2020 was actually 2.7 times higher than that for university students. Students within higher education account for 12% of deaths by suicide within the 17-20 age group falling to 7% within the 21-24 age group, lower than those aged matched peers who are not at university. It has been noted, both by the Office for National Statistics (ONS) and in research papers examining the data, that rates of suicide are significantly lower in student populations compared to the general population (Gunnell et al., 2020). Despite this data, it remains unclear why much of both the scientific literature and media reporting tends to overidentify both the risk and incidence of completed suicide within student populations.

One factor that may influence the interpretation of risk is related to assumptions made about the relationship between suicidal ideation and the risk of completed suicide. The relationship between suicidal ideation and behaviours is complex, with the progression from thoughts to actions influenced by numerous factors (Akram et al., 2020). While research consistently identifies high levels of suicidal ideation within student samples (e.g., Akram et al., 2020; Bantjes et al., 2019; Russell et al., 2019), data from the UK suggests that fewer students than non-students engage in suicidal behaviours (McManus & Gunnell, 2019). Additionally, evidence suggests that experiencing thoughts of suicide is significantly more common than suicide attempts or completed suicides across all populations (Rogers & Joiner, 2017). Research findings from student samples support this, with varying rates of ideation and actions across different studies. For example, in one sample of Irish university students, 31% of participants identified having experienced thoughts of suicide with 7.7% of those having acted on those thoughts (O'Neil et al., 2018). Similar results were found in two samples of UK students, 37.3% thoughts and 10.8% actions (N = 1237) (Akram et al., 2020) and 20% ideation and 2% actions (N = 1115) (McIntyre et al., 2018); a sample of American Students, 25% thoughts, 3% actions (Mortier et al, 2018) and a sample of Norwegian students, 21% thoughts

and 4.2% actions (Siverston et al, 2019). It is also worth noting of the 4.2% who had acted on their thoughts in the Norwegian study, the majority of these attempts had occurred prior to the participants starting university meaning the experience of being a university student had no influence on this.

While the literature reviewed supports the argument that completed suicide and suicidal behaviours are lower in student populations compared to non-student populations, the findings indicating high levels of suicidal ideation are concerning. Predicting which students experiencing suicidal ideation will present with future risk for suicidal behaviours is challenging, despite improved understanding of risk factors in recent decades (Dhingra et al., 2018). While there is a well-established association between mental illness and suicidal ideation, there is insufficient evidence of a high prevalence of mental illness in student populations. However, evidence suggests that suicidal ideation can occur in the absence of mental illness, as a response to emotionally distressing situations in which a sense of entrapment is experienced (Chiles & Strosahl,2005; Kirmayer, 2022). Furthermore, psychological distress and psychosocial factors, such as poor social support and low income, can increase the risk of transitioning from ideation to suicidal behaviours and completion (Eskin et al., 2016; Owuso-Ansah et al., 2020; McMillan et al., 2010; Santon et al., 2017; Wilcox et al., 2010). These associations are important given that the transition to and ongoing journey through university exposes students to a range of psychosocial disruptions. In fact, a study in which factors associated with the competed suicides of 37 UK university students were explored, identified academic and financial struggles as being significant risk factors in their deaths (McLaughlin & Gunnell, 2020). Similar findings emerged from a systematic review by Pillay (2021) which identified socio-economic background and lack of social support as factors related to increased suicide risk in student populations. Moreover, academic demands, coupled with financial pressures and social expectations have the potential to create a particularly challenging environment for many students. Such aspects of the student experience, alongside associated psychological distress, may warrant more attention for intervention than mental illness alone, in understanding the causation of high rates of suicidal ideation in this population. Therefore, this chapter will now shift its focus to the empirical evidence relating to psychological distress in student populations, with a particular emphasis on contextual antecedents of distress.

5.5   Empirical research; psychological distress in student populations.

As suggested earlier in this chapter, the wide variations in prevalence estimates of mental illness in student populations, may be explained by the fact that cross-sectional research is capturing psychological distress as opposed to clinical symptomology. It has also been

established that there may be an association between psychological distress and suicidal ideation. Psychological distress as defined in Chapter 3 (3.4), is a distressing emotional or affective state arising from one or multiple stressors or demands for which the individual lacks, or perceives they lack, the personal or social resources to resolve. In this context stressors can be contextualised as life events and experiences, both major and minor, which cause some disruption or change to the mechanisms which maintain the stability of a person's psychological, emotional and cognitive processes (Ingram & Luxton, 2005). While incongruent or persistent distress can certainly be a symptom or indicator of clinical disorder, given the predominance of cross-sectional research in the area of student mental health, it is unclear how congruence or persistence would be effectively captured. Baxter and colleagues (2014) argue that research data which is reported as evidencing symptoms of mental disorder, for example anxiety disorder and clinical depression, is more likely to be capturing transient psychological distress. Furthermore, Horwitz (2007) suggests that it is only clinical judgement that can distinguish distress (i.e., an emotional response to external factors) from disorder (i.e., an internal psychological or biological dysfunction), and that this cannot be interpreted by measurement scales alone. In other words, scores on outcome measures in isolation cannot identify '*their proportionality to the severity and duration of stressfulness in people's actual lives (Horwitz, 2007, p.281).*

Supporting the argument that it is distress, not disorder, which is more prevalent in student populations, is the empirical evidence which has consistently identified high levels of psychological distress within student samples internationally (Granieri et al., 2021; Sharp & Theiler, 2018). Undertaking a degree at university is a period in which students experience a plethora of social, psychological, and academic demands. When considering Ryff's assertion that responding to negative experiences with *'sadness, pain, frustration, fear, disappointment, anger, or shame'* is '*central to healthy functioning'* (2003, p.154), one could suppose that the evidence of psychological distress in this population is simply indicative of healthy psychological functioning. Selye (1965) made the distinction between stress which is beneficial and promotes motivation – eustress and that which is harmful – distress. While experiencing some degree of challenge or eustress is a normal part of everyday life, even providing motivation to action (Adom et al, 2019); experiencing frequent high levels of acute or chronic distress can be detrimental to a person's mental and physical health (Reddy et al., 2017; Thoits, 2020). Furthermore, there is evidence that experiencing chronic distress can have a negative impact on the developing adolescent brain (e.g., Eiland & Romeo, 2013). It is important therefore to establish the degree to which psychological distress is prevalent within student samples as well as the contextual demands which might influence this distress.

5.5.1 Prevalence of psychological distress in the student population.

There is longstanding empirical evidence indicating heightened psychological distress, characterised by feelings of worry, poor coping, and mood disturbance, among student samples over the past three decades (Benton et al., 2003; Erdur-Baker et al., 2006; Mathers et al., 1993; Surtees et al., 1998). Moreover, there is some evidence, albeit limited, that the chronicity and severity of distress being experienced within this population has increased over time (e.g., Knapstad et al, 2019; Sharp & Theiler, 2018). For instance, a study conducted in 2008, identified that 74% of a sample of 1773 American undergraduate students were classified as moderately distressed (Rosenthal & Wilson, 2008), a substantially higher proportion than a matched non-student sample of comparable age. Similarly, Naylor (2020) found that between 50-60% of a sample of 750 Australian students displayed high levels of psychological distress, while Lee and colleagues (2021) reported that 87.66% of their sample of 2691 students at an American university were moderately or severely distressed. While these samples were limited to students from single universities potentially affecting their generalisability, similar results emerged from a study with a sample of 7622 students drawn from seven different Canadian universities (Adlaf et al., 2001). The authors noted a prevalence rate of high distress as 34%, a rate they determined was three times higher than that reported by the general public. Comparable findings were obtained from a study analysing data collected from over 20,000 students in 24 different countries, indicating that 93.7% of participants reported heightened distress in at least one aspect of their life, with 73.8% experiencing distress in more than one aspect (Katyotaki, 2020). Additionally, a large-scale survey of 37,654 UK students revealed that almost half of the sample reported feeling worried 'all or most of the time' (Perreira et al., 2019). While these large sample sizes support the validity and reliability of the empirical research, it is important to note that the UK sample accounted for only 2% of the UK HE student population at that time. Furthermore, much of the literature is subject to the limitations discussed earlier in this chapter regarding methodology. Nonetheless, the consistent replication of results indicating heightened psychological distress in student populations over several years (e.g., Cochran & Hale, 1985; Cornish et al., 2000; Johnson et al., 1989; Hakami, 2018; Larcombe et al., 2016; Mulder & Cashin, 2013; Stecker, 2004) allows for the confident identification of heightened psychological distress as being pervasive within student populations.

Despite robust evidence of the presence of heightened distress in student populations, there are variations in estimates of prevalence. For example, using Kessler's Psychological Distress scale (K10) as a measurement tool, Stallman (2010) reported that 83.9% of her sample of 6479 Australian students reported elevated levels of distress. In contrast, using the same tool, a

similar sample size and methodology, only 34.8% of a sample of 5784 Keralan University students, were identified as experiencing elevated levels of distress (Jaisoorya et al., 2017). It is challenging to conclude what might underlie this variation given both samples had similar demographic profiles (64% females), were both recruited using similar sampling techniques and employed the same psychometric testing. However, it was not reported whether the data was collected during times of potentially higher contextual demands in the samples, such as during transition or assessment periods, which could have heightened participants' subjective evaluation of their distress at the time of data collection.

As discussed in Chapter 3, psychological distress arises as an individual response to an internal or environmental stressor. While it must be noted that not all individuals will experience the same event as a stressor, research does indicate that there are temporal variations in students' experience of psychological distress, directly related to activity within the university environment (Adnan et al., 2012; Lindsay & Rogers, 2009). Furthermore, it has been suggested that pre-existing distress was not a predictor of psychological distress following transition to university (Fisher & Hood, 1987) and that students' levels of distress do not return to pre-enrolment levels after a year at university (Cooke et al., 2006). These findings appear to position activity within the university environment as being a significant stressor. Some caution must be exercised however as the majority of the research which associates distress and university activity is correlational, thus causation cannot be inferred and the direction of the relationship is ambiguous. Despite this limitation, there is empirical evidence of contextual stressors, which vary in frequency and impact at different times of the academic year. For example, Pitt and colleagues (2017) found that not only did levels of psychological distress in their sample of students increase significantly over the course of a 13-week semester, the antecedent factors associated with distress also changed over the period of data collection. While stressors such as course content difficulty and managing family and relationships were associated with higher distress in weeks 1-5, academic workload became the primary stressor from week 8 onwards. While the sample size was small (21 participants), the use of mixed-methods and longitudinal methodology allowed for robust triangulation of the data. Similar results were found in a longitudinal study measuring within-person changes in perceived stress over an academic year (Barker et al., 2018), identifying that distress levels rose from the start of the semester, peaking in December, corresponding to increased academic workload including final project deadlines and end of module exams.

Of particular interest in Barker & colleagues' study, was the finding that participants reported more depressive symptoms when they had a higher academic workload again helping to make sense of the variations in prevalence rates of mood disorder identified earlier in this chapter.

These findings are extremely significant in terms of evaluating the variations found in cross-sectional research exploring both mental illness and psychological distress with this population. These findings suggest that distress in this population is not solely influenced by individual differences such as coping skills, but is also explicitly associated with contextual demands and stressors. Interpretation of the body of research relating to student mental health, distress and wellbeing, would be aided by explicitly stating the time of semester data collection took place. Doing so may provide wider evidence of temporal variations and association, allowing for more meaningful interpretation of the results found. Furthermore, data collected from university support services may elucidate variations and patterns in students' distress levels.

This chapter will now further explore the association between the university context and distress through an examination of existing empirical evidence of the antecedents of psychological distress in student populations.

5.5.2   Contextual factors related to psychological distress in student populations.

The suggestion that university activity is a stressor which significantly impacts levels of distress is not novel. In 1961, Professor of Social and Preventative Medicine at St. Andrews University, Alexander Mair suggested that *"mental illness and pulmonary tuberculosis are known to be two hazards to which university students are particularly liable"* (Mair, 1961, p.124). This recognition of the university environment as a potential source of distress, is supported by research investigating the antecedent factors influencing students' experience of distress. For example, in a 2014 mixed methods study in which 1557 students were surveyed and 59 interviewed, 41.9% of the sample were identified as being psychologically distressed (Deasy et al., 2014). The qualitative data collected highlighted the antecedents of the distress which were largely related to the contextual demands of being a student – for example, finances, study and social pressures. Notably, this study focused exclusively on teaching and nursing students who arguably face a more demanding university experience due to the need to balance placements, learning and high contact hours. Other studies have however similarly associated key aspects of the student experience—such as academic performance, financial concerns, and post-graduation opportunities—with high levels of psychological distress in various student samples (Beiter et al., 2015; Hossain et al., 2019; Wathelet et al., 2020), providing empirical support for the link between external factors inherent to the university experience and increased levels of psychological distress

The period of initial transition to university has been identified as a particular source of distress for many students. This transition can be viewed as a pivotal life event involving

psychological, emotional, and social adjustments. For many young individuals, embarking on university represents substantial changes across multiple life domains including environment, living arrangements, and responsibilities. Consequently, the university experience may entail a multitude of stressors, with students encountering new challenges, demands, and expectations both socially and academically (Gall et al., 2000; Robotham & Julian, 2006). Research consistently identifies the association between the transition to university and heightened psychological distress. For instance, in the University of Leicester's 2002 Student Psychological Health Project, 60% of the 1000 respondents reported challenges related to adjustment and transition significantly impacting their perceived stress levels. Similarly, in a qualitative study conducted with South African undergraduate students, participants cited fear of the unknown and the need to navigate new environments and demands as negatively affecting their psychological well-being (Knoeson & Naude, 2018). Additionally, research has linked adjustment to the academic environment with high levels of psychological distress (Gerdes & Mallinckrodt, 1994; Verger et al., 2009), underscoring the transitional period as a significant stressor and potential antecedent of psychological distress in student populations.

Another aspect of the university experience frequently associated with heightened psychological distress is academic study. Numerous studies have shown that students often experience worry, distress, and concerns about their academic success (Sharp & Theiler, 2018). In a 2002 survey, participants reported being highly distressed by academic issues, with their biggest concern being their ability to meet academic goals (University of Leicester). Supporting these findings is a body of empirical research spanning the past three decades, where concerns about academic performance and fear of failure have been consistently identified as major stressors in student samples internationally (e.g., Adom et al., 2020; Makremi, 2000; Mofatteh, 2021; Naito et al., 2000). Of particular interest is the suggestion of a circular relationship between distress and poor academic performance, potentially leading students into a vicious cycle of chronic distress and impaired performance (Pozos-Radillo et al., 2014; Stallman, 2010). Assessments, particularly timed exams, have been consistently identified as being a predictor of distress in student samples (e.g. Lyndon et al., 2014; McIntyre et al, 2018). It is of particular interest therefore that, in the UK at least, there has been a reported increase in the number of both formative and summative assessments per semester since 2019 (Neves & Hewitt, 2021). Furthermore, the modular structure of many higher education courses entails assessments grouped together at the end of a semester, representing a particularly acute stressor for many students. This is concerning, as there is evidence not only of psychological distress but also increased blood pressure in students during end-of-semester exams (Hughes, 2007). These findings indicate that the nature and structure of assessments have the potential to enact a

psychological and physiological impact on students, which may have long-term negative health consequences.

The findings of empirical research are also supported by survey data in which respondents identify study related factors such as assessment burden, time management and independent study as impacting negatively on their university experience (e.g. Neves & Hewitt, 2021; Neves & Stephenson, 2023). It is important to note however that the distress response arises when assessments are perceived by the individual as being a threat for which they lack the resource to manage (Adom et al, 2020). Students who perceive assessments not as a threat, but as an opportunity or challenge that they possess the resources to competently manage, are more likely to experience eustress (Kamaruddin et al., 2021). Evaluation of the literature suggests, therefore, that universities should pay particular attention to supporting the development of core skills and resources that might positively impact students' perceptions of their academic competence. This is particularly important given evidence that students are generally academically underprepared for university, a factor that will be explored next.

It has been suggested that students tend to overestimate their ability to cope with transition, particularly in terms of academic and social adjustment (e.g. Hassel & Ridout, 2018; Lowe & Cooke, 2010). It is argued that this is largely due to their experience of a highly structured and supervised teaching and learning environment during their secondary education (Rooij et al., 2017) and consequently their unrealistic expectations of what studying in higher education entails (Hassel & Ridout, 2018; Kandinko & Mawer, 2013; Rowley et al, 2008). These are significant findings as unmet expectations have been linked to both disengagement and psychological distress in several research studies (e.g. Benbassat et al., 2011; Chipchase et al, 2017; Culatta & Warner, 2021). Unmet expectations also appear to be a common feature of the contemporary university experience based on survey data. For example, in the 2023 Academic Experience Survey (Neves & Stephenson, 2023) only 15% of the 10'000 UK students surveyed felt that their experiences of university matched their expectations. Unmet expectations centred largely around interactions with other students and with staff, the quality of teaching and the support available to manage independent study. Expectations represent an individual's perception of their future and it is suggested that the failure to achieve goals which are valued as positive, for example, educational attainment, can cause individuals to experience distress (Cundiff, 2017). A systematic review of qualitative studies which explored antecedents of distress in student samples supports this argument (Hurst et al., 2012). The authors of the review noted that expectations were a common theme. Students in the reviewed studies spoke in particular of self-generated expectations being a significant driver of distress. It could be argued therefore that those students whose expectations are misaligned

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with the reality of the university experience are at heightened risk of experiencing psychological distress.

In addition to the economic, social and academic changes associated with attending university, the average age of undergraduate students (i.e., 18 -25 years old), places them in a unique period of psychological development. Emerging adulthood is a theoretically vulnerable period of psychological and emotional development which marks the transition between adolescence and adulthood (Arnett, 2000). Emerging adulthood is a relatively recent concept which is largely born out of cultural and socio-economic changes over the last century, in relation to the timing of key events which traditionally marked the transition to adulthood. With markers of adulthood such as marriage and home ownership increasingly delayed, the gap between the end of adolescence and the start of adulthood is ever widening (Schwartz, 2016). It is suggested that in this period, between the ages of 18-25, young people navigate numerous risks and challenges without adequate guidance on how to successfully navigate them. University is one of these challenges. Schwarz & Petrova (2019) describe emerging adults as existing *"within a social fog comprised of old expectations, new realities, and little guidance" (p.305).* Alongside the psychological and social impact of emerging adulthood, advances in neuroscience have also provided evidence that brain development is not complete until the age of 25 (Thompson Jr, 2014). Furthermore, the parts of the brain most associated with reason, decision-making and problem-solving are particularly underdeveloped (Pharo et al., 2011). This means that emerging adults are less likely to have well-developed coping resources. Coping resources are defined as *"cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984, p.141).* There is a paucity of research directly examining distress and coping in emerging adulthood. However, the existing research on coping over the lifespan clearly identifies that the ability to exercise adaptive or positive coping strategies increases with age (e.g., Seiffge-Krenke et al., 2009; Vierhaus et al, 2007. Wingo et al., 2015). Given that emerging adult students need to navigate the multiple stressors associated with university, it is likely that underdeveloped coping resources would heighten their susceptibility to increased emotional instability and distress.

The complex overlap of fundamental psychological, developmental and social changes represents a critical and potentially turbulent period of both opportunities and stressors for university students, which helps to explain the presence of psychological distress within this population. The empirical evidence reviewed suggests that not only is heightened psychological distress a pervasive feature of the contemporary student experience, it has multiple negative consequences. The potential consequences of chronic psychological distress

on the overall health and wellbeing of students impacts a wide-reaching number of domains. These include decreased engagement with university life and social activities; poorer social relationships and decreased social networks; decreased academic achievement, higher levels of attrition and increased suicidal ideation (Alonso et al, 2018; Knapstad et al., 2021; Mojtabai et al., 2015; Salzer, 2012). Furthermore, there is growing evidence which associates repeated exposure to increased distress with negative physiological outcomes such as increased blood pressure, increased likelihood of physical health issues including heart disease and compromised immune system (e.g., Amirkham, 2011; Schwartz et al., 2003). Crucially, distress can be conceptualised as a product of the relationship between an individual and their environment (Lazarus & Folkman, 1984). While the environmental demands of the university experience can undoubtedly be experienced as stressors, heightened distress is not necessarily an inevitable outcome of experiencing these stressors. Rather psychological distress results from a student's perception of the lack of personal or environmental resources to help manage or mitigate that stressor. Priority should therefore be given to considering the ways in which higher education providers can impact on a student's experience of the environment and its inevitable demands, as well as their perception of available resources – thus turning distress to eustress. Given the relationship between psychological distress and wellbeing identified in Chapter 3Chapter 2, one way this might be achieved is by focusing on those aspects of the university environment which facilitate or diminish wellbeing. Empirical evidence related to wellbeing in student populations will be explored next.

5.6   Empirical research relating to wellbeing in student populations

As defined in Chapter 3 3 (3.5), wellbeing refers to a state of subjective satisfaction with life and a state of optimal psychological functioning. There is a significant body of evidence which situates positive wellbeing as being a protective factor against developing clinical mental illness, and as a buffer against the negative impacts of environmental stressors (Chambel & Curral, 2005; Serrano & Andreu, 2016; Schoeps et al., 2020). Given the clear evidence presented of the environmental antecedents of psychological distress experienced by students, understanding wellbeing in this population is critical. It could also be argued that a balanced exploration of the mental health of the student population, must include consideration of psychological strengths and wellbeing rather than just psychopathology. It is only a balanced exploration which can yield holistic evidence-based responses. Undertaking such an exploration of empirical research, particularly in terms of estimating the levels of wellbeing in student populations, is however hampered by a number of factors. The imprecise operationalism and measurement of the construct of wellbeing, the lack of comparative data and the fact that many studies purporting to measure psychological wellbeing actually utilise

measures of clinical symptomology. These factors combined make any evaluation of the body of research particularly challenging. Despite these challenges, there is significant value in exploring research with an empirical focus on wellbeing, in that it provides the opportunity to explore the student experience through an alternative lens. A lens or perspective which moves beyond a focus on psychopathology and towards consideration of psychological strengths. In consideration of the theoretical frameworks grounding the concept of wellbeing, both the hedonic and eudaimonic perspectives of wellbeing will be considered in relation to the population of interest.

5.6.1 Subjective wellbeing in student populations

Subjective wellbeing (SWB) is most commonly measured via global life satisfaction. Levels of SWB are generally presented in empirical research as being low, medium or high. For example, the Satisfaction with Life Scale (SWLS) which measures the cognitive component of SWB defines scores of 24 and above as indicating high SWB and 14 or below as indicating low SWB (Pavot & Diener, 1993). Notably, in contrast to the body of research exploring distress and mental illness discussed earlier in this chapter, studies which have utilised SWB measures with samples of students internationally over the past 20 years have consistently measured subjective wellbeing in the mid to high ranges, (e.g. Cha, 2003; Delgado et al., 2022; Dogan et al., 2012; Kormi-nouri et al., 2013). This apparent contradiction can be explained by research which identifies that students may rate their overall wellbeing positively even in the presence of indicators of distress or mood disorder. For example, Ansari and colleagues (2011) reported that although 30% of their sample of 3706 UK students reported experiencing depressive symptoms, and 40% high levels of academic stress; overall subjective wellbeing was rated highly with over 60% of participants rating their quality of life as good or very good. Of note is that this sample was drawn from seven different Western universities thus adding to the generalisability of the findings. These results were also replicated by the same researchers in 2013 in which almost 40% of a sample of over 3000 students at an Egyptian university reported high levels of subjective wellbeing, despite a similar proportion disclosing high levels of contextual stress.

These findings suggest that do not appear to rate their own quality of life negatively even in the presence of distress. They also suggest that there has not been a decline in students' evaluation of SWB over the decades, with reported levels appearing stable. These findings appear counter-intuitive in light of the significant evidence of heightened distress in student populations. however, there are two factors which might help to explain this contradiction. Firstly, methodologically, SWB is often measured via a single item Likert scale asking about overall satisfaction with life, many of which have only limited response categories. It has been

argued that SWB scales with less than 5 response categories are insufficiently sensitive to change or to the influence of confounding variables and are thus unlikely to capture more nuanced variations in SWB (Cummins, 2003; Jaeschke & Guyatt, 1990). Furthermore, there is strong evidence of a response bias in which people are predisposed against rating their life in the most negative terms (Heintzelman et al., 2014; Leising et al., 2016). Secondly, in contrast to global measures of life satisfaction, when satisfaction with individual life domains is measured, variation between the domains is identified. This variation identifies the influence of factors such as individual circumstance and environmental factors (e.g., health and living conditions) on subjective wellbeing. For example, a review of published studies on general life satisfaction (Diener, 2012) estimated a high degree of stability in general life satisfaction over time and across diverse populations. In contrast, studies which have assessed satisfaction with individual life domains, have found much more variance relating to the influence of situational or individual factors (e.g. Gelissen, 2019; Schimmack et al., 2009). A recent analysis of Australian household survey data collected over a 20-year period found that, while only 17% of the variance in global life satisfaction scores related to occasion-specific factors, this rose to 48% when measuring domains separately (Joshanloo, 2023) This suggests that measurement of general life satisfaction does not account for the influence of domain specific variables on student wellbeing and therefore may not be a useful indicator of overall wellbeing in this population.

The findings presented further confirm the critique offered in Chapter 3, that SWB presents a narrow conceptualisation of wellbeing and, in the context of this thesis, that it does not provide the most comprehensive framework from which to approach an exploration of student wellbeing. As discussed in Chapter 3, eudaimonic wellbeing and the integrated concepts of flourishing and languishing may offer a more useful and contextually relevant framework through which to consider student's wellbeing. This chapter will therefore now consider empirical evidence relating to eudaimonic wellbeing in student populations.

5.6.2 Eudaimonic wellbeing in student populations

As discussed in previous chapters, the concept of eudaimonic wellbeing (EWB) suffers from a lack of clear definition. This lack of conceptual clarity is reflected in the wide array of theoretical frameworks and measurement tools used in studies focusing on student populations and purportedly examining EWB. For instance, a recent scoping review (Tindle et al., 2022) revealed the application and measurement of over 82 different constructs related to psychological wellbeing in studies concerning university students' academic performance. Eudaimonic wellbeing is often approached differently from mental illness in terms of prevalence measurement. Rather than being assessed for prevalence like mental illnesses,

EWB is more commonly investigated in terms of its associations with other factors (e.g., Flett, Khan & Su, 2019; Stevenson, Millings & Emerson, 2019). Consequently, forming a coherent understanding of overall levels of wellbeing across student populations or determining whether attending university positively impacts EWB becomes challenging.

Where studies do report levels of global eudaimonic wellbeing, in contrast to levels of subjective wellbeing within student samples, there appears to be significant variation in the reported levels of EWB. For instance, while some studies indicate predominantly low levels of wellbeing within their samples (e.g., Bore et al., 2015; Dodd et al., 2021; Kotera & Ting, 2021; Mulder & Cashin, 2015), an equal number of studies, employing similar methodologies, sample sizes, and research designs, present contrasting findings of moderate to high levels of wellbeing (e.g., Brooker & Vu, 2020; Davoren et al., 2013; Lopez et al., 2013; Pidgeon & Keye, 2014). These discrepancies are likely due to a range of factors, not least the different conceptualisations of eudaimonic wellbeing and thus the choice of psychometric measures used in the collection of data. Furthermore, unlike SWB, which is often measured across large data sets, studies exploring EWB tend to be significantly smaller, thus limiting their reliability and generalisability. The inconclusive results emphasise a significant limitation in approaching the literature on eudaimonic wellbeing from the same perspective as that of mental illness. Mental ill health is typically conceptualised as comprising discrete symptoms that can be quantitatively measured, often in isolation from other individual or environmental factors. In contrast, eudaimonic wellbeing is a fluid, multidimensional state that exists not only in measurable factors, but also in the complex relationships, associations and intersections of these factors. Consequently, attempts to identify the prevalence of high or low eudaimonic wellbeing in student populations are largely futile. Despite these limitations, there exists important empirical evidence offering insight into the influence of wellbeing for students across a number of domains.

There is strong evidence of an association between wellbeing and psychological distress. For example, this association is evidenced in a study with a sample of students in which an inverse correlation between the two constructs was identified (Mulder & Cashin, 2015). Of the 78.6% of the sample of Australian students who presented with elevated distress in this study, 96% also reported low wellbeing. A similar inverse relationship between distress and wellbeing has been found in several recent studies of students internationally (e.g. Barbayannis et al., 2022; Malik et al, 2020; Poots & Cassidy, 2020; Prassad et al., 2022); including in a study which found a significant negative correlation between flourishing and psychological distress in a sample of 2nd year University students from one UK university (Holliman et al., 2021). This relationship between distress and wellbeing might be explained by the fact that high levels of eudaimonic

wellbeing are associated with adaptive coping strategies and resources, while the absence of such strategies or resources would increase distress (e.g., Loukzadeh & Bafroi, 2013; Mayordomo et al., 2015). In Holliman and colleagues' study, the same constructs were measured in samples of aged matched non-student adults and year 12 students. The results identified that adaptive coping and social support were important moderating factors between distress and flourishing in all samples. However, adaptive coping was a more significant moderating factor between distress and flourishing for the university student sample. This finding could be explained by the fact that students experience a more substantial number of clustered challenges they are required to cope with, than their non-student peers. This explanation is supported by the finding that mean scores on the measures of psychological distress were significantly higher in the university student sample than both the non-students and the year 12 students. As a cross-sectional study, interpretation is limited to the strength of correlation as opposed to the directionality of the relationship. however, the findings do appear to be consistent with the other studies referenced and are particularly relevant to this thesis, in that the sample consisted of UK students. These findings also situate the university experience itself as being a contributor to both wellbeing and distress.

In the transactional model of stress (Lazarus & Folkman, 1984), distress is understood to be mitigated through an individual's ability to apply adaptive coping strategies to environmental stressors. A number of studies which have provided evidence of a positive association between psychological wellbeing and coping in university samples, suggesting that positive wellbeing may help to mitigate the negative impact of contextual stressors (e.g., Freire et al., 2018; Cobo-Rendon et al., 2020). There is some evidence that students with higher wellbeing are more likely to utilise positive coping strategies, such as support seeking and planning, and those with lower wellbeing, to use dysfunctional coping strategies such as avoidance (e.g. Freire et al., 2016; Sagone & De Caroli, 2014). These findings are particularly salient in light of suggested associations between academic stress, maladaptive coping and suicidal ideation in student samples (e.g., Hussain & Hill, 2023; Okechukwu et al., 2022). These findings also underscore the criticality of exploring university-based interventions which focus on proactively developing psychological strengths as a response to contextual stressors. The findings also highlight the importance of institutionally appraising the nature of the environmental stressor's students are subject to.

Eudaimonic wellbeing is also associated with a range of positive outcomes for students which highlights the importance of supporting the development of positive wellbeing in student populations. Research has consistently identified an association between aspects of positive wellbeing and outcomes such as attention, motivation, success and retention (Baik et al., 2019;

Bowman, 2010; Brooker & Vu, 2020; Davis & Hadwin, 2021; Deci & Ryan, 2000; Tindle et al., 2022). Howell (2009) found significant correlations between flourishing and academic related variables, such as motivation and procrastination, in a sample of 397 undergraduate students. The 21% of the sample who were identified as flourishing, also reported higher grades and more self-regulated learning strategies. In contrast, the 19% of the sample who were identified as languishing, struggled with goal identification and academic self-management. While the directionality of the relationship between wellbeing and academic outcomes, such as grades, is less clear, it is plausible that it is reciprocal. In other words, positive wellbeing supports academic success which reinforces positive wellbeing. Such a relationship is however difficult to establish given most of the research is cross-sectional ergo not possible to infer directionality. It is however clear that there is an important relationship between wellbeing and several aspects of the student experience. Evidence relating to self-determination theory might help to elucidate this relationship further in terms of the impact of the university environment on student wellbeing.

Self-determination theory (SDT) helps to bridge the theoretical gap between the university environment and its associated contextual stressors and wellbeing. SDT is a key approach in the study of psychological strengths. As discussed in Chapter 3, SDT is largely concerned with the ways in which environmental contexts can either facilitate or diminish wellbeing, through their ability to support or thwart basic psychological needs of autonomy, competence and relatedness. There are well-established empirical associations between wellbeing and the fulfilment of basic needs, which suggest that environments which support these needs may increase eudaimonic wellbeing in student populations. Neufield and Malin (2019) identified that a significant proportion of the variance in scores of psychological wellbeing in their sample could be explained by students' perceived satisfaction of basic needs. While this sample consisted only of medical students, similar positive associations have been identified in diverse student samples (e.g., Gillet et al., 2019; Leow et al., 2023; Levesque et al., 2004). Furthermore, thwarting of basic needs has been associated with psychological distress in student samples (e.g., Johansen et al., 2023; Naylor, 2022). For example, Naylor, identified that students' level of competence, relatedness and autonomy was significantly associated with psychological distress. These are findings which have again been confirmed in a range of studies internationally (e.g., Ariani, 2019; Gilbert et al., 2023; Turan, 2022). A study of 754 students from a Norwegian university (Jeno et al., 2018) identified a particularly strong association between students' perceived competence and autonomy and their intention to drop out, a finding which has major implications both for those students who do not complete their education, but also for universities increasingly dependent on retention. The findings

relating to SDT, wellbeing and academic persistence are important as they again underscore the critical impact of the university environment and its role in student wellbeing.

Autonomy, relatedness and competence are dynamic constructs which can be improved through environment. Autonomy-supporting environments are those which provide maximum opportunity for self-directed endeavours with a minimal degree of externally imposed demands (Levesque et al., 2004). Competence-supporting environments are those in which individuals' feel they can meet expectations, make progress and master tasks (Fransen et al., 2018). Relatedness-supporting environments are characterised by the opportunity to develop warm, supportive, and meaningful relationships with others (Escandell & Chu, 2021) and to experience positive interpersonal interactions (Averill & Major, 2020). In higher education contexts, researchers have identified various avenues through which these basic psychological needs can be supported, including pedagogical practices, curriculum design, placement opportunities, feedback strategies, and assessment practices (e.g., Kinsella et al., 2023; Macaskill & Denovan, 2013; Reeve, 2009; Willison et al., 2016). Conversely, institutional structures, policies, educators' well-being, and teaching methods can hinder students' ability to fulfil their basic psychological needs (e.g., Averill & Major, 2020; Johanson et al., 2023; Leo et al., 2023). An interesting hypothetical relationship has been proposed between students' perceptions of autonomy and the marketisation of higher education. It is argued that the focus on students as consumers of education diminishes autonomy, both through higher education institutions' efforts to control recruitment and retention (e.g., attendance monitoring) and by fostering a dependent relationship between students and universities (Budd, 2016; Morris, 2021). However, these associations are speculative, and empirical research is needed to test the hypothesis. Overall, evidence related to well-being and Self-Determination Theory (SDT) is significant as it identifies concrete means by which higher education institutions can enhance the wellbeing of their student communities.

As noted earlier in this chapter, the majority of the research exploring wellbeing in student population is quantitative and cross sectional. There is, in fact, a lack of research exploring the qualitative experience of Eudaimonic Wellbeing (EWB) with university students. Qualitative research provides a layer of interpretation that allows for a deeper understanding of wellbeing in student populations. However, qualitative data in this area is limited, with some exceptions. Knoesen & Knaude (2017) utilised a nominal group technique to explore experiences of flourishing and languishing in a sample of South African students. They found that students were more likely to experience languishing during the initial transition to university, but their ability to master their new social and academic environment contributed to their perception of flourishing. Similar results were reported in a study of Canadian students (Volstad et al., 2020),

where participants described a strong sense of achievement at mastering their environment, and explicitly referred to the interaction between themselves as students and the university context in shaping their wellbeing experiences. Participants in this study also identified the perception that flourishing and positive wellbeing at university was much more related to optimal functioning than to feeling good. In a larger mixed methods study, Brooker & Vu (2020) conducted an online survey of 696 students, identifying a range of 80 different experiences contributing to wellbeing, including social and academic experiences. Alongside a psychometric measure of wellbeing, the study also collected some qualitative data. This data took the form of free text responses to a prompt to describe a time at university when the respondent felt good or bad. Although insightful, the study's qualitative data had limitations as it conceptualised wellbeing largely in hedonic terms of feeling good or bad, potentially overlooking aspects of students' experiences that were challenging, yet meaningful for influencing personal development and eudaimonic wellbeing. Generally speaking, qualitative data is particularly insightful in that it is less bound by the conceptual indicators of wellbeing which are used in psychometric measures. This means that it is more likely to capture and reflect the nuance and diversity of what wellbeing means as a lived experience as opposed to a theoretical construct.

Both the quantitative and qualitative research reviewed in this chapter alludes to the significance of interactions between the student, their context and their wellbeing. Despite this finding, there remains a lack of clarity from an empirical perspective on exactly which experiences and contextual factors contribute directly to facilitate or diminish student wellbeing. This means that it remains difficult for universities to develop population level settings-based initiatives which might promote wellbeing.

5.7   Limitations and Conclusion

This chapter presents a comprehensive evaluation of the literature relating to mental health, psychological distress and wellbeing in student populations. The limitations of the approach taken to reviewing the body of literature are primarily related to the lack of systematic framework to guide the identification of the relevance and quality of the literature (Grant & Booth., 2009). Narrative reviews provide an interpretation of the state of knowledge which can be open to critique (Sukhera.,2022). It must be acknowledged therefore, that there is the potential within the framing of this narrative review, for subjective interpretation in the inclusion or exclusion of evidence and for evaluation bias. Furthermore, given the significant volume of literature in the field representing a diverse range of disciplines and perspectives, the decision not to use a systematic search strategy, may mean that some relevant literature has been overlooked. Despite these limitations, the evidence presented provides a

comprehensive overview of the state of knowledge at the time of writing and most importantly, helps to elucidate the gaps in which further empirical enquiry would be beneficial in terms of the contextual impact on the university setting on student mental health and wellbeing.

Based on the literature reviewed it is not possible to robustly verify the notion of a 'student mental health crisis'. In fact, the usage of this language and its associations with illness and pathology, does little to explain the complexity and nuance of student mental health and wellbeing. Furthermore, the assertion that clinical mental illness is more prevalent within this population than non-student peers is also not supported. However, neither is it possible to disprove the notion in its entirety. In fact, while the reviewed literature does not offer clear and robust evidence of high levels of mental illness within student populations, it does suggest significant evidence of heightened psychological distress within student samples internationally. Significant variations found in estimated prevalence rates, while indicating inherent flaws in methodology, may also relate to temporal variations in contextual psychological distress. While evidence of higher suicide rates within student populations is limited, there is concerning evidence of high levels of suicidal ideation associated with contextual demands. The synthesis of available literature strongly suggests that attention should be paid to psychological distress and to the contextual antecedents of that distress as well as to interventions which support students to flourish within the university setting.

Positive psychology, a theoretical approach which is focused on psychological strengths, happiness and flourishing both in individuals and communities has given rise to a growing body of research in which different aspects of students' psychological health can be explored. This research provides compelling evidence that positive wellbeing can mitigate the negative impact of stressors, reduce the likelihood of psychological distress and mental illness, and positively contribute to academic outcomes. However, due to the complexity of the construct, measuring the overall prevalence of high or low wellbeing in student populations is limited. Despite this limitation, given the empirically evidenced inverse relationship between wellbeing and distress, alongside consistent evidence of high levels of psychological distress in student populations, it is reasonable to assume that wellbeing is poor for many students, warranting further exploration. The framework of self-determination theory identifies the potential of the university environment to influence wellbeing by either thwarting or supporting the fulfilment of student's basic psychological needs. Considering the literature in the context of a settings-based approach to student mental health and wellness, again situates the promotion of wellbeing as an important and pragmatic focus for empirical research, particularly in terms of generating evidence to inform university-based interventions.

There is however a clear gap in the literature regarding which specific aspects of the student experience and university environment might serve to support or diminish wellbeing. Furthermore, the overall body of available literature is dominated by cross-sectional quantitative methodology meaning that the student voice, and the lived experience of students, is largely absent. Another missing element is service-level data collected from university support services. Such data would help to support or refute the hypothesised associations between context and distress. Referral or treatment data would also help to identify whether students were presenting with mental illness or something else. Finally, this data is critical if we are to truly understand the subjective experiences which underpin students' decisions to access mental health and wellbeing support from their universities.

The studies presented in the subsequent chapters, aim to advance this thesis by addressing these gaps. In the following chapter, the first study is presented, enhancing the findings of the current chapter through a quantitative descriptive analysis of service level data collected by a university mental health and wellbeing team in one UK university

Chapter 6 Student's use of university mental health and wellbeing support services: A Descriptive analysis of data collected through the delivery of university services.

6.1 Introduction

The preceding chapter presented an evaluation of the body of empirical literature relating to mental health, wellbeing, suicide and psychological distress in the student population. The review identified an association between distress and the university context as well as highlighting a significant gap in the literature exploring data collected from university mental health and wellbeing services. The subsequent chapter advances this thesis through a descriptive analysis of service data.

As introduced in Chapter 2, reports of an increase in students accessing mental health and wellbeing services within UK universities, have been one factor used to support the discourse around increasing mental health issues within student populations. It has been suggested that the number of students accessing UK university counselling and mental health services has increased (Thorley, 2017) with reports that 94% of universities in the UK experienced a significant increase in students seeking support between 2013-2018 (Broglia et al., 2018; Universities UK 2018). Similar trends have also been reported in the US (Lipson et al., 2018). While these numbers when taken at face value would suggest an increase in the incidence of mental health issues within those populations, consideration of confounding factors, such as an increase in student numbers, accessibility of services and perhaps most fundamentally, the reasons why students access the services, are almost entirely absent both within the research and the public and media discourse. The previous chapter focused on an evaluation of empirical research and concluded that a focus on pathology may be indicative of a bias toward finding mental ill-health, where there is in fact evidence of contextual psychological distress. Furthermore, it was established that there is a lack of data emerging from university services which would help to elucidate the concerns of students and the ability of the university to pre-emptively respond systemically to these concerns. To contribute to evaluating the veracity of the conclusions made based on the empirical literature, this chapter will present a descriptive analysis of two data sets. The first, data gathered by means of freedom of information requests to a sample of UK universities, will be evaluated to better understand if there is indeed evidence of an increase in students accessing university mental health and wellbeing services. Secondly, data collected in the process of service delivery of a mental health and wellbeing service within one UK university (The University of Hull) over the course of one academic year (2021/2022) will be explored to identify the reasons students might access a

university service and highlight any observed associations between service utilisation and university context.

6.2 Utilisation of university mental health and wellbeing services in the UK

At the time of writing this thesis, there is no statutory mandate governing the provision of mental health and wellbeing services within UK Universities, nor is there a shared mechanism for the collection and analysis of service level data. This means that there is vast range in variation of services offered to support student mental health and wellbeing across higher education providers. Some universities offer therapeutic services akin to those in clinical health settings while others provide more general wellbeing advice and signposting to students. Furthermore, there is an absence of high-quality, accessible and comparable data collected internally by university mental health and wellbeing support services in the UK, both in terms of service utilisation, student needs and outcomes. While in the UK the Higher Education Statistics Agency (HESA) collects and disseminates a wide range of high-level data relating to the demographic features of students in the UK (e.g., disabilities disclosed on application), the more granular information relating to health and wellbeing needs during the student journey is not captured. Where data is collected, this is not managed or coordinated at a sector-wide level, thus lacking the visibility and consistency to support inferences and predictions across the UK student population (Barkham et al., 2019). Empirical data on the use of university-based student support services is particularly scarce. A recent systematic review examined data from 44 studies, the majority of which were based on universities within the USA and none within the UK (Osborn et al., 2022). The criteria for inclusion in the review was that the research measured the utilisation of a university mental health service, as either a primary or secondary outcome. Estimates of utilisation of university mental health services across the studies ranged from 2.6% to 33.5% of the study samples. The authors of the review concluded that there were severe limitations within currently available data due to issues such as lack of clarity of service description, and highly variable sample sizes. In the absence of empirical data, this first component of this study aims to establish the proportion of students accessing university-based mental health and wellbeing support services in a sample of UK Universities between 2016 and 2022.

6.2.1 Methodology

This study employs an exploratory approach using non-statistical descriptive techniques to analyse quantitative data. The fundamental purpose of exploratory research is to respond to areas of enquiry where limited empirical evidence already exists (Brink, 1998). Exploratory studies are a particularly helpful step both in terms of developing hypothesis' or research

questions as well as contextualising and interpreting future findings in mixed-methods research (Swedberg, 2020). In this non-experimental approach, the researcher is able to explore and describe the characteristics of, or variables within, a sample, as they exist in a real-world context (Rubin & Babbie, 2008; Siedlecki, 2020) making the approach a suitable way of approaching secondary data. The present study therefore, takes an exploratory approach with the aim of enhancing and extending the findings of the review of literature presented in the preceding chapter and iteratively contributing to the development of the research questions for the next study. The present study addressed two related research questions through analysis of three different secondary data sets. For clarity the questions and subsequent results will be presented separately. The first research question to be addressed was:

RQ1: Is there evidence of an increase in the numbers of students accessing university mental health and wellbeing services in the UK between academic years 2016/17 and 2021/22?

6.2.2   Data collection and analysis

To respond to the research question, secondary data was gathered via a freedom of information request. The request was sent via email to 31 UK Higher education providers, of which 19 responded. Details of the responding universities can be found in appendix one including university type. The freedom of information request asked the following questions:

1. **What where the total numbers of students enrolled in the academic years 2016/17 & 2021/22**

2. **What were the total numbers of students accessing mental health, wellbeing and/or counselling services in the academic years 2016/17 and 2021/22**

It is acknowledged that the data provided is likely to contain significant variations both in the way the data was collected as well as the ways the freedom of information questions were interpreted. However, in the absence of ideal data, it is appropriate in exploratory research to use proxy data, meaning the best available data to answer the research question (Loeb et al., 2017). The resultant data was subjected to basic frequency analysis methods which did not involve any statistical adjustments. Due to the variations in size of institution, the data was collated and analysed as if one population, this means the study population was all students enrolled at the 19 responding UK universities in the two academic years identified. Data per individual institution is available in Table 30 in appendix one.

6.2.3 Results

Of the 19 universities who responded to the freedom of information request, 79% (n = 15) identified an increase in the total number of enrolled students between 2016/17 and 2021/22. The largest of these increases being 53.4%. Only four responding universities indicated a decrease in the number of enrolled students. Between 2016/17 and 2021/22 the student population across the 19 institutions increased by 14.7% (Table 6).

Table 6 Total enrolled student numbers, numbers accessing services and differences between 2016/17 & 2021/22

	Total enrolled students	Number of students accessing services	% of population accessing services	Ratio of students accessing support
2016/17	450,780	29,335	6.5%	1:15
2021/22	517,134	49,615	9.6%	1:10
Increase	66,354 (+14.7%)	20,280 (+69%)	+3.1%	

While this increase is somewhat lower than the 21% increase in UK student numbers identified by HESA data[3], it could be explained by the small data set which represents only 11.4% of the 166 universities in the UK. The data identifies a 69% increase in the number of students who accessed university services between the years of interest. However, when one analyses the numbers as a percentage of the entire population we can see that the increase was from 6.5% of the total population to 9.6% - an increase of only 3.1%. This represents a rise from one in every 15 students accessing university mental health and wellbeing support in 16/17, to one in every ten students in 21/22.

6.2.4 Discussion

While this data does indeed identify an increase in numbers of students accessing university support services, the percentage increase of 3.1% can be considered small considering the overall population increased by almost 15% over the period represented by the data. It must however be noted that without a concomitant increase in resource for support services, even a 3% increase could quickly outstrip availability of resources. It must also be recognised that any increase in access to services may represent an increase in help seeking behaviours within this

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[3] Higher Education Student Statistics: UK, 2016/17 - Student numbers and characteristics | HESA Higher Education Student Statistics: UK, 2021/22 - Student numbers and characteristics | HESA

population, as opposed to an increase in the incidence of mental health and wellbeing needs. Interpretation of this data is further dependent on comparison with non-student populations. Understanding how this data compares to trends within non-student adult populations helps to discern whether the increase in service utilisation is simply a reflection of broader societal trends or representative of heightened risk of poor mental health and wellbeing within the student population. The Mental Health Foundation (2016) suggested that 1:6 UK adults experienced a 'common mental health problem' with 1:8 UK adults accessing some form of mental health treatment in 2014. These statistics were derived from analysis of the 2014 data from the Adult Psychiatric Morbidity Survey (APMS), which provides estimates both of prevalence of common mental health disorders and access to treatment in the UK. The survey used a multi-stage stratified probability sampling design which relied not just on self-report data, but also on interviews and, for a sub-set of the participants, structured clinical assessments. Despite the robust design and methodology of this survey, it did only have a 57% response rate meaning true prevalence may be higher or lower than that estimated. These results are however consistent with the World-Health Organisation's (2019) assertion that at any given time, 1 in 8 of the world's population experience mental illness. More recent UK specific data from the British Medical Association suggests that 4.3million referrals for adults experiencing common mental health disorders were received by mental health services in 2021, equating to approximately 1:10 of the adult population[4] . These figures do not offer a robust direct comparison between student and non-student populations, due largely to the variation in both service provision and data collection. This means any inferences can only be assumed to indicate general patterns as opposed to offering definitive conclusions. However, this data certainly suggests that the numbers of students accessing mental health and wellbeing services from their university, does not appear to be notably higher than the general adult population, both in the UK and internationally. These findings are also particularly interesting given the reported impact of the COVID-19 pandemic on student mental health and wellbeing. Numerous studies have suggested the restrictions and stressors associated with the COVID-19 pandemic had a particularly deleterious impact on university student mental health and wellbeing (e.g., Chen & Lucock, 2022; Mir et al., 2023; Riboldi et al., 2023). Given these findings one might have anticipated a greater increase in students accessing support from their university. That said, as the data represents only two time points over a 5-year period, it is not

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[4] 2 [Mental health pressures data analysis (bma.org.uk)](bma.org.uk)

possible to ascertain more nuanced variations from the pre-COVID period and any further interpretation would be entirely speculative.

These are important findings which open up a number of hypothetical interpretations. For example, the findings may suggest that the mental health and wellbeing needs and help-seeking behaviours of students are in fact not substantially different to those in non-student populations; and that those that need help seek help. This hypothesis is supported by a recent study of 2691 students from one American university in which regression analysis established a significant positive association between symptom severity and access to services (Lee et al., 2021). Alternatively, the findings may suggest that students do in fact experience a higher degree of mental health and wellbeing difficulties, but do not seek help from their universities. This hypothesis is again supported by a number of studies which explore barriers to help seeking in student populations (e.g. Barnett et al., 2021; Eisenberg et al., 2007; Martin,2010) Given these conflicting interpretations, these findings warrant further investigation and exploration across a wider number of institutions and using consistent data collection techniques.

6.2.5   Limitations

As noted the data analysed in the present study, represents students at only 11.4% of the 166 UK universities meaning a larger data set may have yielded very different findings. As this is secondary data, there is no way of knowing how robust the initial data collection methods were and there is likely to be significant variation in the ways in which data was collected and interpreted at source. Furthermore, it is not clear what type of services were accessed and for what reason, again limiting any interpretation of findings. Notwithstanding the limitations however, this study is unique in its attempt to address an important gap in both the grey and empirical literature and identifies critical areas for future empirical research, as well as highlighting the need for coherent data collection and sharing to better understand the needs of the UK student population as a whole.

The second stage of this study will attempt to address another significant gap in knowledge, that being the pattern of and reasons for students' utilisation of university support services.

6.3   Patterns of utilisation of university mental health and wellbeing services across one academic year.

Regardless of parallels with the wider population, if 10% of our student population perceive the need to access some form of professional psychological support, it requires us to explore the experiences which underly this. While there have been attempts to investigate trends in service utilisation more broadly as noted earlier in this chapter, the extant literature fails to

identify the nature of the concern's students present to university mental health and wellbeing services. This is likely due to the fact that while many university support teams may collect data internally, this is not available to researchers nor presented in peer reviewed journals. A notable exception to these gaps exists in the annual reports compiled by the Centre for Collegiate Mental Health (CCMH) in the USA. These reports are compiled annually using student service-user data from counselling centres based in universities across America. The 2021 (CCHM, 2021) report was compiled using data collected from 185,440 student service-users across 153 counselling centres. This report identified that anxiety and depression were the most common presenting student needs in the academic year 2019/20. Particularly insightful is the tracking of trends in presenting needs between 2012-2020 which identified minimal or no changes in the nature of concerns with which students presented, with stress, anxiety and depression being the primary concerns over the past 8 years. In 2019/20 contextual factors including academic performance, relationship problems, interpersonal functioning and adjustment to new environment were all in the top ten of student's primary presenting concerns. Of note is that these are all contextually specific factors which may be addressed by a settings-based health promotion approach. Of particular interest in this report is the fact that the most commonly attended number of appointments was one. This might suggest help seeking was prompted by transient psychological distress as opposed to longer term mental illness.

While this data is incredibly insightful in establishing reasons why students in American universities access university-based counselling support, it must be acknowledged that findings are based on secondary data gathered in the delivery of routine clinical care. Clinical data is collected to inform care and treatment and therefore is likely to be subject to issues with validity and hidden bias (Fort et al., 2014). Similar findings in terms of the nature of students' needs were identified in a peer-reviewed study which again suggested that the most commonly presenting issues reported by students accessing university counselling services in the USA, were low mood, worry, and feelings of anxiety, as opposed to mental illness (Benton et al., 2003). This study also identified a pattern of increasing presentation of 'situational stress'. This study, however, also relied on secondary clinical data.

Where scholars have attempted to explore service utilisation empirically, the approach appears to have been influenced by the prevailing bias towards psychopathology, starting with the assumption that service utilisation is driven by mental illness (e.g., Bourdon et al., 2020; Saether et al., 2021; Williams et al., 2023) This means they often fail to consider contextual non-clinical factors which may be driving help seeking. Qualitative research undertaken with users of university services would certainly offer complementary data to help elucidate any

non-clinical drivers associated with students access to university support, unfortunately there is very little available. One exception however, is a particularly insightful study (Tinklin et al., 2005) which identified that a core motivation for students accessing mental health and wellbeing services, was the impact of the academic environment on their wellbeing. This included poorly designed learning experiences, the co-ordination of assessments, perceived poor communication from lecturers, and the nature of assessments. Participants in this study also perceived university-based counselling services as being ineffective to meet their needs preferring instead mental health support staff who helped with the environmental factors which impacted on their wellbeing. This support included interventions such as liaison with academic staff, help with time management, structuring workload and navigating university processes. Of particular note in this study was Tinklin and colleague's conclusion that not only had the university environment contributed to worsening participants' distress and mental health difficulties, it had, in some cases, created them.

Evidence relating to the reasons underlying students' access to university support is extremely limited for a number of reasons. Firstly, consistent data collected directly from users of university services for use in empirical research is almost entirely absent. While services within individual institutions may collect a range of data from their service users, there is, at the time of writing, no mechanism for collating or sharing this data in the UK. Secondly, as identified earlier in this thesis, extant research within the student population is predominantly focused on supporting the crisis narrative through the cross-sectional identification and measurement of mental illness. This means there is a lack of empirical focus on potential non-clinical factors which might influence students use of university support services. Furthermore, data relating to the pattern of service utilisation across an academic year is also difficult to find. In order to address this significant gap in the literature, the present study will now offer a descriptive analysis of two sources of secondary data which have been collected during the provision of a mental health and wellbeing support service in one UK university over the course of a single academic year.

6.3.1   Research Context and study population

The secondary data used in this study was collected at one medium-sized university in the North of the UK during the academic year 2021/22. In that year, the university had a total student population of 15,075 students with approximately 80% of those students studying at undergraduate level. The gender ratio of the student population was 57% female, 42% male, and 1% other. 24% of the student population were non-UK domiciled with the majority of these coming from outside of the European Union. 28% of the undergraduate student

population came from areas of low participation in higher education and 7.6% of the undergraduate student population were eligible for Disabled Students Allowance.

 The Mental Health & Wellbeing Team (MHWT) is centrally based within the Academic Services Directorate and accessible to all enrolled students. The team is comprised of mental health practitioners, all of whom have a professional qualification in either social work or mental health nursing. The role and remit of the team is articulated as being to help remove barriers to learning and student success, caused by mental health and wellbeing difficulties. Service delivery includes triage and assessment, advice, guidance, short-term psychological intervention, and facilitated external referrals. The team also responds to and manages complex or critical incidents where there are risk or safeguarding considerations. There is no university-based counselling service or any other formal wellbeing service, however all students have access to a personal supervisor who is based within their academic department. Students who require specialist treatment, for example therapy, medication, specialist services or who are acutely mentally unwell would be referred to external services. The team operates 9-5 throughout the calendar year and offers a range of appointment types and modes.

6.3.2   Methodology, data collection and analysis

This study uses a non-experimental exploratory research design to respond to the following questions

1. **Are there any observable associations between service utilisation and the university environment or activity?**
2. **What are the needs and concerns which drive utilisation of a university situated mental health & wellbeing service?**
3. **Is there any observable association between presenting needs and the university environment or activity?**

To respond to these questions, two secondary data-sets, collected by the same university mental health and wellbeing team were analysed

The first data set was derived from 1081 digital self-referral forms which students complete as a routine part of accessing support from the service. The form captures a range of demographic identifiers, a subjective evaluation of student's current situation and a self-assessed set of items related to risk, which are included to support safe and effective clinical triage by a practitioner the form also includes a set of items relating to the students' current university experience. Items are described in Table 7 alongside response options. The self-referral form also includes a free text box where the students can describe, in their own words,

their challenges, needs and reasons for accessing the service, in more detail. For this study ethical approval was granted only for the use of anonymised quantitative data extracted from the items in table 7. The qualitative self-referral data captured is not used in this data analysis. The data was extracted from the digital hosting platform into excel. Analysis was conducted using excel. The study population for this data set was all students (N = 1081) who completed a self-referral to the Mental Health and Wellbeing team over the course of one year (Sept 21-Aug 22).

Table 7. Items from self-referral form relating to situation, risk & university experience used for data analysis

Item	Response Options
Thinking about your current situation which best describes your current situation	I am doing well but have diagnosed disability or mental illness and would like to talk to someone about individual learning support.
	I am coping OK but have one or two things I'm a bit worried about. These worries affect me some of the time but are not stopping me from engaging in my studies and student life.
	I am struggling in a few different areas and feel worried a lot, or most of the time. Sometimes these worries stop me engaging in my studies or other areas of life.
	I am overwhelmed. I have things going wrong in lots of areas or one. I feel stressed, upset or worried most of the time. My problems have made it almost impossible to engage with my studies and other aspects of my life.
	I am in crisis and need urgent help to stay safe or to prevent harm to me or someone else or I am homeless or at immediate risk of homelessness or I have recently experienced a sexual assault or been a victim of domestic abuse or a violent crime.
Over the past week I have been having thoughts of ending my life	4-point Likert scale Not at all; sometimes; often; most of/all of the time.
Over the past week I have made plans or taken actions to try and end my life	4-point Likert scale Not at all; sometimes; often; most of/all of the time.
To what extent are you considering leaving the university because of your difficulties?	4-point Likert scale Not at all; sometimes; often; most of/ all of the time

To what extent would you say your difficulties are affecting your studies (e.g. attendance, assessments)?	4-point Likert scale Not at all; sometimes; often; most of/ all of the time
To what extent would you say your difficulties are affecting your overall experience of university (e.g. Managing daily life, socialising)?	4-point Likert scale Not at all; sometimes; often; most of/ all of the time

The second data set used to respond to the research questions and included in analysis is derived from the practitioners' 'post contact log' and represents 1530 individual contacts between a practitioner and a student. This data is collected on a digital form following every planned or unplanned contact between a student and the service. The practitioner subjectively assigns each contact a type, a primary and secondary presenting need and records any internal or external referrals made (see Table 8). To support consistency in each practitioner's subjective assessment of student need, there is an agreed definition for each category of primary presenting need (see

Table 9). Data was extracted from the digital platform to excel for analysis.

Table 8 items from practitioner rated post contact log used in data analysis

Item	*Response Options*
Contact Type	Initial consultation, assessment, intervention, duty (unplanned urgent)
Primary Presenting Need	Mood disorder (mild, moderate, severe); Mental illness; Psychological distress; Maladaptive health behaviours; Suicide; Sexual or domestic violence
Secondary Presenting Need	Academic advice or guidance; Safeguarding; Hate crime; DSA/Reasonable adjustments; Misconduct; Financial; Accommodation; Other
Internal referrals & internal signposting	Personal supervisor, other student support teams, study skills service, financial support, careers team
External referrals & External signposting	Primary mental Health services (e.g. Improving Access to Talking Therapies); Secondary mental health services including crisis; GP;

The study population for this data set was all students who had planned or unplanned contact with the MHWT in the year 2021/22 (N = 1530). Both data sets were subjected to non-statistical descriptive analysis. Analysis included frequency and relative frequency, central tendency and variability. Graphic visualisation was utilised to describe patterns in the distribution of data in relation to the academic year in order to make inferences regarding

observed associations between the data and academic activity across the year. Analysis did not involve any statistical adjustments.

Table 9 Definitions of primary presenting needs categories

Presenting need	Description
Mood disorder -Mild, moderate, severe = level of impact on life/everyday functioning & severity of symptoms	Symptoms of common mental disorder (e.g. anxiety or low mood) which are pervasive – i.e. present for 4 weeks or more, not clearly situationally congruent i.e. would/have remained regardless of social/environmental situation, present in most or all situations, requiring or may require medical and/or therapeutic treatment **where these symptoms are the primary presenting issue**
Mental disorder	Symptoms of any other mental disorder (e.g. psychosis, personality disorder) which are pervasive – i.e. present for 4 weeks or more, not clearly situationally congruent i.e. would/have remained regardless of social/environmental situation present in most or all situations, requiring or may require medical and/or therapeutic treatment **where these symptoms are the primary presenting issue**
Psychological distress	Psychological or emotional difficulties of any type (feelings of anxiety/worry/stress etc.) which are/are likely to be short term, not pervasive, not present in most/every situation; congruent – i.e. a culturally normal response to a specific trigger and/or if the social/environmental issue was resolved would likely no longer be present. May include for e.g. loneliness, homesickness, poor sleep, academic stress/worry /bereavement
Maladaptive Health Behaviors	Any maladaptive behavior – e.g., use of alcohol, substances, addiction in any form which is pervasive and having a subjective or objective detrimental impact on a person's life
Suicidal thoughts & behavior	• Pervasive thoughts of suicide over last 4 weeks • Making plans or expressing suicidal intent over past 4 weeks • Taking actions with the intent of suicide in past 4 weeks
Sexual violence/Domestic Violence	-Whilst a student/ Before being a student

To support interpretation of graphical representations of data across the year, figure 5 illustrates the teaching periods, breaks and assessment periods across this academic year

Figure 5 Structure of Academic year 21/22

			winter	**assess**			Easter	**assess**	summer		**resits**
Trimester 1					Trimester 2				Trimester 3		
Sept	*Oct*	*Nov*	*Dec*	*Jan*	*Feb*	*Mar*	*April*	*May*	*Jun*	*July*	*Aug*

6.3.3 Results RQ1: Are there any observable associations between service utilisation and the university environment or activity?

In the data collection period, a total of 1081 self-referral forms were received and the team recorded 1530 individual contacts relating to 1205 individual students. Table 10 identifies the frequency of service utilisation over the course of the academic year. The figures in each column differ for two reasons. Firstly, each student who completes a self-referral form may have no (triage results in no service access) or more than one contact with a practitioner. Secondly, not all contacts result directly from a student completing a self-referral form and may instead result from an unplanned response by a duty practitioner. The mean number of self-referrals per month across the data collection period was 90 (*SD* = 42) and the mean number of contacts per month was 127.5 (*SD* =55). The mean number of contacts per student over the study period was 1.3 (*SD*=0.1). Of particular interest is the fact that approximately one third of the total number of self-referrals (29%) and contacts (32.2%) occurred across a two-month period October and November.

Table 10 Frequency of self-referrals and contacts across academic year 2021/22

Month	Total Self-referral forms complete	Total number of contacts with a student	Total number of individual students	Mean contacts per student
Sept 2021	75	79	70	1.1
October	143	148	102	1.4
November	174	245	164	1.5
December	74	154	129	1.2
January	82	138	113	1.2
February	118	134	114	1.2
March	125	176	146	1.2

April	77	140	117	1.2
May	85	132	107	1.2
June	37	72	59	1.2
July	37	58	40	1.4
August 2022	54	54	44	1.2
total	1081	1530	1205	
Mean (per month)	**90 (SD = 42)**	**127.5 (SD = 55)**	**100.4 (SD=38)**	**1.3(SD=0.1)**

Distribution of service utilisation across the academic year appears is presented in Figure 6. Visual inspection of this figure appears to identify a pattern of service utilisation which is related to the academic calendar. The data identifies a trend of frequency of service utilisation increasing from the start of the academic year with peaks in November, March and May. The peaks in service utilisation correspond with approximately week 8 of the 12-week teaching trimester and the May peak with end of year assessments. The pattern suggests a visible increase in service utilisation across both trimester one and two which may suggest a pattern of increasing distress which corresponds with the academic calendar. There is also evidence of a smaller increase in self-referrals between July and August, August being the assessment re-sit period.

Figure 6. Shape of service utilisation across the academic year using relative frequency of referrals (n= 1081) and contacts (n =1530) per month.
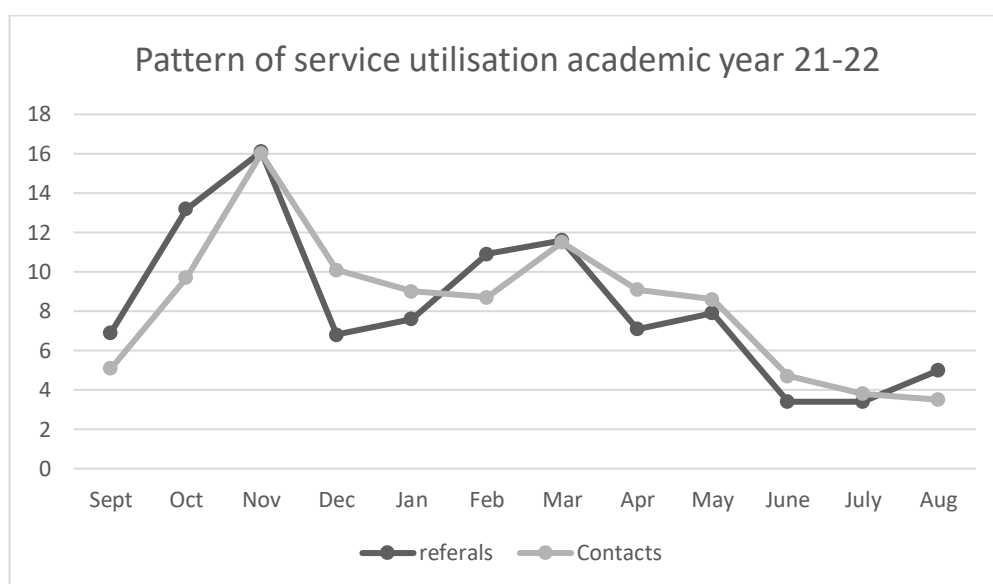
		winter	**assess**		Easter	**assess**	summer	**resits**
Trimester 1				Trimester 2			Trimester 3	

6.3.4 Results RQ2: What are the needs and concerns which drive utilisation of a university situated mental health & wellbeing service?

Data from both the self-referral forms and the practitioner rated assessment if needs were analysed to respond to this question. Table 11 presents data from the self-referral form pertaining to the student's subjective evaluation of their current psychological state. This item allows students to subjectively rate their perception of their overall situation across 5 pre-defined categories.

Table 11. Students self-evaluated state at the point of referral & practitioner post-contact rating of crisis: frequency, relative frequency, range, mean and standard deviation

	Student subjective evaluation of situation (N = 1081)					Practitioner rated (N = 1530)
	Doing Ok	Coping	Struggling	Overwhelmed	In Crisis	In crisis
Frequency	25	89	414	537	16	32
Relative frequency	2.3%	8.2%	38.2%	49.7%	1.5%	2.1%
Range	0-7	1-16	11-70	16-86	0-4	0-6
Mean (SD)	2.1 (4.8)	7.4 (5.3)	34.5 (18.4)	45.6 (19.5)	2.1 (2.6)	2.7 (1.9)

The frequency analysis identifies that the majority of students self-referring to the service, evaluated themselves as either struggling (38.3%, n=414) or overwhelmed (49.7%, n=537). Of interest is the finding that 10.5% of students accessing the service self-rated their psychological state as being either doing ok or as coping. This may indicate students using inappropriate referral pathways or students proactively addressing concerns before they significantly impact their wellbeing. Of note, the overall frequency of students subjectively evaluating themselves as being in crisis in their self-referral form was low across the year (1.5%, n=16). This may indicate that students in crisis are not accessing the service via self-referral however the frequency of contacts assessed as in crisis by the practitioner assessed crisis is also low at 2.1%.

Table 12 presents data representing the frequency of students self-identifying suicidal ideation and suicidal planning or actions.

Table 12 Students self-evaluated degree of suicidal ideation and planning or action; frequency, relative frequency, range, mean and standard deviation

	Suicidal ideation (N=1081)				Suicidal planning or action (N=1081)			
	never	sometimes	often	Most/all of the time	never	sometimes	often	Most/all of the time
frequency	570	351	116	44	939	110	27	5
Relative frequency	52.7%	32.5%	10.7%	4.1%	86.9%	10.2%	2.5%	0.5%
Range	23-76	8-68	4-18	0-12	33-144	2-20	0-9	0-2
Mean (SD)	47.5(18.9)	29.2 (18.8)	9.7(5)	3.7(2.49)	78.3 (35.4)	9.2 (6.2)	2.2(2.8)	0.4(0.7)

Analysis of this data identifies an almost even split between the frequency of students who had experienced some degree of suicidal ideation in the four weeks prior to self -referral (47.3%, n = 511) and those that had not (52.7%, n=570). In contrast only 13.1% (n= 142) identified experiencing suicidal planning or actions with 86.9% of the study population (n = 939) stating they had experienced no suicidal planning or actions in the same period. These results identify suicidal ideation as a significant concern within this study population. The relative frequency of the degree of suicidal ideation and planning/actions within the study population is presented in figure 7. While almost half of the study population experienced some degree of suicidal ideation, for most this was intermittent and infrequent. The frequency of those experiencing suicidal ideation or planning most or all of the time was low.

Figure 7 Relative frequency of occurrence of suicidal ideation (n=511) and planning (n=142) in students self-referring
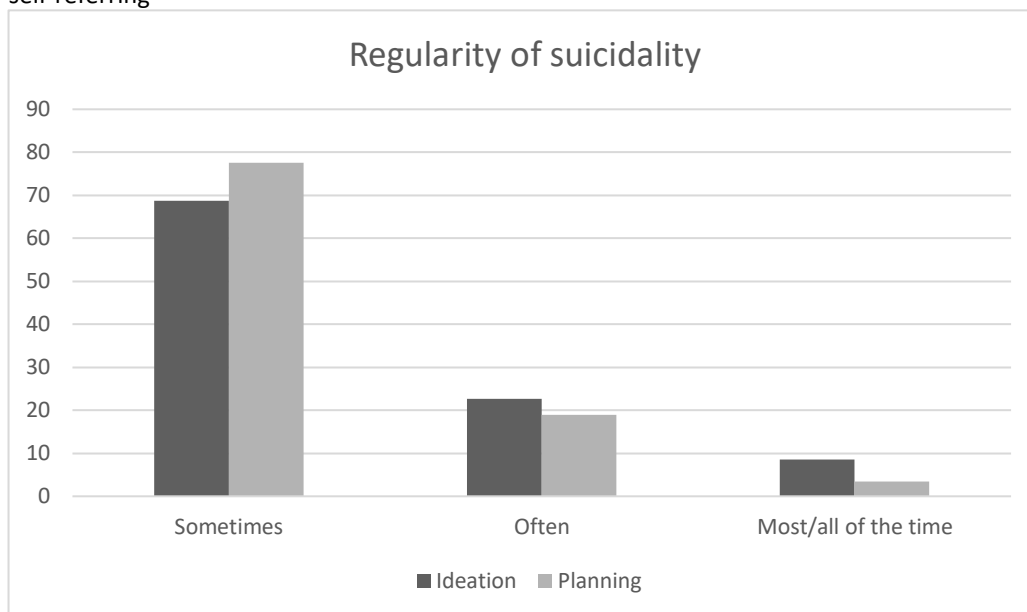
Analysis of the data derived from items relating to the students' subjective evaluation of their university experience (**Error! Reference source not found.**) identifies that 62% (n=667) of the study population had considered leaving the university in the four weeks prior to accessing the service. This was identified as an almost constant consideration for 7.8% (n=84) of the study population.

Table 13 consideration of withdrawal from university (Frequency & relative frequency, range, mean per month & standard deviation)

	Considering leaving university (N=1081)			
	never	**sometimes**	**often**	**Most/all of the time**
Frequency	414	397	186	84
Relative frequency	38.3%	36.7%	17.2%	7.8%
Range	17-58	9-67	4-32	1-20
Mean (SD)	34.5 (13.8)	33.1 (17.8)	15.2 (6.7)	7 (5.4)

Across the academic year, only 4.3% (n = 47) of students accessing the service identified no impact or association between their mental health and wellbeing difficulties and their studies with only 2.2% (n = 24) perceiving no impact on their wider university experience (see Table 14). In contrast 71.4% (n = 772) and 72.7% (n= 786) respectively identified an impact or

association between their psychological state and their studies and overall university experience often or most of the time. While it is not possible to infer the directionality of the association, the existence of an association between the presenting need and contextual factors is unambiguous.

Table 14 self-rated degree of impact on studies and university experience; frequency & relative frequency, range, mean per month and standard deviation.

	Impact on studies (N=1081)				Impact on university experience (N=1081)			
	never	sometimes	often	most/all of the time	never	sometimes	often	most/all of the time
Frequency	47(4.3)	262(24.2)	336(31.1)	436(40.3)	24(2.2)	271(25.2)	383(35.4)	403(37.3)
Relative frequency	4.3%	24.2%	31.1%	40.3%	2.2%	25.2%	35.4%	37.3%
Range	0 – 9	7-59	11-52	12-78	0-5	10-45	11-60	10-69
Mean (SD)	3.9(3.1)	22.7(14.7)	28.8 (12)	36.3 (18.1)	2 (1.6)	22.6 (13)	31.9(15.3)	33.6 (17.5)

Analysis of the data derived from self-referral forms describes the primary self-evaluated presenting needs of the study population as, feeling overwhelmed, experiencing infrequent suicidal ideation and sometimes or often considering withdrawing from university. While this data is incredibly insightful in identifying the subjective needs and experiences of students, it does not include a professional assessment of the primary presenting issue driving service utilisation and contributing to the subjective state. To help further illuminate the subjective data derived from the self-referral form, the data derived from the practitioners' assessment following contact with the student will be considered next. The practitioners' collect this data following each planned or unplanned contact with a student. The contact may be an initial assessment or triage, the delivery of an intervention or an unplanned urgent duty response. All contacts are assigned a primary presenting issue. The frequency of primary presenting need as assessed by the practitioner is presented in table 15. This data identifies that across the year, the most commonly presenting need of the students as assessed by the practitioners was psychological distress, accounting for 64.8% of total contacts (n=992) with a mean frequency of 82.7 contacts per month. A further 20.9% (n=320) of contacts were assessed as experiencing a mild to moderate mood disorder. The frequency of contacts assessed as being mentally ill

(including psychosis) was particularly low, representing only 2.3% of contacts for the year with low variation from the mean.

Table 15 Practitioner assessed primary presenting issue Frequency, relative frequency, range, mean & standard deviation.

	Psychological distress	Mood disorder (mild/mod)	Suicidal behaviour	Mental illness Inc. psychosis	Maladaptive health behaviours	Sexual domestic violence	Other
Frequency	992	320	37	35	29	67	50
Relative frequency	64.8%	20.9%	2.4%	2.3%	1.9%	4.4%	3.26%
Range	16-92	9-49	0-9	1-7	0-5	2-11	1-11
Mean (SD)	82.7(36)	26.7 (12.6)	3.1 (3.3)	2.9 (1.8)	2.1 (1.3)	5.6 (3.1)	4.1(3)

Furthermore, over the year, the frequency of contacts assessed with a primary presenting need of suicidal behaviour was again low at 2.4% with a mean frequency of 3.1 contacts per month. In fact, there was a greater frequency of contact with a primary need relating to sexual or domestic violence than mental illness or suicidality. Examination of the range and standard deviation for each category shows the greatest degree of variance in the category of psychological distress. In contrast, standard deviation suggests there is very little variation in the incidence of mental illness, maladaptive health behaviours and sexual/domestic violence across the year. 52% (n=797) of contacts were also assessed as having a significant secondary presenting need which was directly related to contextual factors (figure 8).

Figure 8. Relative frequency of secondary presenting issue – practitioner rated.

frequency of secondary presenting issue n=797

■ academic   ■ reasonable adjustments   ■ Accomadation   ■ Finance   ■ misconduct
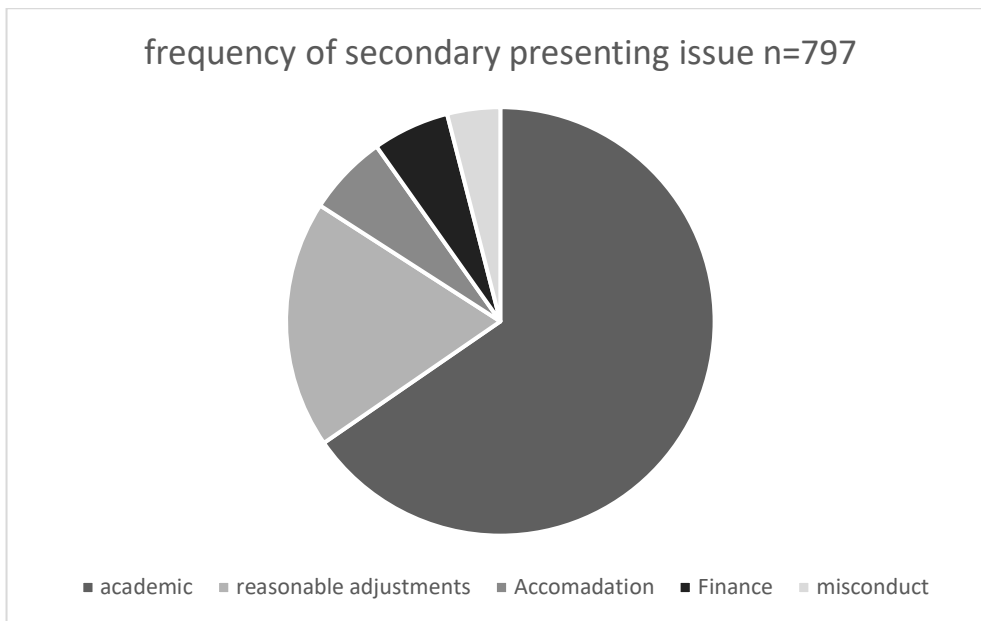
Of those assessed as having a secondary presenting issue, 65.4% (n=521) were related to academic concerns. This means that for approximately for one third of all students who had contact with the service, their primary presenting need was deemed to be influenced by or strongly associated with their academic studies. While figure 9 demonstrates that there are clearly a range of contextual factors which influence students 'presenting needs, the data suggests that struggles with their academic studies is a key factor.

Further elucidation of the needs driving service utilisation is provided through analysis of the post-contact external referrals. Across the year the university team made only 118 external referrals, equating to just 0.08 external referrals per contact or 7.7% of total contacts. A further 447 instances of signposting to external services was recorded, equating to 0.3 per contact or 29.2% of total contacts. Overall, practitioners recorded 565 instances of an external referral or signposting, equating to 36.9% of overall contacts. (Figure 9)

Figure 9 relative frequency of sources of external referrals (n=118) and signposting (n=447)

External Referals and Signposting
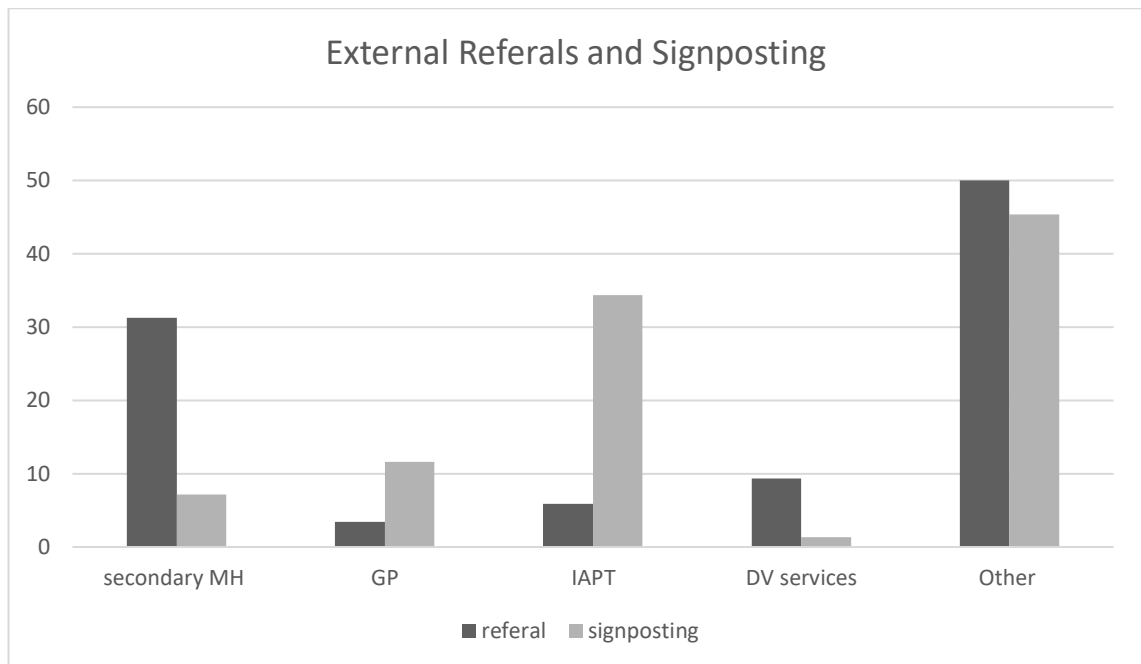
This data identifies that one third of all external referrals made were to secondary mental health services consisting of both crisis and routine triage and assessment. This however only equates to only 2.4% (n=37) of total contacts. This data suggests that based on the practitioners' clinical assessment the frequency of students requiring treatment from secondary NHS services was particularly low. The most frequent identifiable source of external signposting was to Improving Access to Psychological Therapies (IAPT) accounting for 34.4% of all external signposting. 10.1% (n=154) contacts were signposted to self-refer to IAPT services, who tend to offer low level Cognitive Behavioural Therapy (CBT) for mild to moderate anxiety and depression. 50% of external referrals and 45.4% of external signposting were to a wide range of local and national, physical and online support including domestic abuse and substance misuse services, community groups and support services for example for LGBTQ+ students. The analysis of this data suggests that the needs with which students presented to the service were predominantly needs which could be effectively addressed in a university setting.

In contrast to the low level of external referrals, 41.2% (n = 630) of contacts resulted in a referral or signposting to one or more internal university services. The largest of the referral and signposting types was to the student's academic personal supervisor accounting for 17.2% of contacts (n=264), and equating to 41.9% of all internal referrals and signposting made (see figure 10).

Figure 10 relative frequency of sources of internal referrals (n=300) and signposting (n=330)

Internal referrals and signposting

Internal referrals and signposting — bar chart showing referral and signpost counts across categories: personal supervsior, disability support, financial support, careers, study skills, misconduct, other. Y-axis ranges from 0 to 60.

- personal supervsior: referal ≈ 33, signpost ≈ 50
- disability support: referal ≈ 23, signpost ≈ 6.5
- financial support: referal ≈ 7.5, signpost ≈ 4
- careers: referal ≈ 5.5, signpost ≈ 3.5
- study skills: referal ≈ 4, signpost ≈ 12
- misconduct: referal ≈ 4.5, signpost ≈ 0.5
- other: referal ≈ 22, signpost ≈ 23.5

Legend: ■ referal ■ signpost

This finding would again suggest that the practitioners identified a substantial number of students as requiring support directly related to their academic studies. This interpretation is supported by the high frequency of contacts identified with a secondary presenting need relating to academic study. Other internal referral sources reflect the range of secondary needs and include student services, such as careers and financial support, the students' union and study skills services. It must be acknowledged that interpretation of this data is limited by the fact that one contact might result in multiple referrals and/or signposting suggestions. It is also acknowledged that there will be some degree of variation in clinical judgement which may influence a practitioner's decision whether to refer to a particular service. That said when considered alongside the rest of the data set, the referral and secondary presenting need data certainly appears to confirm that service utilisation for this study population is strongly influenced by university-specific factors which can be addressed within the setting as opposed to mental illness requiring external treatment.

The descriptive analysis of both data sets identifies that students accessing the service predominantly feel overwhelmed, experience infrequent suicidal ideation and sometimes or often consider withdrawing from university. This presentation appears to be primarily driven by psychological distress and to a lesser degree, mild to moderate mood disorder. The pattern of service utilisation, with only 1.27 contacts per student, also supports the primary influencing factor as being the presence of transient distress. The data clearly identifies that mental illness and frequent suicidal ideation and or planning, is not the prevailing presenting need within this study population. This finding is further supported by the pattern of external signposting to treatment. Furthermore, the data presents clear evidence of the influence of contextual

factors, including academic studies, on the needs influencing student's presentation to the service. To further identify any association between the student's presentation and the university context, the data will now be considered in the context of the academic calendar.

6.3.5 Results. RQ3: Is there any observable association between presenting needs and the university environment or activity?

Earlier in this chapter, it was identified that there appeared to be a pattern of service utilization which could be related to aspects of the academic year, most notably transition points. Figure 11 visually presents the relative frequency of the following self-evaluated variables across the academic year: Feeling overwhelmed, experiencing suicidal ideation, suicidal planning or actions, and considering withdrawal. When graphically plotted together the data provides a compelling picture of the subjective needs of the study population over the academic year. The pattern and shape of the data suggests there may be an association between the students presenting needs and the academic calendar. Visual inspection of the data again shows a pattern of peaks across all categories mid-way through trimesters one and two and again In May. Of note is that the troughs in the data (Dec/Jan, April and June, July) represent breaks in teaching for Winter, Easter and Summer, which for many students coincides with returning to the family home. This suggests that in the study population, feeling overwhelmed, suicidal ideation and planning, and risk of attrition decrease during breaks in teaching.

Figure 11; Pattern of relative frequency of self-reported state of overwhelmed (n=537), experience of suicidal ideation (n=511) and planning (n=142) and consideration of withdrawal from university (n=667) across the academic year 21/22

overwhelmed — ideation — planning — withdrawal

| SEPT | OCT | NOV | DEC | JAN | FEB | MAR | APRIL | MAY | JUNE | JULY | AUG |
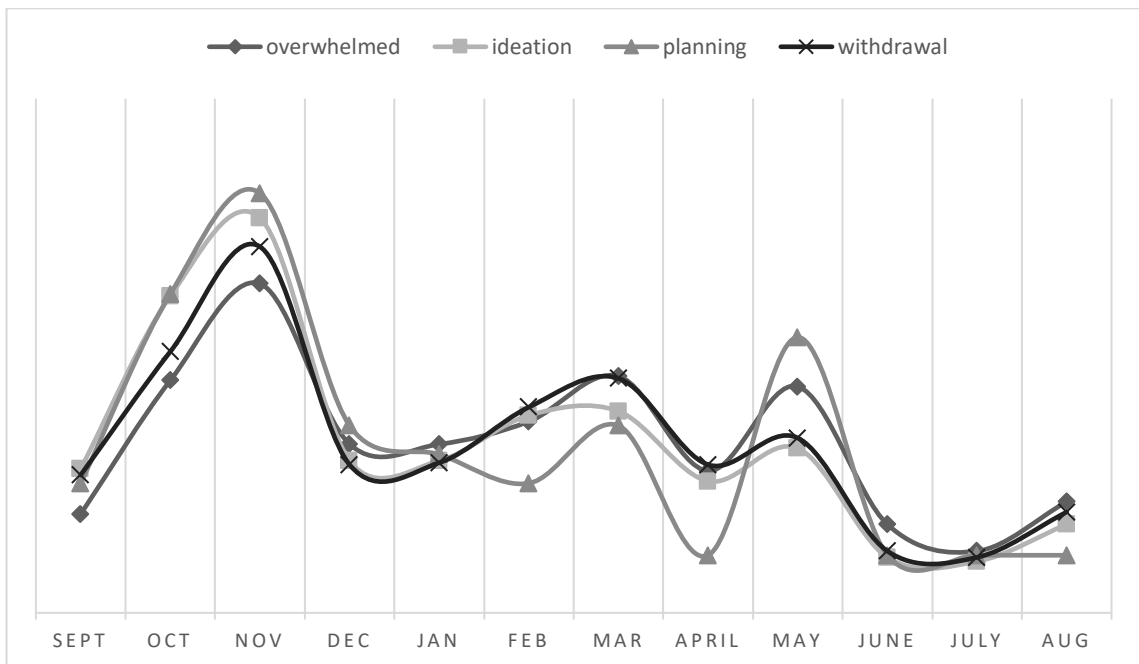
		winter	**ass**		Easter	**ass**	summer		**resits**
Trimester 1				Trimester 2			Trimester 3		

Of interest is the lack of a peak in January which represents an assessment period. This may be explained by the fact that the assessment period happens directly following the winter break, a period of time when many students are away from the other contextual demands of university. Again, considering university activity, for the majority of undergraduate students, the month of May marks a key transition point, the end of semester two and the deadline date for the entire academic year, and for some the end of their degree, which might explain this pattern. Of note is the fact that this data suggests that November, mid-way through the first trimester, represents the highest period of risk in terms of psychological distress, suicidality and attrition and these current findings suggest the need to explicitly focus support and interventions during this key period.

The frequency of practitioner assessed presentation of psychological distress, mood disorder and mental illness across the academic year is displayed in figure 13. The frequency of psychological distress and mood disorders appears to follow a similar pattern across trimesters one and two with peaks mid-way through the trimester. However, while the frequency of mood disorder reduces from March onwards, the frequency of psychological distress remains relatively static until May when it decreases steeply. In contrast, the pattern of mental illness follows no discernible pattern in association with the academic calendar. This pattern might suggest differential factors influencing the prevalence of psychological distress, mood disorder

and mental illness within this study. The pattern of frequency of distress may also suggest an association with transition and academic activity.

Figure 13 Pattern of relative frequency of practitioner assessed presentation of psychological distress (n = 992) Mood disorder (n = 320) and mental illness including psychosis (n=35) across academic year 21/22
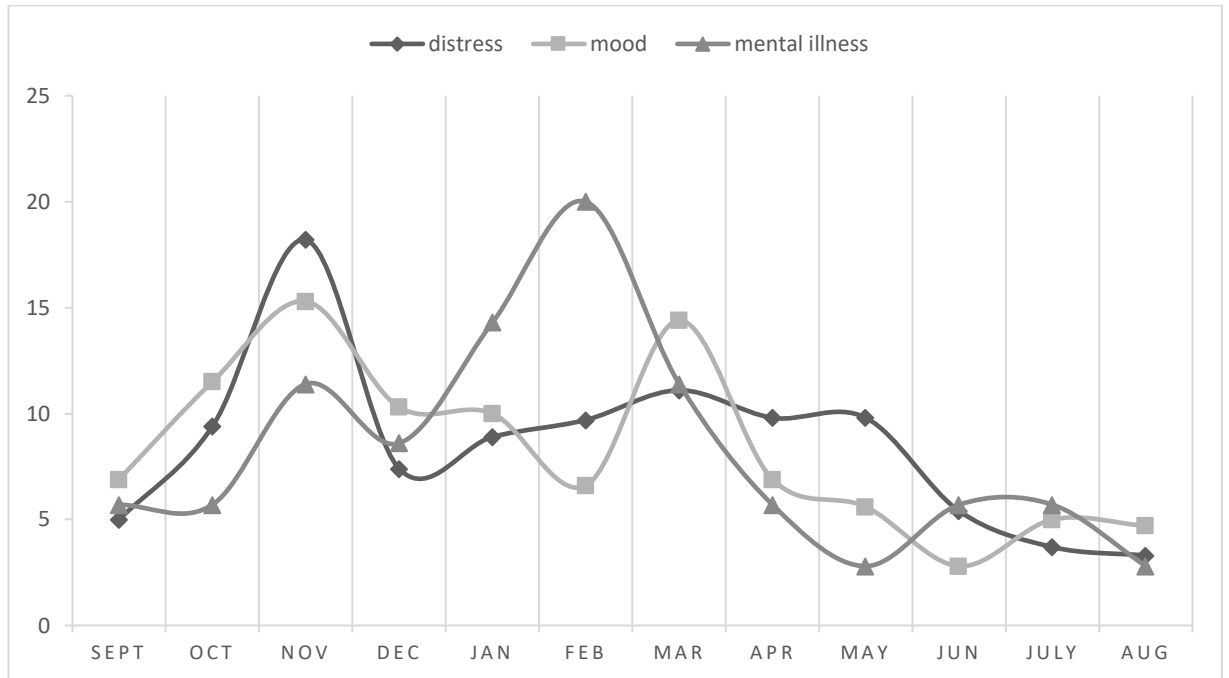
			winter	**assess**			Easter	**assess**	summer		**resits**
Trimester 1					Trimester 2				Trimester 3		

When considered in realtion to the factors influencing servuice utilisation, including a predominant presentation of psychlogical distress, a high frequency of internal referals to personal supervsors and a high frequency of academic concerns as a secondary presenting need, the shape of the data set does suggest some association between access to the mental health service, the academic calender and the university setting.

6.4   Discussion

Analysis of this secondary data set derived from a university mental health and wellbeing team indicates that psychological distress, rather than mental illness, is the primary driver of service utilisation within the study population. Notably, over 60% of contacts across the year were attributed to a primary presentation of psychological distress. In contrast, only 2.3% of contacts were assessed as presenting with symptoms of mental illness, with an additional 20.9% exhibiting mild to moderate mood disorders. These findings challenge the prevailing crisis narrative and focus on pathology evident in much of the empirical literature, as discussed

in Chapter 5 (e.g., Islam et al., 2022; Lee et al., 2021). Post-contact data further confirms these trends, revealing low rates of external referrals to NHS mental health services for treatment or crisis intervention. Moreover, only 10.5% of contacts between a student and a practitioner, resulted in signposting to psychological talking therapies, suggesting that the majority of students' needs could be effectively addressed either within the service itself or within the university's broader network of services and support. These results align with existing research highlighting high levels of distress among student populations globally (e.g., Adlaf et al., 2020; Naylor, 2020; Perreira et al., 2019), underscoring the importance of addressing the contextual drivers of distress as a priority. Furthermore, the finding that 62% of students in the study population had considered leaving the university highlights the significance of the role of support services in retention efforts, particularly when considering the potential negative psychological, social, and financial impacts of withdrawal (Withey et al., 2014).

Perhaps the most illuminating aspect of this study is that it offers the opportunity to interrogate both service utilisation and students' presenting needs across the full academic year. Descriptive analysis of the data appears to identify an association between service utilisation and students' psychological responses to the university experience, with observable peaks in both service utilisation and the nature of students' presenting needs mapping to key transition and assessment points. While the incidence of mental illness is low and remains relatively stable throughout the year, the incidence of psychological distress exhibits clear peaks and troughs across the academic year. The finding that 52% of contacts were assessed with a secondary need relating specifically to the university environment, with 32% being attributed to academic studies, identifies aspects of university life as a driver of distress within this study population. This finding is consistent with prior research linking students' distress to academic stressors such as assessment burden (e.g., Neves & Hewitt, 2021; Neves & Stephenson, 2023). Similarly, the present study confirms existing research linking psychological distress to contextual demands in student populations (e.g., Deasy et al., 2014; Hossain et al., 2019; Wathelet et al., 2020).

Of particular interest is the observed steep pattern of increased service utilisation and psychological distress between September and November, corresponding with the initial eight weeks of the first academic semester. This pattern aligns to the 'W-Curve' model of transition as first proposed by Gullahorn & Gullahorn (1963) and adapted by Zeller & Mosier (1993) to describe the experiences of first year university students. The model proposes that soon after the start of the academic year and following a 'honeymoon phase' characterised by excitement and curiosity; students experience a period of culture shock; this period of time is characterised by feeling overwhelmed with the reality of university life and experiencing

unmet expectations. This model would explain the peak in service utilisation and associated distress seen in November as representing distress relating to culture shock. While culture shock is most often discussed in association to international students, it is likely that most students will experience the psychological strain and dynamic and multi-faceted adaptations necessary to adjust to the micro-cultural changes of a university environment (Furnham, 2019; Llanes et al, 2023). This explanation aligns with a range of research in which the initial period of transition to university is identified as a time of heightened distress (e.g., Gall et al., 2000; Robotham & Julian, 2006). The findings of the current study are also consistent with research undertaken by Pitt and colleagues (2018) and Barker and colleagues (2018), both of whom identified patterns of increasing psychological distress associated with aspects of the university environment across the first semester. These findings also support the work of Tinklin and colleagues (2015), who suggested that in many cases it was the academic environment itself which caused students psychological distress. This would suggest that it is not simply the experience of increased workload for example which increases distress, but the tension between the myriad cognitive, social and psychological adaptations taking place for students alongside this workload and academic requirements (Llane et al, 2023).

While much of the literature on transition and adaptation relates to first year students across the initial weeks of university, the experiences of returning students, either at the start of the year or following the winter break, are largely neglected in the empirical literature. Shlossberg's theory of transition (1995) describes any event which results in a change in routines, expectations, assumptions, roles or relationships as a transition. This would suggest that returning students might also experience challenges relating to adaptation and re-integration at the start of every academic year and following breaks. This hypothesis would offer an interpretation of the data across the second trimester. While one can identify a rising pattern of service utilisation and distress across the second trimester, this appears less acute. This might suggest that the transition and adaptation required of students after the winter break is less demanding.

Another significant finding in terms of university activity, is the identification of May, the end of the academic year for the majority of undergraduates, as a period of heightened risk for psychological distress, suicidality, and intention to withdraw. Unlike the transition period in September, this end-of-year period has received limited empirical investigation. The findings may be indicative of students reaching a state of "burnout," characterised by emotional overwhelm and low feelings of accomplishment related to academic achievement (March-Amengual, 2022; Schaufeli et al., 2002). Additional investigation would be required to explore this interpretation further.

While this study does not reveal evidence of high levels of mental illness within the student population, it does highlight concerning trends related to suicidal ideation and behaviours. Although the study indicates relatively static and low levels of students presenting with suicidal behaviour, the prevalence of suicidal ideation is troubling. Nearly half of the students who self-referred to the service reported experiencing some degree of suicidal ideation (47.3%, n = 511), a finding consistent with similar studies on university student samples (e.g., Akram et al., 2020; Dhingra et al., 2015; Garlow et al., 2008). In contrast to the prevalence of suicidal ideation, only 13.1% (n = 142) of students accessing the service self-identified any level of suicidal planning or actions, with 3% (n=32) stating this occurred often or most/all of the time. This finding is significant for several reasons. Firstly, it implies that suicidal ideation is not solely a symptom of mental illness in this population, which is consistent with literature in which mental illness is identified as being only one of many factors associated with suicidal ideation both in the student and general population (e.g., Casey et al., 2018; Gili-Planas et al., 2006). Secondly, the findings suggest an association between psychological distress and suicidal ideation in the student population, a connection also supported by empirical research (e.g., Akram et al., 2020; Eskin et al., 2016). Thirdly, and perhaps most importantly for suicide prevention efforts, the findings suggest that the availability of mental health services within a university environment may help to mitigate the likelihood of ideation transitioning to actions.

Suicidal ideation is a broad term encompassing thoughts, wishes and preoccupation with death, which can vary in intensity from fleeting passive thoughts through to an intense preoccupation with a clear plan and intent to act (Harmer et al., 2023). The link between suicidal thoughts, intent and actions is incredibly nuanced and involves a complex interplay of biological, social, cultural, and psychological factors. The Integrated Motivational – Volitional model of suicide behaviour (IMV) (O'Connor, 2011; O'Connor & Kirtley, 2018) posits distinct factors governing the development of suicidal ideation and suicidal actions, with various moderators influencing their emergence. According to the IMV model as represented in Figure 14, suicidal ideation arises in a motivational phase, where individual biological, psychological and social factors intersect with experiences of defeat and humiliation, leading to a sense of entrapment. Defeat is conceptualised as a perceived failure (Gilbert & Allan, 1998) and as *'the perception of failure without a way forward'* (Taylor et al., 2009, p.796). Entrapment occurs when individuals desire to escape a situation but perceive all escape routes as blocked. This sense of entrapment can then transition to a volitional phase, where suicidal ideation manifests into behaviours.

Figure 12. The Integrated motivation-volitional model of suicide behaviour (IMV) from O'Conner & Kirtley (2018)
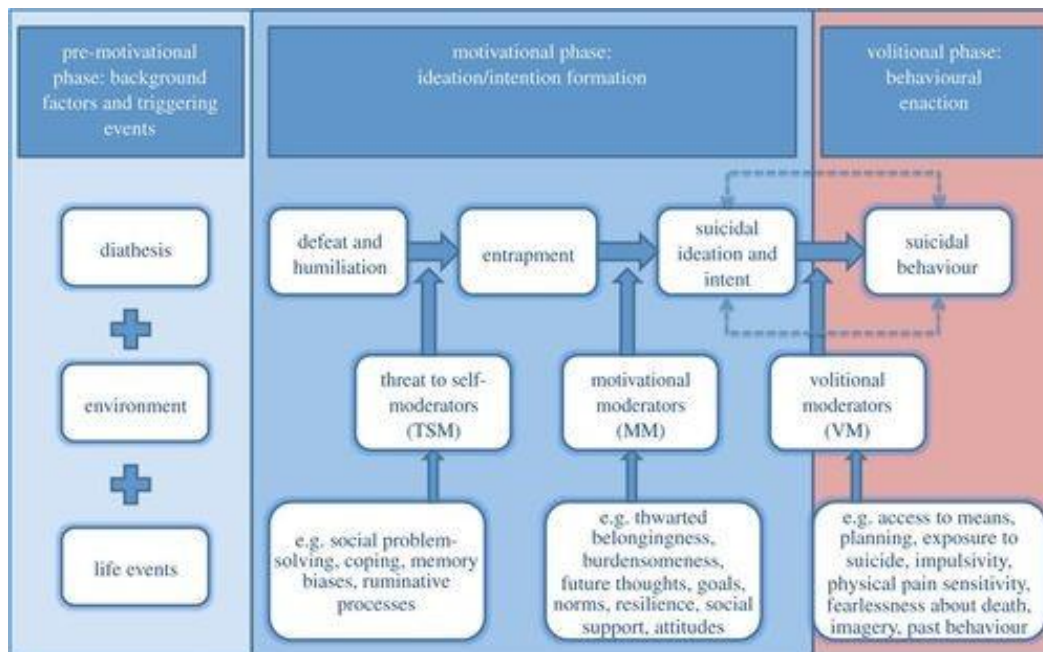
The model posits that various moderators such as psychological skills, problem solving and resilience; social constructs such as a sense of belonging and support networks; and traits, such as impulsivity, influence this transition between the likelihood of suicidal ideation and behaviours emerging. In the volitional phase, factors, such as access to means and exposure to suicidal behaviour in others, also influence transition to enacting behaviours. Applying this model to the study's findings suggests that university situated services may play a crucial role in suicide prevention, by offering interventions which prevent escalation from the motivational to the volitional phase. This is particularly salient given that the sense of entrapment which may activate suicidal behaviours has been linked to the lack of availability of appropriate support (e.g., Gilbert et al., 2002) and that NHS mental health services are currently experiencing significant demand leading to extensive waiting lists[5]. The data in the current study might suggest that students accessing the service are experiencing perceived defeat or failure related to their adaptation to the university environment or to academic study. Perceived academic failure can significantly impact students, both emotionally and socially (Ajjawi et al., 2020) and can impact on how students are perceived both by their peers and institution (Tinto, 2017); factors which might potentially exacerbate psychological distress. In this context, their help seeking might indicate a perceived lack of personal resources to manage the context specific challenges experienced.

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[5] Mental health pressures data analysis (bma.org.uk)

While university support services may be helping to mitigate the transition from suicidal ideation to behaviours, a more proactive approach to address this issue should be considered. There is wide ranging evidence which identifies those student profiles most likely to experience difficulties with transition and academic progression, for example care leavers, underrepresented groups, those with multiple competing priorities, and those with low academic attainment prior to higher education (e.g., Ashour, 2020). Furthermore, evidence identifies that psychological skills, such as problem-solving and adaptive coping strategies are key mitigators of suicidal ideation, as well as being promotors of academic persistence (Linda et al., 2012). It is inherently possible to design curriculum which helps students develop their psychological capital (Luthans, 2002). Universities should consider a range of interventions, including data analytics, curriculum design, and pre-sessional and induction support programmes, to address suicidal ideation comprehensively throughout the student journey. Action to address suicidal ideation should be integrated into all aspects of the student experience, rather than relying solely on mental health services for intervention during moments of acute distress.

6.4.1   Limitations

The findings of this study contribute significantly to addressing a gap in the available literature helping to describe the contextual demands and experiences of university students. It is however crucial to consider them in light of potential limitations. The primary limitation of this study is the utilisation of descriptive analysis. The data utilised within this study was collected during routine service delivery for the purposes of service evaluation and capacity management. As the data was not originally collected for the purpose of empirical research, careful consideration was given to the ethical implications of such use. To robustly ensure the confidentiality of students who accessed the service – the decision was made not to use any of the demographic information associated with the data. This included variables such as gender, age, ethnicity, year of study and course details. Furthermore, the data for each variable was aggregated and analysed as a group. While these decisions ensured absolute anonymity of the students accessing the service, it did invariably present limitations which subsequently influenced the methodological decisions and research design. While descriptive analysis is an appropriate methodology for type of data available, the lack of statistical analysis limits the conclusions which can be drawn. Any patterns and associations can only be described and inferred and variables which may have identified differential patterns of service access were unavailable. This means analysis which may have helped to elucidate the specific challenges experienced by particular student cohorts was not possible. Another limitation which affects is the fact the data relates in a single UK university across a single academic year during the

2021/22 academic year. While the study suggests consistent evidence of associations between university activity and mental health and wellbeing service utilisation for this period which is supported by existing research, data from subsequent academic years would help to identify if observed patterns could be generalised. Additionally, examining similar datasets services within a broader range of institutions services would be essential to confidently apply the findings across a larger population. It is important to note that the data analysed only pertains to students who opted to access the mental health and wellbeing service. Therefore, inferences about the mental health and wellbeing of students who did not seek support cannot be confidently made. Purposeful data collection which would support the application of inferential statistical analyses to confirm associations and ascertain their directionality through, for example, experimental or longitudinal research offers a potential direction for future research. Finally, any data collected by university teams as a result of clinical or routine service delivery and for the purposes of service evaluation, and subsequently utilised in research, is subject to ethical challenges which should be carefully considered.

6.5 Conclusion

The literature review and this first exploratory study address a significant gap in the available empirical literature pertaining both to the utilisation of university mental health and wellbeing services, and to the experience and presenting needs of students accessing support. What is particularly significant about the findings of the present study is that unlike much of the relevant empirical research, these findings are derived from data which represents both the subjective experiences and self-evaluation of students accessing a service, and the expertise of the practitioners delivering that service. Universities are unique in the fact that they serve the academic, social, and in many cases, health needs of a large population. This means that they are in theory well placed to collect data which would give significant insight into the specific needs and experiences of this population, at a scale which many researchers are simply not able to achieve. Organisations such as the NHS routinely collect and collate large data sets which allow for the building of an evidence base which ensures that we understand and respond to the nation's health needs appropriately. It could be argued that a priority for the higher education sector is to collaborate on the development of a similar research base, which could robustly explore the needs of the student population across a range of domains. This should certainly include prevalence and incidence of mental ill health, facilitators of wellbeing and the contextual factors which impact on students' psychological health, all considered longitudinally. Such a research base would ensure that the development and evaluation of university-based interventions were evidence-based and not solely founded on methodologically limited research which fuels the crisis narrative.

The findings from the present study suggest that the number of students accessing university mental health services has increased slightly but does not differ substantially from patterns in the general population's utilisation of mental health services. The findings do however imply that the reasons for service utilisation for students may be different than for the general public. The study's findings position the dynamic and multi-faceted contextual demands and challenges experienced by students across an academic year as being linked to their psychological health. The results of this study suggest that it is not mental illness that is the primary concern in this population, but rather psychological distress apparently in response to aspects of the university environment. It is this psychological distress which is driving the majority of service utilisation. The picture which emerges through analysis of the data, is of students feeling psychologically overwhelmed, distressed and most concerningly experiencing suicidal ideation in response to the demands of the environment including transition and adaptation. Arguably the appropriate response to such presentation would be to focus attention on the systemic application of educational strategies and interventions which proactively support students' wellbeing and adaptive coping abilities, thus preventing escalation to this state of distress. Such interventions would appear to be particularly needed during the first trimester helping to mitigate the experience of culture shock. There also needs to be systemic consideration of the nature of teaching, learning and assessment as well as other policies and processes which are appropriate to the changing needs of contemporary students. These findings strongly support the application of a settings-based approach to supporting student wellbeing.

For those commentators who are concerned about 'mission creep' within universities, these findings offer a way of reframing the narrative pertaining to students' needs and universities responsibilities. They also underscore the criticality of a coherent and consistent set of terminology with which to describe students' needs to avoid conflation, confusion and misdirected responses. The term mission creep refers to the ever-increasing growth in expectations placed on universities which includes the expectation of taking responsibility for the aspects of their students' lives which arguably are better served elsewhere. The primary goals of a university are the delivery of teaching and research, and as such the treatment of mental health issues does not comfortably, or indeed safely, fall within these goals. However, using a settings-based approach to developing an environment, culture and curriculum which actively promotes wellbeing, learning and success and which seeks to prevent burnout and psychological distress alongside the associated dangers of suicidal ideation, is arguably well within the ethical remit of any university. Strategies, such as increasing students' sense of belonging, developing compassionate pedagogies and offering greater flexibility in course

delivery and assessment may all help to mitigate students' distress and contribute to suicide prevention. To better understand the specific factors which serve to diminish or facilitate wellbeing further, empirical research should seek to expand from cross-sectional epidemiological studies which do little to either move the conversation forward or capture the nuance of the student experience. Instead, more empirical research which focuses on understanding students lived experience in the context of wellbeing and university life is required.

The current and preceding chapters have established, that distress in the context of university life is highly prevalent and that positive wellbeing can mitigate the experience of chronic distress. The following chapter will present the second study of this thesis, advancing the thesis by means of a qualitative exploration of the contextual factors which impact on student wellbeing.

Chapter 7 Contextual determinants of student wellbeing: A qualitative investigation

7.1 Introduction

The Integration of knowledge and findings arising from the literature review and from our first study, indicates that core elements of the university experience contribute to heightened psychological distress and poor wellbeing in student populations. The present chapter presents a study which advances the thesis through a qualitative exploration of contextual determinants of and barriers to wellbeing in undergraduate students

The definition of wellbeing utilised within this thesis is *'a multidimensional state of social and psychological functioning relating to a person's social and environmental context'.* As explored in Chapter 3, wellbeing is a particularly complex construct with numerous theorised determinants, drivers and associated factors. Furthermore, wellbeing can be considered both an outcome (i.e., resulting from something else), or a determinant, (i.e., preceding or influencing something else). Given the theoretical and operational complexity of the construct, it is not always straightforward to draw a distinct line between determinants and outcomes. There is robust empirical evidence that positive wellbeing can act as a buffer against psychological distress (Lamers et al., 2015; Trompetter et al., 2017); can help to reduce the risk of developing mental illness (e.g. Bhullar et al, 2014; Grant et al., 2013; Keyes et al., 2010) and can influence improved academic outcomes (Baik et al., 2019; Bowman, 2010; Brooker & Vu, 2020; Davis & Hadwin, 2021; Deci & Ryan, 2000; Tindle et al., 2022). What is less clear in the extant literature however are the specific contextual determinants of positive and diminished wellbeing in student populations.

University students' experience a wide range of unique and complex psychological, social and environmental demands. The array of experienced demands means it is important to identify exactly which determinants of wellbeing have the most significant impact on outcomes within student populations in order to contribute to the development of informed and targeted settings-based interventions within the university. Furthermore, it has also been identified in this thesis, that the dominance of focus on the prevalence of mental ill health means that there is a dearth of literature in which the lived experience of students in relation to their wellbeing at university is considered. It is these two factors which provide the rationale for this study. Before presenting the research, questions guiding this study, and describing the methodology, an evaluation of the current literature relating to the determinants of wellbeing in both general and student populations will be presented.

7.2 Determinants of subjective and eudaimonic wellbeing

As explored in Chapter 3, there are two primary theoretical paradigms which inform our understanding of wellbeing, Subjective Wellbeing (SWB) and Psychological or Eudaimonic Wellbeing (EWB). As a construct, SWB is generally deemed to be determined by satisfaction with life and affect. Both life satisfaction and affect form the basis for scientific measures of SWB. Life satisfaction is a subjective evaluative judgment a person makes on their life overall (Kahnemann,1999). Affect can be defined as the experience or state of a feeling, emotion or mood (Barrett & Bliss-Moreau, 2009) and the SWB model includes both positive and negative affective states. The model asserts that individuals with higher positive affect alongside a higher subjective judgement on overall satisfaction with life, have higher wellbeing. A significant amount of research on the determinants of SWB has been undertaken and this model and associated measurement tools, constitute the favoured approach for large scale economic and public health studies. The body of research relating to correlates of SWB is vast and suggests a wide range of bidirectional determinants and outcomes of SWB (see for review Das et al., 2020). There are broadly two approaches to 'grouping' the determinants of SWB, external or 'bottom-up' determinants, such as universal external factors (e.g., socio-economic status), and 'top-down' determinants, such as individual intrinsic factors (e.g., personality traits). In terms of 'bottom-up' or external determinants, a number of large-scale studies which utilise internationally collated data sets, consistently identify household income, employment and satisfaction with finances as key determinants of SWB (Fleche et al., 2012; Ngamaba, 2017; Diego-Rossell et al., 2018). It is however unclear whether these findings conflate appraisal of standard of living with wellbeing (Livingstone et al., 2022). Health, both physical and psychological, is also a factor consistently mooted as a key determinant of SWB across a range of contexts (e.g., Dolan et al., 2008), as are positive relationships with others (Bruine de Bruin et al., 2020; Amati et al., 2018; Chen & Feeley, 2014). This body of research suggests that the primary external determinants of SWB are aligned to the fulfilment of basic needs; income, safety, health and social relationships, and there is significant evidence this is broadly universal across cultures (Tay & Diener, 2011). Of note is that this finding appears to mirror Maslow's hierarchy of needs (1943) which is more generally associated with eudaimonic theories of wellbeing (Ryff, 2013). However, where this association has been explored, results do not support a straightforward association between universal external determinants of SWB and human needs, with confounding factors being identified, such as the ease in which a need can be met and country of residence (e.g., Bakar, 2022; Tay & Diener, 2011)

While there is strong evidence for universal external, or bottom-up determinants of SWB, there is greater variation found in terms of intrinsic or individual factors. Personality traits, such as neuroticism or extraversion, appear to be relatively consistent determinants of SWB according to the literature (e.g., Caunt et al., 2013; Deneve & Cooper, 1998). However, the degree of influence of other individual factors appears to vary across social, developmental and environmental contexts. For example, in young adult populations, factors such as trust and confidence in social and political institutions have been suggested to be important factors in determining SWB (D'Agostino et al., 2019), as has parental involvement in schooling (e.g., Steinmayr et al., 2019) and use of social media (e.g., Lai et al., 2019). Geography of residence has been found to determine SWB, with disparities found between urban and rural dwellers (e.g., Wang et al., 2020; Easterlin et al., 2011). The positive relationship between individual level of education and SWB is strong in the UK, France, and Sweden, whilst appearing to have no significant impact on SWB in other countries for example Portugal and Italy (Fleche et al., 2012). While these findings might suggest some impact of socio-cultural values on SWB, it must be noted that the per country sample sizes used in Fleche and colleagues' study were small. However, there have been similar findings relating to cultural differences in SWB determinants between developed and developing nations (Halliwell, 2010). When considered together, the findings mentioned certainly provide a strong rationale for the consideration of context when identifying determinants of wellbeing within specific populations. It must however be noted that a particular limitation in the SWB model, is that its focus on life satisfaction and affect are somewhat narrow in their scope and application particularly when seeking to identify areas for intervention within student populations. This limitation can be addressed though the theoretical frameworks associated with eudaimonic wellbeing (EWB) and the general population determinants of EWB will be considered next.

While there is some overlap between determinants of EWB and SWB, broadly speaking, in the eudaimonic paradigm the evidence of wellbeing is less concerned with subjective appraisal of circumstances or feelings. It is focused more on positive human functioning and potential. Eudaimonic determinants therefore are considered to be those constructs and traits which are responsible for positive human functioning and potential. There is a multiplicity of theorised determinants of eudaimonic wellbeing many of which appear to be conflated and lacking robust theoretical frameworks (Huta & Waterman, 2014; Kashdan, 2018). Furthermore, the distinction between determinants and outcomes is often blurred (Bandyopadhyay, 2017; Der Kinderen & Khapova, 2020). Two models which do offer clearly defined determinants are Ryff's (1989) model of Psychological Wellbeing and Ryan & Deci's (2002) Self-Determination Theory (SDT). While both models are discussed in Chapter 3, their theorised determinants are

presented here again for ease. Ryff's (1989) model of psychological wellbeing (PWB) offers a robust well-researched set of determinants. The 6 factors which Ryff theorised as determining PWB are: 1) autonomy - a person's freedom to make informed and uncoerced decisions about their life, to experience self-direction and to be able to pursue their own goals (Ryff & Singer, 2008; Legault, 2016); 2)environmental mastery - a person's capacity to manage one's own life and environment effectively (Ryff & Singer, 2008); 3) relationships with others - an individual's ability to engage in meaningful reciprocal relationships with others (Ryff 1989); 4) personal growth - a person's ability to realise and develop self-potential, recognise opportunities and engage in self-improvement (Ryff & Singer, 2008); 5) purpose in life – a person's belief in something greater than the 'self' whether internally or externally focused (Seligman, 2011); and 6) self-acceptance -   a person's capacity for self-reflection and the ability to hold positive attitudes about one's self (Ryff, Singer & Burton, 2006). Self-Determination Theory (SDT) distils the determinants associated with eudaimonic wellbeing into three basic psychological needs, autonomy, competence, and relatedness. In SDT, autonomy is described in a similar way to Ryff's characterisation of the construct, referring to the perception of the origin of behavioural decisions as being one's own. Competence, similarly, to Ryff's environmental mastery, is described as a feeling of confidence or perceived effectiveness in terms of interactions and opportunities arising within one's own environment. Finally, relatedness is described as a sense of feeling connected to others, cared for and feeling a sense of belonging to a group or community, similar to Ryff's dimension of relations with others (Ryan & Deci, 2002). The model of SDT suggests that wellbeing is achieved through the satisfaction of these three basic needs. While the model is described as being an approach to human motivation and personality as opposed to a theoretical model of EWB (Ryan & Deci, 2017); like all approaches to eudaimonic wellbeing, it is inherently concerned with human functioning and potential, thus making it entirely applicable to a study of eudaimonic wellbeing.

The theorised determinants of both PWB and SDT bear conceptual similarity to several other psychological constructs which have been mooted to either determine or bear some mediating role to both subjective and eudaimonic wellbeing in empirical research. For example, hope and optimism are conceptually similar to purpose in life in Ryff's model and have been identified as a determinant of wellbeing in samples which include university students (e.g., Bronk et al., 2009; Kardas et al., 2019) as well as being associated with outcomes, such as academic performance (Rand et al, 2020). Ryff's determinant of self-acceptance is conceptually similar to self-esteem (Thompson & Waltz, 2008) a construct which has been suggested to be a key determinant of EWB (Paradise & Kernins, 2005) and associated with both subjective wellbeing and academic achievement in student samples (e.g. Padhy et al, 2011). The constructs of

autonomy in PWB and competence in SDT are both conceptually similar to self-efficacy. Self-efficacy is described as an individual's judgement of their ability to exercise influence over, organise and execute actions (Resnick, 2008). It is also described as a trait which promotes individual persistence and planning in the face of challenge, and it is a strong predictor of motivation and performance across a number of populations and environments (Bandura & Locke, 2003). Self-efficacy has featured as a variable of interest in a raft of empirical studies exploring wellbeing across diverse populations including students (e.g. Cobo-Rendon et al., 2020; Karadema, 2006; Paciello et al., 2016). While there is clearly a multiplicity of conceptually similar determinants of wellbeing mooted in the literature, both the models of PWB and SDT appear to best capture the range of determinants in a theoretically robust way. Both models may therefore present a useful framework through which to approach this study and its findings.

7.2.1 Determinants of wellbeing in student populations

While the empirical findings described thus far within this chapter suggest that there is some degree of universality to the determinants or factors which influence wellbeing, it is reasonable to conclude that the ways in which those determinants or needs are satisfied, or indeed prioritised, differ across socio-cultural, environmental and developmental contexts. The evidence regarding which wellbeing determinants are most impactful within student populations, and as such should be a target for intervention, is difficult to establish effectively based on the current body of evidence in the literature. This is largely due to the following issues: 1) the different theoretical approaches taken within research, which often privilege either hedonic or eudaimonic models; 2) the conflation of constructs; and 3) the methodological dependence on quantitative methods, which approach the exploration of student wellbeing having already determined the variables of interest.

A systematic review and meta-analysis exploring the antecedents and consequences of student wellbeing incorporated 62 longitudinal studies (Du Toit et al., 2022). Of note in the context of this thesis is that none of the included studies were conducted using participants within UK universities. The authors identified around 90 theorised determinants of student wellbeing within the reviewed literature, a finding described by the authors as being '*problematically large*' (p32). Du Toit and colleagues were however able to thematically organise their findings into three broad domains. The first domain of wellbeing determining factors in student populations was relationships. This domain included membership of groups and on campus friendships. Given the centrality of social relationships and relatedness to theoretical models of wellbeing, this finding is not surprising. Social support, positive relationships, and associated constructs (e.g., social networks and social capital) are frequently

identified as being determinants of student wellbeing regardless of the country in which the study was conducted and its underpinning theoretical framework (e.g., Alsubaie et al., 2019; Lai & Ma, 2016; Malinauskas & Malinauskiene, 2020). Such findings suggest that there is a universality to this determinant of wellbeing and that it offers potential for targeted interventions within a university context.

The second of Du Toit and colleagues' domains included factors related to 'the self', including authenticity, self-esteem, and autonomy. These findings particularly reflect the eudaimonic models of PWB and represent a body of research which is situated in this paradigm and makes use of associated scales of measurement. Also related to individual determinants of wellbeing are studies in which personality factors have been associated with student wellbeing. The literature suggests that personality factors are those qualities which influence our interaction with the world, our thoughts and behaviours and determine our response to our environment (Ullah, 2017). Traits such as extraversion, openness and conscientiousness have been associated with student subjective and eudaimonic wellbeing in numerous studies (e.g. Joshanloo et al., 2012; Singh et al., 2012; Zhang & Renshaw, 2020). Given that personality traits are considered a stable and enduring aspect of personality, these findings may be of less relevance in designing interventions in a university environment. However other determinants of wellbeing relating to the self, for example autonomy and self-esteem, can be influenced by external intervention (e.g. Niveau et al., 2021; Perveen et al., 2020; Reeve et al. 2020; Su & Reeve, 2011). Furthermore, such factors have been consistently associated with improved academic performance (e.g. Arshad et al., 2015; Lane et al., 2004). These findings again position the models of psychological wellbeing and self-determination theory, as being particularly relevant to the population of interest in this thesis. The final domain described by Du Toit and colleagues related to the institutional context including determinants of wellbeing such as academic goal support, academic satisfaction and access to instrumental help and support. Of particular interest here was the identification of a circular relationship between wellbeing and academic outcomes, with each variable being both a determinant and an outcome of the other. This finding is confirmed within the literature (e.g., Novo et al., 2020; Petegem et al., 2008), again supporting the argument that student wellbeing must be considered with reference to specific contextual factors. The review undertaken by De Toit and colleagues provides a useful synthesis of the available literature. However, the literature included in the review is subject to a number of limitations including the use of cross-sectional survey-based methodology and the dependence on convenience sampling, representing similar limitations to those discussed in **Error! Reference source not found.**

As discussed earlier in this thesis, much of the research in the topic of interest approaches the identification of factors associated with student wellbeing from a quantitative perspective, with researchers having already determined the variables of interest. There is however a body of qualitative research, albeit small, which provides insight into the lived experiences of university students and gives voice to those determinants of wellbeing that students themselves perceive to be most critical. In a study with a sample of 18 undergraduate students from a South African university, factors including academic engagement, self-worth, problem-solving skills, meaning in life, and positive relationships were identified as being positively associated with their wellbeing (Mason, 2021). Similar factors were identified by 11 participants at another South African university (Botha et al., 2019). Botha and colleagues used semi-structured interviews alongside a visual form of data collection to explore first year students' perceptions and interpretations of wellbeing. The results of this study identified determinants of wellbeing which included, having meaning and purpose in life specifically relating to their academic goals, having the ability to master their environment in relation to managing their time and studying independently, and having the opportunity to be independent. Consistent with the quantitative research on wellbeing, the students in this study identified positive social relationships and opportunities for social engagement as determining their wellbeing. Of particular interest in this study was the identification of wellbeing enabling factors, which included support and information provided by the university itself. These enablers included things like induction programmes for new students and the effectiveness of communication channels. These findings are particularly noteworthy in that they are entirely context specific, and thus largely missing from the literature in which more universal determinants of wellbeing are measured.

Further insight into the association between university life and student wellbeing is identified in Kono & Walkers (2020) qualitative study. The aim of this study was to explore the Japanese concept of Ikagi, meaning a life worth living, a construct which is similar to eudaimonic wellbeing. The authors interviewed 27 undergraduate Japanese students who identified that having the opportunity to participate in activity which held personal meaning or value was a key determinant of their wellbeing, a finding consistent with Ryff's model of Psychological Wellbeing. Conversely, the impact of trying to balance multiple academic and personal commitments had a negative impact on students' wellbeing leading to feelings of being disengaged and overwhelmed. One participant stated:

> *"So, if academics [assessments and assignments] is overwhelming to you and everything you are experiencing and it takes over everything you can possibly*

experience in university, then your well-being is going to be moved into a negative direction" (Kono & Walker, 2020, p.484).

This quote provides a subjective perspective into the relationship between the determinants of wellbeing, the experienced state of wellbeing, and the experience of psychological distress. The association between wellbeing and psychological distress is well founded within quantitative research, but evidence on how this association is experienced by students is particularly insightful. A similar association between wellbeing and distress is identified by participants in another qualitative study (Daga & Raval, 2020). The aim of this study was to explore the ways in which psychological distress and wellbeing were conceptualised and experienced by the participants. The sample included 24 students from China, India and South Asia who were studying in universities in the United States. The study identified factors such as social relationships as being fundamental determinants of students' wellbeing and the lack of such determinants as being a cause of distress. Interestingly, participants in this study, also recognised psychological distress as being functional, in terms of promoting personal growth and motivating change.

The findings of these qualitative studies are important in that they contribute to an understanding of student wellbeing and distress which is contextual. While there are some similarities in those determinants identified within the quantitative and qualitative student-focused research there is limited insight into how these determinants relate to the lived experience of contemporary students and how the context of student life might support or diminish wellbeing. Evidence from qualitative studies suggests that there are some unique perspectives and identification of specific contextual factors gained from empirically exploring students lived experience. The application of these findings is however constrained by the paucity of this research meaning further insight into the ways in which students experience wellbeing within a university context is limited. Evaluation and experience of wellbeing is by its nature, largely subjective, meaning that gaining the perspective and meaning students themselves ascribe to their wellbeing should be emphasised. Kiefer (2008) argued for the need to explore how individuals conceptualise their own wellbeing and what they themselves perceive to be barriers and facilitators, an argument which supports the application of an exploratory qualitative research paradigm. Furthermore, the challenges for universities associated with designing contextually appropriate interventions to support wellbeing might be addressed by increasing our understanding of those determinants considered most impactful by students themselves. It is therefore both the gaps in the current literature and the pragmatic approach of this thesis, which provide the rationale for the present study.

7.2.2   Research aims and questions.

The aim of this study is to identify contextually specific determinants of wellbeing which are grounded in the lived experience of undergraduate students. The research questions underpinning this study are as follows:

RQ1: What role do undergraduate students perceive the context of university to have in relation to their wellbeing?

RQ2: What factors, both individual and institutional impact on student wellbeing?

RQ3: How do undergraduate students perceive & describe the qualities and behaviours of a flourishing and languishing student?

The following section of this chapter describes the methodology and research design utilised in this study. Subsequently the emergent results and an interpretation of these results is presented. This is followed by the final section in which contributions, implications and limitations are presented.

7.3   Research design and methodology

This study is informed by a paradigm of pragmatism as described in Chapter 4. Pragmatism is orientated toward generating knowledge which has real world applications (Kaushik & Walsh, 2019; Yardley & Bishop, 2017). As such it is relevant to the overall aims of this thesis which are to identify contextual factors which may lead to targeted interventions to support and improve student wellbeing. The ontological assumptions grounding this study, are that an examination of student wellbeing should be approached by exploring the lived experience of the population of interest. As the aim of this study is to identify factors relating to wellbeing from a student perspective, the avoidance of research methodology which imposed the researchers own understanding and knowledge on the generation of these factors was required, thus providing the rationale for utilising exploratory qualitative methodology and more specifically the Nominal Focus Group technique.

7.3.1   Reflexivity

The subject of this research and my own positionality in term of my lived experience, knowledge, ontological and epistemological assumptions have been addressed throughout the research process through the process of reflexivity and through robust supervision. Qualitative research is rarely value or bias free and reflexivity is concerned with the impact of the researcher's values and bias on the construction of knowledge (Cohen & Crabtree, 2006). I have actively engaged in considering how my own positionality, as a mental health nurse

working within and subsequently leading Mental Health and Wellbeing support services within a university, has influenced my decisions as a researcher and my interpretation and analysis of the data. The choice of a sequential mixed methods research design, incorporating qualitative methods, was a deliberate attempt to limit researcher bias and ensure the centrality of the participant voice. My engagement with the literature was aimed at limiting my subjectivity in relation to the interpretation of any findings. I believe that my close relationship to both the subject and phenomena of investigation is ultimately beneficial in terms of deepening my understanding of the participants' lived experiences and the context within which these experiences are situated. I do however acknowledge that my own socio-political assumptions are present in the interpretation of findings.

7.3.2   Research design

This study employs a novel qualitative data collection technique which combines Focus Group (FG) and Nominal Group Technique (NGT) defined as Nominal Focus Group (NFG). FG, described as 'a *type of discussion about a topic under the guidance of a trained group moderator*' (Stewart, 2018, p.687) and NGT described as '*a structured method for group brainstorming*'[6] are well-established qualitative techniques which have been used to efficacious effect within Higher Education research. The strength of the focus group technique is the ability to capture data which is developed through the interactions of group members, as opposed to the direction of the facilitator. There is however the risk of the group being dominated by stronger personalities who themselves then bias the discourse (Smithson, 2000). The nominal group technique, in contrast, is highly structured and achieves consensus driven data. However, it can be limited by the lack of opportunity to generate rich and meaningful data through participant-driven discussion (Mullen et al., 2021). The Nominal Focus Group technique (see Figure 13) combines the strengths of FG and NGT while simultaneously addressing their limitations. This novel technique was developed by Varga-Atkins and colleagues (2017) as a method of gathering student evaluation data for the purposes of curriculum enhancement. The technique is described as being inherently participatory, privileging 'student voice' and experience making it suitable for meeting the aims of the present study. The use of the NFGT technique in this study supported both the exploration of a complex construct, student wellbeing, through the focus group, whilst also allowing participants to rank and ascribe relative importance to the factors relating to that construct identified by the group. Within a traditional focus group setting, bias can be introduced by the

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[6] Nominal Group Technique (NGT) - Nominal Brainstorming Steps | ASQ

group facilitator in terms of their impact on the direction of conversation or focus on particular aspects of the topic. The use of NFGT minimised researcher bias by ensuring that the development of the categories which guided analysis of the focus group data was entirely participant-led. This added rigor to the qualitative research outcomes.

Figure 13 Nominal Focus group (Varga-Atkins et al., 2017, p293)
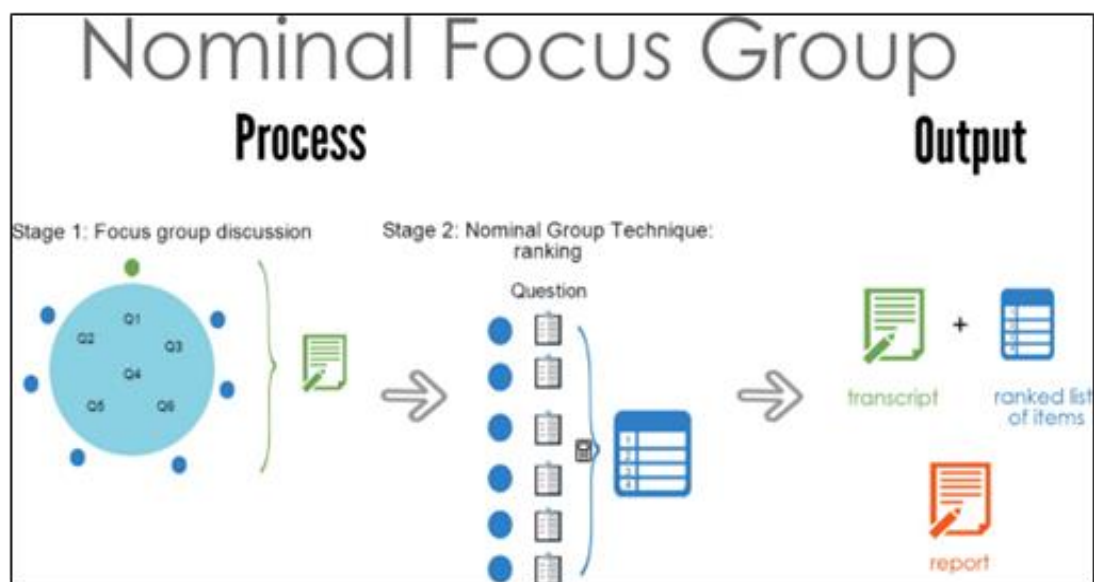
7.3.3 Participants

A decision was made to focus on the experiences of undergraduate, UK fee-paying students specifically. The rationale behind this decision was that undergraduate students within the 18-23 age range represent the largest sub-population within the UK university student population, and any application or intervention arising from this research would therefore have maximum impact. Convenience sampling techniques were employed in line with the experiential nature of the desired insights, and recruitment was undertaken through situating posters in high-traffic student areas and sending email invitations to students who had previously volunteered in related projects. Participants were offered a £10 voucher to take part and ethical approval for this study was granted by the University of Hull, Faculty of Health Sciences' Ethics Committee. Participants provided informed consent and received a digital and paper copy of a participant information sheet (Appendix 2). Participant details are summarised in Table 16. Participants (N=9; 6 females and 3 males; 7 white British and 2 Black or Asian British) were all undergraduate students enrolled at the same UK university with an age range of 18-23 (mean=20.56). Four of the participants were in their second year of study, two in their first year and two in their final year, with one student in their foundation year. Seven of the participants were living in shared student accommodation at the time of the data collection with the remainder living with parents. Five of the participants were undertaking paid

employment outside of their studies. Three of the participants stated they had accessed support for a mental health or wellbeing issue in the 6 months preceding the data collection. In terms of age, gender and ethnicity, this sample is broadly demographically representative of the student population at the university in which the research was conducted. Pseudonyms have been used throughout to preserve the anonymity of the participants. Participants chose their own pseudonyms to avoid any ethical impacts of the researcher choosing pseudonyms, particularly in relation to sociocultural factors (Allen & Wiles, 2016).

Table 16 Demographic details of study participants

Participant Pseudonym	Year of study	Age	Ethnicity	Gender	Employment	Living situation
Phoebe	F	18	W/B	F	None	With parents
Emily	1	19	W/B	F	None	Student accommodation
Lily	1	19	W/B	F	None	Student accommodation
Noah	2	20	W/B	M	Up to 10 hours per week	With parents
Ellis	2	20	W/B	M	None	Student accommodation
Grace	2	22	W/B	F	Up to 10 hours per week	Student accommodation
Rose	2	22	B	F	Over 15 hours per week	Student accommodation
Cersei	3	22	A/B	F	Up to 10 hours per week	Student accommodation
Christopher	3	23	W/B	M	10-15 hours per week	Student accommodation

Ethical considerations for this study included the potential of the topic of discussion to cause psychological harm or distress to the participants either during or following participation. The use of a semi structured interview schedule helped ensure topics discussed within the sessions were well manged, all participants gave informed consent and all participants were provided with clear information pertaining to accessing university support services. Ethical approval was

granted by the faculty of Health Sciences Ethics Committee at the University of Hull following a robust application including a risk assessment and data management plan

7.3.4 Data Collection

Data was collected over three separate group sessions between December 2019 and February 2020. Group 1 consisted of 4 participants, group 2, 3 participants and the final group comprised of 2 participants. The sessions took place on the university campus and were facilitated by the researcher. A session protocol and semi-structured interview schedule was utilised during the focus group section to ensure consistency of approach between the groups (Appendix 3). The sessions also began with an oral explanation of the participant information sheet and further explanation of anonymity. The semi-structured schedule was designed to generate rich data, thus enabling a thorough understanding of the participants' lived experience (Patton 2002). The schedule was structured to explore participants' perceptions of: 1) the impact of the university experience on wellbeing; 2) individual and institutional factors impacting on wellbeing; and 3) perceived attributes of a flourishing/languishing student. Clarifying questions and prompts were used throughout to ensure correct interpretation of participants' perspective and to encourage new insights. The focus groups were audio recorded and subsequently transcribed in their entirety. The focus group activity lasted approximately one hour before moving on to the nominal data collection.

An oral explanation of the nominal data collection was provided and participants were also given this information in a written format (Appendix 4) The process of collecting the nominal data was as follows:

1. **Individual Identification of Factors**. Each participant was given 6 post-it notes and asked (in silence) to identify 3 items they perceived to have a negative impact on student wellbeing and 3 which they percieved to have a positive impact (54 items).

2. **Clarification and Display**: Each participant took turns to read out their items and clarification was sought where there was ambiguity. Items were displayed in two columns, positive impact and negative impact on a whiteboard.

3. **Ranking of Items**: Each participant was asked to consider all items generated within their group and to individually choose their top 5 positive and top five negative, ranking them in order from most impactful to least impactful.

At the end of the data collection process participants were given the opportunity to ask any questions about the research and provided with a debrief sheet (Appendix 5).

7.3.5 Data analysis – nominal data

To ensure the study results represented an accurate reflection of student experience and to minimise researcher bias as much as possible, the nominal ranked items generated by the participants formed the participant-derived themes. These themes were subsequently used in the coding of the transcribed focus group data. The process of developing the participant-derived themes from the nominal data was as follows:

1. **Items Scored**: all 54 generated items were transcribed verbatim and given a cumulative score based on the participant rankings – a score of 5 for most impactful to 1 for least, with a score of 0 for any items which were not included in the participant rankings.

2. **Items collated**: The top 5 highest scoring positive items (15) and negative items (15) from each of the three groups were collated and then grouped by theme (see Table 17 and Table 18).

3. **Focus Group Coding**: these superordinate themes were used as nodes for the coding of the focus group data.

Table 17. Nominal items and participant-derived themes - positive determinants

Group	Nominal items	themes
1	Friends/social network; a good support network (academic support tutor, friends, family, society/team)	Networks & social connections
2	Having a good support network of friends, family & teaching/Uni staff; relationships (romantic/intimate) h**aving a good relationship with your lecturers/tutor** so you can approach them for help; confidence; exercising; family support; life outside university	
3	Strong non-judgemental friendships/relationships; good support networks	
1	Active constant routine	Proactive behaviours & personal characteristics
2	Being part of societies/clubs/social groups; having a good relationship with your lecturers/tutor **so you can approach them for help; confidence; exercising**	
3	Stability	
1	In university services	Access to help & support
2	Clarity and abundance of help available	

| 3 | External support from GP, Let's Talk[7], etc. | |

Table 18 Nominal items and participant-derived themes - negative determinants

Group	Nominal items	Theme
1	Feeling inadequate due to comparing yourself to others too much; pressure to fit in or act a certain way	Pressures & expectations
2	Pressure to be a certain type of person	
3	Previous/ongoing personal experiences/trauma which were not resolved; Comparisons with other students	
1	Budgeting & finance	Financial resources
2	Low finances; money stress	
3	Financial difficulties	
1	Overwhelming workload	Managing academic studies
2	Assignment deadlines whilst balancing other commitments; deadlines	
3	Academic pressure	
1	Little/no social life; feeling isolated from your peers	Lack of social support and connections
2	Not making or having time to see friends; not knowing how to get support either for yourself or someone else and uncertainty that it will help	
3	Long waiting period for appointments to get help	

7.3.6   Data analysis – focus group data

Focus group data was audio recorded and transcribed verbatim by the researcher. The transcripts were subsequently analysed following Braun & Clarke's (2006) process for thematic analysis. This technique was chosen primarily due to the methodological rigor inherent in following a clearly defined procedure. The utilisation of this technique also ensured that data was clearly described and organised whilst allowing space for interpreting the data in the context of wider theoretical constructs. The stages of data analysis were as follows:

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[7] Local Talking therapy service

1. **Familiarisation with the data**; this stage involved manual transcription, anonymisation using pseudonyms, multiple readings of the data set and initial notes and thoughts on points of interest.

2. **Coding**; NVivo was used as a tool for coding as the programme structure allows for robust data management and lends itself well to the process of thematic analysis (Zamawe, 2015). Nodes were created from the 7 participant-derived categories and used as organising containers. Focusing on what was said by individual participants and within interactions, codes were created and nodes populated with data which was relevant to the research questions. As the research questions relate to factors which impact on wellbeing, particular focus was given to actions, behaviours, and concepts. New nodes were created during this process which were not participant-derived, but did relate to the research questions.

3. **Theme development**: codes were developed into themes through an active and iterative process of reviewing, analysing and interpreting the coded data and identifying similarity and overlap in concepts.

4. **Review and revision**: the themes were subjected to review and revision against the coded data, the entire data set and the research questions to ensure the themes were consistent, well-developed, and remained true to the participants' voice.

The process of analysis resulted in the generation of four themes and 10 sub-themes which are presented in Table 19 alongside the research question and the associated participant derived themes.

Table 19 Themes and subthemes identified through thematic analysis

Research Questions	Themes	Sub Themes	Participant-derived themes
RQ1; What role do undergraduate students perceive the context of university to have in relation to their wellbeing?	The University; context & experience	Emerging adults Expectations of care Structures and process	Not applicable

RQ2; What factors, both individual and institutional impact on student wellbeing?	Challenge & Expectation	Academic burden	Managing academic studies; pressures & expectations
		The undergraduate myth	
		Upward comparisons	
	Networks & Support	Friends replace family someone who cares	Networks & social connections; Lack of support & connections; access to help & support
RQ 3; How do undergraduate students perceive & describe the qualities and behaviours of a flourishing and languishing student?	Student behaviours & characteristics	it's different for us	
		Hi, I'm your neighbour!	Proactive behaviours & personal characteristics

7.4   Findings

Results are organised and presented thematically incorporating present and emergent observation and analysis.

7.4.1   Theme 1: The university: context and experience.

While not arising directly from the participant- derived categories, this theme emerged clearly from the data set and represents the contextual significance of the university experience, as providing a framework of understanding in relation to research question 1 – the role of the university in relation to student wellbeing. It has been argued that the conflation of higher education and university misses something fundamental about the complexity and multi-dimensionality of university, as both an experience and a social institution, which encompasses numerous psychological, socio-political and educational activities. (Barnett, 2016). This argument appears to be supported by the results of the present study.

> "I think university is not just about education, there's so much more to it … the majority of the people who are going to uni are in their growing stage and they're trying to work out who they are, what they want from life and university. When you're looking at university, it impacts quite a lot and not just education. I would say that's a part of it but not the entire thing." (Cersei)

This theme alludes to the experience of university as being a journey of personal development and maturation, linking particularly to determinants of eudaimonic wellbeing such as personal growth and meaning. The theme also highlights the significance of the process of transition from school or college to higher education – *"I think, who was prepared, the only preparation I had was watching 'fresh meat' (laughs) (all laugh). I mean there's no other experience that can really prepare you for it"* (Ellis). There was a clear identification within the data that "university" is more than a physical space where one gains an education, but it also encompasses a metaphysical experience during which students experience growth, independence, personal development and self-discovery.

7.4.1.1   Emerging adults.

The theme of university as being more than a site of education, was expanded further by participant descriptions of growing independence

> "This is where people are learning to become independent, starting their own lives… I think with uni you learn more about life than you do your actual course, like I've learned so much about just being independent." (Rose)

This perception of being *"in their growing stage … trying to work out who they are what they want from life" (*Cersei) appears to be shared by the participants and supports the concept of the 'emerging adult' (Arnett,2004). This finding is further supported by research undertaken with university student samples internationally, which suggests they do not consider themselves to be adults having not yet achieved the criteria they perceive to mark entry into adulthood (e.g., Molgat, 2007; Nelson, 2009). In the context of student life, emerging adulthood can be typified as a time of increased responsibility, moving toward self-reliance, and uncertainty. Evidence from the literature suggests that the psychological tensions and uncertainties experienced in this developmental period, can contribute to poorer wellbeing (Baggio et al., 2016; Newcomb-Anjo et al., 2017; Lane, 2014). This finding suggests that the intersections between the university experience and the psychological developmental stage of the students, may be influencing wellbeing in complex ways.

The importance of situating any exploration of student wellbeing within the wider context of their psycho-social development is further exemplified by participants' descriptions of their experience of the transition from school or college to university. The language used by participants reflected a sense of the vulnerability of the new student, describing the process of transition in emotive terms, which suggested a cleaving from familiar structures and support when starting university:

"Most of us aren't five minutes from home and obviously that transition is a massive jump for a lot of people coz obviously we're a lot more mollycoddled than we were in the past…we all have that kind of … what's it called …cotton wool sort of thing, you know we've got our safe little network, our family network to look after us and support us, then you've got your friends, your friend network from your school and your sixth form that you've had for years and obviously when you're at university you're splitting up from your friends coz obviously you're going to different places or some don't go to uni, and you split up from your family coz in many cases you're moving cities." (Ellis)

What is particularly interesting in the above quote is the participant's apparent reference to parenting styles and the impact on their experience of transition. Parenting styles have been explored as a predictor of wellbeing in emerging adults, with studies suggesting that 'indulgent or helicopter parenting' predicted poor psychological outcomes in emerging adults (Kouros et al., 2017; Cui et al., 2019). While beyond the scope of this study, this is nonetheless an interesting finding. There is a well-established body of research relating to transition to university and it is widely recognised as encompassing significant challenges for students (Pennington et al., 2018; Williams & Roberts, 2023). Van Gennep's (1960) theory of transition posits three distinct stages in transition, the first being separation; marked by separation from past community and family structures. This separation is clearly described by the participants in this study. Participants also noted that the university experience is different for local or commuter students: *"I feel like I have it a lot easier than most students, coz I'm from the city and I'm staying at home"* (Emily). This is an important consideration for universities designing interventions to support transition.

7.4.1.2   Expectation of care

What was perhaps most notable in the participants' descriptions of transition was their expectations of the role of the university as a being a provider of 'care' during this time. Indeed, the participants in this study appeared to perceive that the emotional and psychological significance of this transition, along with the potential to negatively impact wellbeing should be both recognised and proactively responded to by 'the university'. This was noted as being particularly important during the initial transition phase, when, in the absence of their usual support networks, participants expressed the need to be actively supported and cared for by 'the university'. As one participant stated:

"…I think the university should step in you know and through trained staff to be 'we know you don't know us either but we're willing to listen and help." (Noah)

Participants appeared to expect or anticipate that university staff would be actively monitoring their wellbeing & mental health - *"tutors and lecturers would, could be the first people to notice if someone's wellbeing or mental health isn't very good"* (Lily). The implication in this finding is that the participants expected that academic staff would be in a position to recognise poor wellbeing. This supposition also suggests an expectation of the relationships and structures within university as being somehow intimate and 'family-like', and that as a student, they would be 'seen' and 'known' well enough by staff members for any changes in behaviour to be noticed, with one participant stating: *"I think they are told to look out for us"* (Grace). This idea is further exemplified by participant descriptions of university as a 'home from home', again suggesting the expectation of university staff to provide a familial intimacy in which students are nurtured and cared for: "*university kind of like acts as a new home to them, so it needs to be like you know like a home!*" (Cersei)

The participants' expectations of the university and its staff are supported by research which has found that students expected to have significant contact with helpful and sympathetic academic staff and to be provided with support for a range of non-academic & social activities (e.g., Lowe & Cook, 2003; Money et al., 2017; Hassel & Ridout, 2018). The significance of this finding relates to evidence, which suggests that student expectations of university life prior to transition are often misaligned with the actuality of their experience. This misalignment is mooted to lead to poorer outcomes in terms of negotiating the transition, which then subsequently negatively impacts wellbeing (Smith & Wertlieb, 2005; Crisp et al., 2009; Krieg; 2013). In particular, the availability of accessible and supportive staff has been associated with students' expectations of their ability to manage the transition and succeed at university (Crisp et al., 2009). However, these expectations may be unmet for several reasons. For example, the results of a qualitative study (Longwell-Grice & Longwell-Grice, 2008) identified that large class sizes and a lack of familiarity with academic staff contributed to students feeling unsupported by staff. This finding identifies one mechanism by which students' expectations of being 'seen' may be unmet. Furthermore, academic staff themselves, have identified difficulty in providing the expected level of support due to both personal and structural barriers, such as: workload, finding it stressful, struggling to maintain boundaries, and being inadequately supported with the degree of emotional labour required (Huyton, 2009; Laws & Fiedler, 2012; Hughes & Byrom, 2018). Understanding and responding to student expectation is considered by some as being key to student satisfaction, and thus retention (e.g., Borghi et al., 2016; Gorgodze et al., 2019). Therefore, any dissonance between student and staff expectation in relation to the provision and receipt of 'care' would benefit from further exploration and consideration.

7.4.1.3   Structures & Processes

The final significant finding in terms of participants' perceptions of the role of the university, was that the university should actively seek to minimise the impact of institutional processes and structures on its students' wellbeing.

> "I think, the big responsibility university has is to make sure that the environment of the university doesn't negatively impact on mental health because I think it's quite a difficult thing to do, coz there's no way that anyone can ever be perfect in that I think. But I think taking steps to at least signpost for support and ensure that support is needed not very often is probably the best." (Christopher)

This finding supports the arguments formed in the preceding chapters of this thesis, that the context of university and student life itself can be a determinant of wellbeing. This data also suggests that students expect the university to manage the environment and its structures and processes in such a way, that it does not negatively impact on wellbeing. This finding relates in large part to the impact of academic studies and to the theme of challenges and expectations and will be discussed next.

7.4.2   Theme 2; Challenges and expectations

Despite this theme being the least well defined in the participant-derived categories, it emerged strongly across the entire data set. The theme represents the participants' experiences of both external (predominantly institutional), and internalised pressures and expectations, which they perceived as having a direct and negative impact on their wellbeing. This theme relates particularly to eudaimonic determinants of wellbeing including competence in the model of Social Determination Theory and environmental mastery in the model of Psychological Wellbeing.

7.4.2.1   Academic pressure and burden

The most well-articulated factor which participants perceived to have a negative impact on their wellbeing was academic pressure. Participants in the present study consistently identified the impact on their wellbeing of the fundamentals of academic life, for example, deadlines and assessments.

> "You've got people having good days and bad days, it's very much the same as that you know, it all depends what's on your plate you know coz exams and essays that's something heavy on your plate and its obviously gonna bring you down and obviously as they start to go away they start to lift your spirits again." (Ellis)

This participant references an affective component to their experience making specific reference to the impact of academic pressure on mood thus highlighting the

interconnectedness of academic study and emotions. In relation to the experience of transition, participants also commented on the structure of the academic year, articulating the impact of having only a limited period to acclimate to university life or to a new academic year before being faced with the challenge of assessments.

"Yeah coz I think we come direct from September at the start of the year then all the deadlines are November, December. So, it's like you move back and then you kind of get into the rhythm of things, then it's just deadline, deadline, deadline! There's no kind of smooth transition into it, which is quite hard." (Rose)

One participant mentioned the fact that they had *"no break over Christmas"* (Cersei), and another spoke of how needing to spend the Christmas break revising meant they had little time to spend with family and friends.

"…there's a lot of pressure with that and if because the assignments are handed in in the beginning of January you've only got a few weeks over Christmas, sometimes it can be stressful can't it for people if you're around family all the time or if you've got a busy social calendar, if you only have those 3/4 weeks before your exams to do revision?" (Emily)

This mention of the impact of the academic calendar, in particular assessment periods contributes valuable insight to the findings of the results of the service data study presented in Chapter 6. The results of that study identified significantly increased service utilisation during assessment periods. The findings of the present study help us to understand the lived experience of students during those assessment periods, including the emotional and psychological impact which may drive increased service utilisation.

The overriding perceived pressure which emerged from the data in this theme was around workload and deadlines, specifically the negative psychological impact of deadlines and of managing multiple deadlines in a short time frame. The word stress appeared multiple times across all three groups in discussions in relation to assessments and deadlines.

"well I've been really struggling with assignments this semester coz I've had 3 essays back to back this time and I've struggled… *laugh*… it's not been fun I've finished one I'm finishing a 2nd then there's a 3rd one and they're all like a week apart and it's just getting them done, 2500 words, 2500 words and 3000 words. So they're not small ones either and as they build up and you've got to do all the reading as well …..(***Facilitator:*** *so how does that make you feel?*) stressed!" – (Phoebe)

Having several deadlines close together was experienced by the majority of participants as a psychological burden and described as an acute period of stress and challenge. These findings again help to add valuable context to the findings presented in Chapter 6 by highlighting the affective and psychological experiences which might underpin increased psychological distress and increased service utilisation during these periods. Participant descriptions of deadlines and workload included phrases such as *"it hits like a train"*(Grace); *"there's always something that's looming"* (Noah) and of deadlines being *"a black cloud" (Rose)* with one participant stating:

> "that balancing act of going to lectures and taking time out to work on these essays, it just kills me." (Ellis)

This language suggests academic workload and deadlines being a significant cause of distress and negative affect. These findings are supported by a large body of literature relating to workload and academic stress amongst university students (e.g., Bedewey & Gabriel, 2015; Reddy et al., 2018). Workload in the context of higher education is not simply defined as the number of hours spent engaging in study, but is instead suggested to be a complex construct which is impacted by a number of variables, including a student's individual perception of and response to the time constraints associated with their workload (Kember, 2004). The data from the current study supports this definition in that it suggests the participants' wellbeing is impacted by more than the assessments themselves. Instead the impact appears to relate more to the way that assessments are structured, the way deadlines intersect with non-academic aspects of student life, and subsequently the student's actual or perceived ability to manage these.

> "Winter exams are just awkwardly placed coz I go home and work and I know uni should come before work but at the same time I need money to live when I'm at uni… so that's quite hard as well." (Lily)

This participant directly references the challenges experienced in managing her workload alongside paid employment, a finding which is supported by research evidencing the negative impact on student wellbeing of balancing study with non-academic activities, including paid employment (e.g., Neyt et al., 2019; Lederer et al., 2014). 60% of the participants in this study had paid employment alongside their studies, with one participant working over 15 hours per week. This is not unusual according to research, which suggests that contemporary full-time university students have attendance patterns which are more in line with part-time students due to work and other external commitments (Farrell & Brunton, 2020; McInnes, et al., 2000) The neo-liberal approach to higher education funding has shifted the financial burden from the

state to individual students. In the context of the rising cost of living, students are compelled to try and balance studies and employment. The difficulty of balancing paid employment and study has been cited as a significant issue for students since the introduction of tuition fees, and a cause of concern in relation to academic and wellbeing outcomes (Hillman, 2005; Hodgson & Spours, 2001; Rolfe 2002; Sprung et al., 2021). It is also suggested to be a particular issue for students from low-income backgrounds (Carnevale et al., 2018; Moreau & Leathwood, 2006) potentially mitigating any positive impact of widening participation initiatives. Of note is the fact that financial pressures were strongly represented in the nominal data, but weakly present in the focus group data. It may be that financial difficulties are implied in the data relating to balancing paid employment and studies.

Further findings relating to learning and study which emerged from this data indicated that participants have internalised some unrealistic expectations around independent learning.

> "You've just got this like black cloud over your head 24/7 until it's done and like you can't really relax coz you're like I should be doing that assignment, but just then finding the balance of work and self-care coz I read somewhere that you're supposed to, like they advise you to do 33-35 hours of reading a week, and I was like when do I sleep!" (Rose)

> "That's a full-time job!" (Emily)

Of note in the above data is the perception of the participant that the expectations of academic staff are unrealistic and that they are perhaps disconnected from the reality of students' lives. This perception is echoed by another participant who, in relation to whether she felt lecturers understood the pressure students experienced stated:

> "I think maybe they hear it a lot from students, that it's just kind of background noise to them at this point, not that they don't care about us, I don't think that at all. I think they're just kind of 'just get on with it you'll be fine' type of thing."(Grace)

There is some research evidence which suggests that while academic staff have a reasonable knowledge in relation to the academic challenges which students may experience, they are less aware of broader difficulties relating to, for example, accessing support services, issues with accommodation and cultural integration (Briggs, 2010; Bird, 2017). With the changing demographic of students entering higher education alongside the challenges posed by the current economic climate, any dissonance between the perception and reality of student needs and experiences is an area in which more research would be beneficial. It is reasonable

to assume that the sector would benefit from increased knowledge in this area to help support student retention and success.

Aligned to the findings in theme 1 relating to the role of the university in promoting student wellbeing, participants in this study clearly expressed the expectation that the university should be cognizant of the pressure's that students experience in relation to managing their workload.

> "In terms of this deadlines and exam timetables and submission dates and things that I think they need to look into it a bit more and, you know, how it's gonna affect the students. Yes, we are here to get an education and we have to do these, there are no other options. But just by doing simple steps which is not having all the submission dates really close to each other and you know not all the exams really close to each other, which I had last year. So yeah just these little steps would really help a lot." (Cersei)

This finding suggests that participants consider curriculum design a factor in either supporting or diminishing wellbeing. This is supported by a recent study in which students identified that flexibility of deadlines would meaningfully and positively impact their wellbeing (Lindsay et al., 2023). Furthermore, a qualitative study, in which participants reflected on their perceptions of the impact of course structure and design identified that the way their teaching, learning and assessments were structured negatively impacted on their ability to manage their non-academic commitments subsequently having a negative impact on their overall wellbeing (Money et al., 2017). It is of interest that in the efforts to improve student mental health and wellbeing both in the UK and internationally, much consideration has been given to centralised wellbeing services and psychological interventions and initiatives to directly target student mental health and wellbeing. Conversely there appears to have been less focus both from a research and policy perspective, on institutional teaching, learning and curriculum design practices which might promote positive wellbeing (Riva et al.,2020; Stanton et al., 2016) .This is particularly notable given the fact that there is evidence that teaching and learning practices, including course design and pedagogy, have a distinct role to play in promoting student wellbeing (Dyjur et al., 2017; Jones et al., 2021). It could be argued that the ability to manage competing demands is a key skill for students. Certainly, poor time management skills have been directly associated with decreased academic performance and with higher levels of perceived stress in empirical research (Krumrei-Mancuso et al., 2013; Lahmers & Zulaf 2000). However, consideration must be given as to whether those demands are reasonable and conducive to positive wellbeing in the wider context of students' lives. This consideration is of particular importance in the current economic and financial climate in which the value of the

student maintenance loan has reduced in real terms. This means that more students are required to work more hours to afford a university education (Benson-Egglenton, 2019). Universities may need to consider how to balance academic quality and rigour with students' psychological, social and financial needs' in the light of the changing profile of students.

7.4.2.2 The undergraduate myth:

The findings relating to the theme of pressures and expectations has thus far illustrated the negative impact of the external academic pressures associated with student life on student wellbeing. This theme however, also encapsulates the ways in which external pressures intersect with internal perceptions of the self to diminish wellbeing. This sub-theme explores the participants' sense of themselves as 'a student' and the largely negative self-perceptions and social comparisons made by the participants in relation to their student roles. Conceptualising what it means to be a university student is influenced by a complex range of internal and external factors including prior educational experiences, culture, family background and peers (Chiu et al., 2021; Wong et al., 2019; Maloshonok & Terentev, 2017). Participants in this study described a pressure associated with going to university *"this pressure on you to be something brilliant, pressure for you to go to university"* (Christopher). While another spoke about university being something they were "*expected to go into"* (Rose). Most notably however, participants across all focus groups referred to having a widely accepted idea of what the university experience and being a student would be like prior to starting university.

> "You're given this idea of what university experience is and I think there is definitely that's there. And you know, I think the thing you don't get given is that there are just so many different types of university experience you can have, I think there's a big focus on this one experience that people think you're gonna have when you go." (Christopher)

Transitioning to becoming a university student is a psychological and social process involving significant levels of adaptation and, as referenced earlier in this chapter, it is also influenced by individual expectations. In 1966, Stern utilised the term 'The Freshman Myth' to characterise the *"naïve, enthusiastic and boundless idealism"* (p.411) which characterises students' expectations of university life which, Stern argued, are rarely met. Participants in this study stated they were told "*you'll meet the best people"* (Lily) and referenced "*norms about being a student"* (Grace) and the expectation of *"just getting drunk every other day"* (Rose). These findings appear to evidence the continuing existence of the 'Freshman Myth' for contemporary students. It has been suggested that incongruence between pre-university expectations and a student's subsequent reality, can cause significant difficulties in adaptation to university life

(Braxton et al., 1995; Maloshonok & Terentev, 2017). Furthermore, it is hypothesised that the more engaged with this narrative an individual is before starting university, the more difficult they will find the adjustment to university life (DeWitz et al., 2009; Lobo & Gurney, 2014). One participant described the adjustment between expectation and reality as "*a wakeup call*".

> "So, you come here thinking 'oh its uni just getting drunk every other day or every day... but it's just not, it's not just that. It's like a lot. It's like a wakeup call, it really kind of hits you with reality." (Rose)

Conversely, it has been suggested that those students who have more variation or complexity in their expectations of student life, find the adjustment easier. This suggests that more complex and realistic expectations may act as a buffer against the impact of transitional stress & consequently poor wellbeing (Pancer et al., 2000). Participants in this study appeared to indicate that unmet expectations are a well-recognised phenomenon among students.

> "I think there's that expectation especially if you're coming at 18yrs old and you're coming from A -levels or something. You have this expectation of these are the friends you're gonna have for life and you're gonna have so much fun, and you're gonna learn a lot as well; and people's expectations aren't quite met. So, some people feel I haven't got any friends and don't really enjoy my course. And you have these different factors and I don't know how to look after myself properly or I can't work the washing machine so I haven't got any clean clothes and things like that. If you have so many different points and it all builds up." (Emily)

Unmet expectations, and perceptions of falling behind their peers, particularly for emerging adults, have been suggested to be associated with poor wellbeing and mental ill health (Mossakowski, 2011; Culatta & Clay-Warner, 2021). Such a finding would suggest that both universities and feeder institutions, such as secondary schools and colleges, have some responsibility to seek to counter the 'freshman myth' and provide realistic depictions of student life. This however poses a dilemma in an increasingly marketized sector in which universities are competing for customers. One of the central tenets of neo-liberal politics is the marketisation of education. Universities are increasingly treated as commodities, where competition and profit are in competition with the core values of education. In this context, universities increasingly engage in marketing and branding campaigns designed to attract 'customers', and which reinforce student satisfaction and graduate outcomes, instead of those which promote the challenge of learning and development, critical thinking, and co-production of knowledge (Judson & Taylor, 2014). One might hypothesise that authentic marketing strategies which promote the co-creation of a positive learning experience between the

student and the institution, and shaping and managing the expectations of students, could help to reduce the gap between expectation and reality; thus, mitigating the negative impact on student wellbeing and consequently on attrition.

7.4.2.3 Upward comparison

Two other forms of internalised pressures and expectations emerged from the data. The first related to the social aspects of university life and the second to academic self-concept. In terms of the social context, it was engagement with social media which was described by participants as being a catalyst for negative internalised pressures. Today's emerging adults can be described as digital natives, in that they have grown up surrounded by digital technologies. Their use of social media can be a positive mechanism by which they negotiate the transition to university through the creation of social identities and social capital, as well as providing opportunities to foster a sense of belonging within a new community (Ellison et al., 2007; Fujito et al., 2018; Malinen, 2015;Thomas et al., 2017) Participants within the present study however, described the impact of online social comparison as being predominantly negative *"I saw it a lot (on social media) from my friends from home who went to university before me. I thought I was missing out really"* (Lily). One participant clearly articulated the association between unmet expectations of student life, social comparison and the progression to internalised feelings of failure:

> "I think that I thought that based purely on social media and things like that; I was seeing all my other friends at uni and they're out with their flatmate. They're making all these friends… and I very much saw everyone else having a good time and I was like oh god I'm just weird, maybe it's me that's making these problems.**"** (Grace)

This finding concurs with studies of social comparison and social media use which have found an association between negative affect and social comparison on social media (e.g. Lee, 2014). While students use of social media would not necessarily be a focus of direct intervention by universities, this finding is nonetheless useful when considering the broad range of determinants of poor wellbeing in this population.

An area in which universities may be positioned to intervene is the experience of academic expectation and comparison. Academic expectation refers to the internal or external pressures to succeed in an educational context (Poots & Cassidy, 2020). The theme of academic comparison emerged particularly strongly across all three focus groups with participants predominantly referencing making upward comparisons – that is comparing themselves unfavourably to others.

"It makes you feel like you're not good enough you compare yourself to other people who aren't struggling with that and think why am I not like them." (Noah)

Participants used phrases such as *"feel like a failure"* (Rose); *"why don't I understand that"* (Ellis) and *"everyone except me understands this"* (Phoebe) when describing comparisons to their peers in an academic context This type of comparison was explicitly associated with poor wellbeing:

"Things like when you have an assignment and things that you don't understand and other people do understand it and you think 'why don't I get it. I've been to the same lectures, I should really get it. And then unless you have that support system within the uni that can just get worse and worse and worse coz you won't ask anyone for help, your grades will get bad, you'll feel like a failure so that does have a spiralling effect." (Rose)

This statement again articulates the complex interaction of intrinsic and extrinsic factors which determine a student's wellbeing. What stands out particularly in the above extract is the reference to a 'support system' and the suggestion this system might serve to mitigate the negative impact of these intrinsic self-evaluations. Unlike social comparison, this negative academic self-concept did not appear to be driven by social media and while there were some limited references to observations of peers made in lectures, it was not entirely clear from the data, what was driving this phenomenon. It is suggested that academic self-concept is reliant on having frames of reference on which to base judgements on one's own abilities (Skaalvik & Skaalvik, 2002). While these frames of reference were not explicitly evident within the data, participants did reference their perceptions of themselves and their abilities in relation to other students suggesting a comparative element.

"I think it's being scared you're not good enough and getting into university is quite hard. And I think if you get here and you're struggling even with a little thing or get behind and you see that some of your peers aren't behind or find something easy, then you think oh my gosh am I actually good enough for this." (Phoebe)

Another participant described a conversation with her mum in which again a sense of comparison with peers is referenced.

 "When I'm thinking oh my god I can't do it. Thinking about dissertations and things 'oh I don't know what I'm gonna do everyone's got something really clever and I'm just gonna do something that's really crap." (Grace)

This perceived incongruence with peers could be explained by poor academic self-concept. Academic self-concept refers to an individual's perception of their ability to achieve in an academic domain and is largely reliant on subjective evaluations arising from social comparisons (Ferla et al., 2010). It has been suggested as a factor which contributes to students' experience of psychological distress (Bedewy & Gabriel, 2015) and has also been associated with levels of adjustment to university (Haktanir et al., 2021). Critics of the neoliberal agenda and its impact on higher education have also suggested that the system promotes productivity, competition and individualism over learning and knowledge acquisition (Hall & Bowles, 2014). Furthermore, recent research has identified that the UK's educational landscape, which favours testing and performance, actively undermines wellbeing (Clarke & McLellan, 2022) with school children in the UK, explicitly linking their psychological wellbeing with their academic attainment (Clarke, 2023). It could reasonably be argued that these are conditions in which comparison to others and poor academic self-concept might thrive. In general, it is well- evidenced that upward social comparison has negative effects on both psychological and subjective wellbeing (Civitici & Civitici 2015; Leach & Harrington 2010; Smith 2000). Of particular interest is research which suggests that students' academic self-concept and academic stress can be positively influenced by positive student-staff interactions (Anaya & Cole, 2001; Komarraju et al., 2010). These findings may inform strategies through which academic-self-concept and subsequently student wellbeing might be improved. The next theme focuses on the perceived influence of social support and connections on students' wellbeing.

7.4.3 Theme 3. Support and social connections

The participant derived category of networks and social connections emerged consistently throughout the data as the factor participants most frequently associated with wellbeing. Of the 15 participant derived categories, nine specifically referred to social networks including friends, family, teams & societies, intimate partners, and relationships with academic staff. Positive relationships are cited as a factor in all dominant theoretical models of psychological wellbeing (Roffey, 2012). The findings in this theme are congruent with the theoretical models of both eudaimonic wellbeing and hedonic wellbeing described in Chapter 3 and with the empirical literature described in the introduction to this chapter. This theme offers rich insight into the role of social networks and social support in relation to student wellbeing in a university context and notably introduces the significance of positive relationships between students and academic staff.

7.4.3.1 **Friends replace family**

The findings which emerged within this theme demonstrate the significance the participants place on their social networks and how these networks are pivotal in promoting and maintaining wellbeing. A social network can be defined as a formal or informal structure of individuals, some of whom may be connected; and which provides access to some form of social capital, for example support, resources or information (Kadushin, 2012; Knoke & Yang, 2008; Schulz et al., 2017). Evidence from a substantial body of research focused on social networks consistently identifies positive associations with both mental and physical health across a range of populations (e.g. Smith & Christakis, 2008; Santini et al., 2015). Research has also identified the role of social networks in helping to mediate the negative impact of stress (Christakis & Fowler, 2009; Cohen, 2004; Cohen & Wills, 1985; Huxhold et al., 2013). Social networks are also theorised to fulfil one of the basic psychological human needs in Social Determination Theory (SDT) – that of relatedness, referring to a sense of belonging and inclusion within a particular group (Baumeister & Leary, 1995; Ryan & Deci, 2017). Participants in this study referenced the importance of social networks, particularly in the context of transition and adjustment to university– *"but like your social circle's very important, especially when you're in a new city"* (Phoebe). Another participant cited the significance of shared experiences in building social networks:

> "You kind of rely on those first few people you meet, coz you're all going through the same kind of stuff together. That helps…. yeah coz you're all trying to work out how to use the washing machine and such (laughs)." (Ellis)

These findings are supported by a significant body of research which suggests that in the context of university, access to social networks can mediate transition- related stress, as well as predict positive wellbeing and academic performance (Hughes & Smail:2015; Mishra, 2020; Tett et al., 2017; Wilcox et al., 2006). The participants in the present study, appeared to identify different types of networks in which different types of social capital can be attained and different psychological needs met. Social capital can be described as the perceived or actual resources which arise from a social network. The utilisation of different forms of social capital is complex and multi-dimensional (Mishra, 2020). In the above data extract, this participant appears to be describing informal networks which provide social capital in the form of opportunities for information which may be unavailable from established pre-university networks. This type of information related social capital is particularly important to first generation students, who will be less likely to have received information related to university life from their parents (Mishra, 2020). Harnessing networks to build informational social capital may support the development of autonomy during the adjustment phase of student life.

In relation to wellbeing, it was social support as a form of social capital which emerged most strongly across the entire data set. Social support can be defined as interactions or relationships which promote a sense of emotional attachment, and that are perceived as being caring (Hobfoll & Stokes, 1988). From a student perspective, research suggests that families offer a crucial source of social support (e.g,. Demaray et al., 2005; Nelson, 2019). However, in the data gathered from this study, it was predominantly friendships which emerged as being most impactful.

> "if you've got a positive social life then you've got positive wellbeing coz that's the support network that you can talk to, people you can go out and do things with. If you don't have that you can feel so isolated, so alone." (Rose)

If we consider relatedness as the perception of belonging to a particular group, it makes sense that students would perceive greater utility in friends who are also part of the same group or community. Friendships were described as providing someone to talk to, an opportunity to participate in social activities and as being a buffer against loneliness and isolation:

> "it's having someone to talk to … like going out with people, it's really important just to know you have that support there." (Emily)

Close friendships were directly referenced as being a determinant of positive wellbeing both within the nominal and focus group data, with one participant stating *"I think having a group of close friends is good for your wellbeing* "(Lily). Research around the benefits of social support have predominantly focused on relationships and social support as a mediator or buffer in times of stress or adversity (Cohen & Wills 1985; Thomas 2002). There is however a paucity of research which explores the mechanisms by which social and emotional relationships function to improve wellbeing outside of stress buffering (Zeidner et al., 2016). When considering other factors associated with psychological wellbeing, for example opportunities for personal growth and a sense of belonging, social support and networks could certainly be considered as a key vehicle through which these factors are experienced or fulfilled. This supposition is supported by Feeney & Collins' (2015) proposed model of 'relational thriving'. The model suggests that close relationships promote positive wellbeing not simply through the provision of support through times of adversity, but also by providing opportunities for personal growth and social participation. This theory appears to be supported by the findings from the current study in which participants described the various functions of friendships from a student perspective. Furthermore, within the data, friendships were also associated with overall satisfaction with student life – a core dimension of subjective wellbeing:

> "I'm enjoying it. The social aspect of uni' s really good, coz I've made a lot of friends in my subject area, which is really good coz I've only got 3 friends from where I'm from. So, since I've come here, I've made a lot more friends which is good." (Emily)

These findings, in which social support is positioned as a core dimension of student wellbeing, are supported by multiple studies which identify the importance of social support, a sense of connection and belonging in student populations (e.g. Maunder., 2018; Pedlar et al., 2022). These factors have been found to be particularly important in the context of transition and retention. (Coertjens et al., 2017; Gale & Parker, 2014; Palmer et al., 2009). Van Gennep's seminal theory of Rites of Passage (1960) describes the second stage of transition as a liminal phase, where an individual has separated from previous social structures and during which close bonds are only just beginning to be formed with other members of the new community. This theory is encapsulated in the participants' descriptions of the significance of forming friendships:

> "Well I suppose it's coz friends replace your family in regards to that kind of erm talking about problems, supporting each other. It's a new kind of network in this university coz obviously you're leaving one, you have to set up a new one." (Ellis)

What was particularly striking within the data was the high degree of motivation described in relation to forming these new social networks *"you're suddenly in this new place and you want to find friends quickly and you want to find people that are like you"* (Lily). Another participant describing this motivation also referred to the intrinsic fear of not making friends:

> "It's kind of like you go into your first lesson that you ever have at uni and it's like 'hi my name's this'. You have to sort of find people straight away you feel, coz if you don't, you feel like you're gonna not have friends, forever pretty much." (Phoebe)

These findings are supported by qualitative research conducted with UK students in which the need to make friends quickly, emerged as a dominant preoccupation (Hughes & Smail, 2015; Scanlon et al., 2020). Moreover, studies have highlighted that social, emotional, and integrative aspects of university life hold greater significance for students compared to academic pursuits (Gravett & Winstone, 2021). These insights can be contextualized within the framework of relatedness, a fundamental basic psychological need that drives human behaviour toward fulfilling social connections (Ryan & Deci, 2000). Notably, empirical evidence indicates that among student populations, the attainment of relatedness primarily occurs through peer social support (Furrer & Skinner, 2003; Mishra, 2020). Supporting the motivation

to fulfil relatedness needs, our data reveals a prevalent preoccupation among participants regarding the fear of isolation, as articulated by this participant:

"I feel like if your quite quiet, quite isolated in the first couple of weeks, you tend to continue that throughout, coz you don't have that initial socialising." (Ellis)

Isolation and loneliness are consistently associated with poor wellbeing among students (Bhagchandani, 2017; Hughes & Smail, 2015; Thomas et al., 2020). Furthermore, it is theorised that emerging adults experience higher subjective levels of loneliness compared to other stages of the lifespan (Nicolaisen & Thorsen, 2017). These findings corroborate the strong motivation observed in our data to fulfil the need for relatedness.

Further expanding on the theme of concerns about isolation, participants also referenced the challenges experienced in forming new friendships at university:

"When you come to uni you're older and so it's like I said earlier you kind of go through the process again of making friends, coz you haven't done it for so long. And now you're doing it as someone who is much more aware of themselves, more mature. It's quite a difficult thing to do and maybe that's why you do sort of compare yourself more to people. It's quite a harder thing to do. I feel like when you make friends like earlier on in your life, it just sort of happens. And when you get older, it's difficult to remember even doing that in the first place so then when you're having to go through that again you're more aware of it its quite tough." (Noah)

This reference to the challenge of forming friendships as an adult as opposed to in childhood was echoed by another participant:

"You're also trying to pick your friends, which is really strange, coz lots of people haven't done that since they started secondary school at age 11 or maybe when they were 16. But it's really different being an adult." (Lily)

Friendships are known to positively impact wellbeing across various life stages, although the roles friends play can vary depending on both the stage of life and the specific context (Blieszner & Roberto, 2004). Particularly for emerging adults, a developmental stage that encompasses most undergraduate students, research underscores the significant influence friends and peers have on wellbeing (Arnett, 2015; Camirand & Pulin, 2022). In the realm of positive wellbeing, fostering social support stands out as a crucial factor, one that universities are well positioned to address. Incorporating social and community events, both academic and extracurricular, throughout the academic year might effectively facilitate the formation of

connections and friendships among student populations. Moreover, leveraging pedagogical approaches to construct supportive learning communities within the academic sphere could further support this endeavour. It must however be noted that the diversity of student populations requires a nuanced approach to creating inclusive opportunities. The consideration of strategies which support students with lower levels of social capital and social self-efficacy, is critical in ensuring the efficacy of such interventions across a whole student population.

7.4.3.2   Someone who cares

This theme of support and social connections has thus far focused on social networks in terms of peers and friendships. However, an unexpected finding from the data highlights the significant role of the student's relationship with academic staff, particularly their personal supervisor or academic support tutor, in relation to wellbeing. While empirical exploration of these relationships has touched upon factors like engagement with learning and retention (e.g., Dollinger & Lodge, 2020; Richardson & Radloff, 2014), there is a notable lack of focus in the existing literature on how this relationship may impact student wellbeing, specifically through constructs such as relatedness and eudaimonic wellbeing. Relatedness in the context of higher education refers to the degree to which students feel emotionally and intellectually connected to both their peers and their tutors (Fedesco et al., 2019) and what emerged in this data was the perceived role of academic staff in fostering relatedness through the provision of social support.

> "My lecturers are, I've got 3 of them that I absolutely adore. I would speak to them on a personal level and I know that I could go to them with anything and they'd be able to help me with it." (Grace)

Another participant described the particular qualities inherent within their relationship with their tutor

> "If I was struggling with something like work, just anything…and I needed to speak to someone here, rather than one of my friends, the first person I would go to would be my tutor. It's like I know that we have that personal relationship. She'd be interested in helping me. I've built that trust with her, or she's built that with me." (Noah)

This data appears to illustrate a personal relationship based on trust and a sense of being cared for. It suggests an effort on the part of the tutor on building that relationship and that the student is cognisant of and responds positively to that effort, hence being more likely seek out the tutor for help and support. The data also implies a level of reciprocity and shared

responsibility in creating this relationship which is counter to conceptualisations of the student as a passive consumer (Myers. 2013). Instead, the data supports McCulloch's (2009) conceptualisation of the student as being a 'co-producer' of the relationship and being an active participant in the process. The perception of the staff member as providing proactive caregiving behaviour is further described by another participant:

> "She was like *'if you need someone to talk to I'm here' 'I can understand how stressful it is'* I'm not really good at asking people for help, so someone offering me help before I've even said anything about it was for me really nice." (Rose)

These findings support theories of relational pedagogy in which it is suggested that those academics who invest in and encourage positive relationships with students through inviting interaction, play an important role in a range of student outcomes (Bell, 2022; Pearce & Down, 2011). When discussing positive relationships with academic staff, participants used phrases such as *"someone who listens"* (Phoebe)" and *"someone you feel comfortable talking to"* (Lily), with one participant describing her tutor as *"someone you can talk to one on one and go to for help"* (Rose). Another participant stated *"I think they have to be approachable"* (Emily). This data suggests that the personal characteristics of the academic staff member is an important component in terms of the utility students find in the relationship. Again, this finding is supported within research exploring relational pedagogy in which staff characteristics, such as warmth, empathy and trustworthiness emerged as being predictors of student satisfaction (Bell, 2022). These findings also concur with qualitative research in which participants highlighted the importance of feeling valued and noticed by academic staff and how these perceptions of being respected positively influenced students' decisions to seek help when experiencing challenges (Thomas, 2002; Payne, 2022). There was also a suggestion from the participants that both the characteristics of the staff member and the perception of the ease of contact influenced help-seeking behaviours

> "I think it's good that you have someone to go to, someone specific who you know. Yeah, I think, we've got all their phone numbers if we need them. So, you know you can clearly go to them and ask for help coz they can talk about most things and if not signpost to places you should go to talk about those things." (Ellis)

This data suggests that the students' knowledge of what the staff member can offer them is important with another participant stating, *"they are told to look out for us and they let us know that we can go to them with any problems"* (Lily). It also supports empirical research which suggests that academic staff have an important role in providing students with informational capital and in helping them to navigate wider university systems, which may in

turn influence students' levels of autonomy, support their wellbeing and mitigate the development of contextual psychological distress (Di-Placito-De Rango, 2018; Fedesco et al., 2019). It was clear from the data in the present study however, that students experience of relationships with academic staff is not consistent.

Participants in the present study articulated significant variation in the characteristics and behaviours of academic staff with one participant stating *"Every AST (Academic Support Tutor) is different and I've heard just as many people talking about good ASTs as bad ASTs"* (Noah). In descriptions of interactions which were not perceived as positive, participants again referenced the interpersonal characteristics of the staff member.

> "I didn't feel comfortable going to see her, coz I found her quite intimidating… I think it stressed her out that I started late coz she was like "you have this to catch up on and this and this and are you gonna do it?" I didn't feel supported, like she didn't have confidence I could do it." (Emily)

In addition to interpersonal characteristics, the data also reflects the students' need for academic staff to support their academic competence. In a university context, it is suggested that competence can be significantly influenced by supportive feedback (Pearce & Down, 2011). Competence, one of the three basic psychological needs defined in Social Determination Theory, can be easily undermined in an academic setting by factors that increase a student's sense of failure (Gilbert et al., 2021), such as expressing doubts about a student's abilities. Research consistently demonstrates that when educators support learners in developing competence, students experience higher levels of intrinsic motivation, achieve better academic outcomes, and enjoy overall better wellbeing (Fedesco et al., 2019). This finding suggests that the staff-student relationship may serve to support student wellbeing by fulfilling both the students' need for relatedness and competence.

Of particular interest in the data was the suggestion that the utility of the staff and student relationship is perceived by the participants as being predicated both on staff characteristics and on student behaviours.

> "It again depends on who and what kind of lecturer you have … but I don't think many people have that kind of relationship at all. They just very much, they go, they listen, they leave. It's never 'oh I have a problem, can you help me with this' whereas I'm very, if I don't understand an assignment I'll be like '*hello, help me*'.'" (Grace)

This data appears to associate student characteristics such as self-efficacy and autonomy with help seeking behaviours. This association is further illustrated by this participant who again refers to individual student behaviours in accessing help:

> "I mean we are aware that there are services and things available for us to use. But obviously it depends on individuals and some are quite reluctant to use it." (Ellis).

This is a significant finding as it suggests that for the relationship with an academic tutor to serve as a wellbeing supporting resource, three conditions must be met; Firstly, the tutor must be perceived by the student to be warm, approachable and empathetic; Secondly, students must possess the knowledge relating to the role of the tutor, their function and availability. And finally, the students must possess the requisite level of self-efficacy to engage in this resource. While there may be barriers to ensuring all three conditions are met consistently, this finding certainly appears to offer scope for further exploration.

7.4.4 Theme 4: Student behaviours and characteristics

The final theme emerging from the data relates to the students' perceptions of the intrinsic or personal qualities of a flourishing or languishing student. As discussed in Chapter 3(3.6), flourishing and languishing represent opposite ends of the wellbeing spectrum in the dual continuum model of mental health and wellbeing. This theme is particularly insightful in that it identifies areas of intersect between students' intrinsic psychological resources and the university environment which serve to either promote or diminish wellbeing. This theme also identifies the impact of socio-cultural context on both perceptions of and behaviours relating to mental health and wellbeing.

7.4.4.1 It's different for us

This theme elucidates the meanings participants ascribed to help seeking and how these are situated, for them, in the context of generational and societal differences. This theme is particularly relevant when viewed in the context of the dominant discourse of 'mental health crisis' and appears to offer an alternative narrative through which to explain help seeking behaviours. Participants ascribed meaning to their experiences relating to wellbeing, through a lens of generational and social difference, perceiving themselves as being in some way 'different' to previous generations across both socio-economic and psychological contexts. One participant used the phrase '*the stakes'* in which he appeared to be referencing changes in socio-economic experiences and expectations.

> "The stakes aren't equal, as equal as they were back then anyway... what I mean by that is, it's harder to do well, I think, than it was back then maybe erm success is

judged differently. Success back then was just stay in your town work at a decent job that got you the money to start a family. That was seen as success." (Christopher)

This is a particularly illuminating piece of data in that could be argued to reference the largely unseen social, cultural, economic and political framework in which students are subjected to numerous external factors which may impact on healthy psychological functioning. The data also supports earlier findings relating to external pressures and expectations. This finding reinforces the importance of context when considering influences on contemporary student wellbeing and strengthens the argument for approaching student wellbeing through a holistic non-medical lens.

There was a sense that the participants in this study perceive their generation to be more open, with one participant stating *"I think there is now much more openness about mental health"* (Christopher). There also emerged within the data a sense that there is culturally less of a stigma attached to seeking help and the participants described a willingness to both express feelings and emotions and to seek support when experiencing difficult feelings.

> "Whereas in the past, things like when people were struggling with things, there weren't really those things there to talk about it. It was even more taboo than it is now. I think now we're more aware of it and have more of a desire to talk about it and help each other." (Noah)

These findings appear to contradict research which suggests that students are reluctant to disclose and seek help for mental health and wellbeing difficulties due to perceived stigma (Aguirre Velasco, et al., 2020; Golberstein, et al., 2009; Gulliver et al., 2010 Monk, 2004; Quinn, et al., 2007). In fact, the data from the present study suggests that participants attributed stigma not to the individual experience of mental health issues but primarily to generational attitudes towards help seeking and the discourse arising from this.

> "I feel like it's hard enough for people to reach out for help when you're also being called a snowflake and stuff like that. And I feel like it's kind of used by older generations ….
>
> (murmurs of agreement from all)
>
> ….. and I feel like they're saying that because maybe that at their time they didn't have the help that we have now. And us seeking out help is actually really brave I think and we shouldn't be called snowflakes for that." (Rose)

The use of the term 'snowflake' prompted emotive responses from the participants with the term being described as *"ignorant"* (Noah), as *"generalising for our whole generation and also belittling" (*Lily), and expressing the idea that students are "*just flaky and can't cope with life"* (*Rose). The term was again seen as arising from generational differences in responses to and understanding of mental health and wellbeing, as well as in a lack of appreciation of the environmental context of contemporary students' lives.

> "Yeah I think it's belittling the idea of struggling. There's been a shift in culture where we're now more aware of our mental health and try to help each other with that. Where it seems like in the past maybe that wasn't the case so much. And so, there's sort of that idea like 'well we dealt with it so you should be able to deal with it as well'. But for us it's different. It's a different environment." (Noah)

Another participant offered further insight in terms of the impact of socio-cultural context on students' wellbeing stating:

> "If people are easier hurt or whatever I don't think it's the fault of them, I don't think it's anything against them. I think it's something about how, the environment that we've all been brought up in maybe." (Christopher)

These findings support recent empirical evidence of generational changes in awareness of and attitudes toward mental health and wellbeing (e.g. Bradbury, 2020; Herman et al., 2022). The descriptions of help seeking as a generational norm arising from differing cultural contexts, not only imply a generally positive attitude to mental health and wellbeing but are also supported by research which identifies socio-cultural norms as influencing students' decisions to seek help with mental health and wellbeing issues (Chang et al., 2020; Rickwood et al., 2007). Participants also referenced being aware of an increased focus on mental health and wellbeing, particularly from a university perspective.

> "I feel the stigma's been lifted at university campus, which is encouraging people to go, before they used to stiff upper lip and just deal with it." (Ellis)

This was echoed throughout the data with other participants stating *"universities have started putting more emphasis on it" (*Cersei) and "*I see it a lot more around uni than anywhere else*" (Rose). It is of note that, in 2015 the Department for Education issued UK schools with guidance to improve teaching about mental health, meaning students are likely to have been exposed to positive messaging about help seeking even before starting university. This exposure is also situated in the wider context that in recent years social media platforms have

been used extensively to promote awareness of mental health and wellbeing issues (Bradbury, 2020). Furthermore, it has also been suggested that young people are more likely to access mental health related information online and from social media than anywhere else (Scott et al., 2022). Participants within this study and the wider student population therefore are likely to have been exposed to this type of information over their formative years, which may well influence their attitudes, as one participant stated "*I think it's over the years anyway, with social media everyone's become more aware of … self-care and things like that* (Emily). This finding again echoes with recent qualitative research in which adolescent participants described mental health issues as being a normal part of life (Herman et al., 2022).

The data from the present study clearly reflected the participants perception of the act of help-seeking as being an indicator of positive wellbeing. One participant described an indication of poor wellbeing as being a student not actively seeking help – "*if they're stuck at that point and don't know how to get out of it, aren't trying different avenues to try and get out of it*" (Lily). This association between wellbeing and help seeking is supported empirically with studies suggesting that students most likely to seek help have higher levels of wellbeing and lower levels of psychological distress (Gorczynski et al., 2017; Macaskill, 2018). Another participant described their perception of the characteristics of a student with poor wellbeing as being someone who lacks even the awareness of the need to seek help.

> "Someone you say at the bottom of that spectrum is someone that doesn't recognise within themselves that they need to get out of that. So that's even lower than thinking you probably should but they don't realise the situation that they're in. So, they think oh right I've not written any uni work, I've not been to uni, I've not done this, I've not done a food shop. Or just kind of in like squalor, you're at your lowest point and you just don't think that there's anything wrong – its acceptance" (Grace)

This data is interesting firstly as it illustrates the link between poor wellbeing and university life, poor wellbeing being associated with a lack of engagement with core aspects of university life. The data also suggests that self-awareness is perceived as being a factor in maintaining positive wellbeing. This type of self-awareness can be an indicator of mental health literacy. Multiple studies have cited mental Health Literacy as being an indicator of help seeking behaviour (e.g., Gorczynski et al., 2017; O'Connor & Casey, 2015). Mental Health literacy (MHL) is defined as having knowledge of mental health related symptoms, understanding strategies to self-manage mental health and knowledge around information and help seeking behaviours (Jorm et al., 2005; Wei, et al., 2013). There are multiple phases involved in MHL: the ability to identify one has a problem which warrants action; the ability to articulate the

need for help; the knowledge to access help; and the willingness to accept that help (Gagnon et al.,2015). As previously discussed, the participants in the present study evidenced some understanding of the complex nature of mental health and wellbeing and the distinctions between the constructs with one participant stating:

> "You need to be able to recognise the difference between just struggling and feeling down and anxious, and the difference between actual clinical depression and anxiety. And I think that's where there needs to be more education awareness recognising the differences between those two, coz it's really different and it's more clear when it is that like you know clinical issue, that's when it's more serious." (Noah)

The ability to accurately discern between contextually congruent distress and mental disorder can be challenging even for professionals (Wakefield, 2010) and there is a paucity of research which investigates the distinction between awareness of and appraisal of mental health and wellbeing within student populations. Participants in this study largely rejected the dominant discourse of a student 'mental health crisis', instead perceiving this discourse as arising from a misinterpretation of the ways in which their generation experience and respond to the psychological and emotional challenges of being a student.

> "They don't even understand now what's going on with all of us. They're like 'what? you're going to speak to someone about how you feel? That's weird'. Yeah is all very, within our generation, it's normalised. But within other generations, it's like 'whoa there's an epidemic. Everyone's, everyone wants to die'. No, it's not like that!" (Grace)

Further supporting this finding is the fact that participants also rejected the medicalisation of their experiences referring to students being 'mis-diagnosed'.

> "There's a crisis in the amount of people who are being misdiagnosed with mental health problems. When stress and anxiety happen, they automatically get told 'you're depressed you need to go on anti-depressants' then from that your experience only gets worse .... I've noticed that a lot of my friends have gone to the doctors and been like 'oh I'm feeling really crap about myself' and then they're like 'oh go on anti-depressants'. It's not a solution that like everyone should be given. But students, that's the easiest thing. Let's whack them on them then we don't really have to talk to them about it." (Rose)

This finding is supported by empirical research which has identified a growing trend toward pathologizing normal emotional experiences both in medical practice and everyday discourse

(e.g., Xiao et al., 2023) with some scholars arguing that 'concept creep' has led to the framing of sadness and worry into disorders of depression and anxiety (Broer & Besseling, 2017; Horwitz & Wakefield, 2012). Concept creep theory describes the process by which harm related concepts experience semantic expansion, broadening to include topics not originally included in a label (Haslam, 2016). The participants in the present study identified that increased exposure and discourse around mental health risks normalising mental ill health and conflating episodes of negative emotions or distress with clinical disorder.

> "It's very much, with social media as well, people are putting on social media "oh I'm stressed". There's t-shirts that literally say 'stressed and depressed' on them... *laugh...* Like it's made into a massive normalised thing for this big term 'depression' to be put on people. You have clinical depression when no they're experiencing a period of depression." (Grace)

Again, this data suggests that participants not only have a complex understanding of the differences between mental ill health and poor wellbeing but that they recognise both the phenomena and the impact of concept creep.

> "Everyone does go through episodes of up and downs within their life so our parents' generation would be experiencing things like that they go through ups and downs but no one's ever turned around and said to them 'oh 54-year-old dad, you're depressed' no it's like 'you're feeling a bit sad now but you'll get out of it you'll be fine cool.'" (Phoebe)

These findings are significant in that they suggest that students have a much more nuanced appreciation of their own emotional needs and are able to recognise that experiencing distress does not necessarily indicate mental illness. This finding appears to support the argument that cross-sectional quantitative research undertaken within student populations is skewing the discourse towards the dominant perspective of researchers who operate within the psychiatric paradigm. Consideration of the perspective of participants lived experience through qualitative research suggests that such research may not be capturing evidence of clinical disorder. The finding also supports an argument for a more nuanced use of language and definition of constructs when discussing, measuring and assessing student mental health and wellbeing issues. Furthermore, it is likely that 'concept creep' plays a central role in students' decisions on whether and from whom to access help. Certainly, it has been suggested that concept creep is one factor which has contributed to increased demand for mental health services (Jackson & Haslam, 2022) Anecdotally, one academic described their experience of students seeking not a therapeutic intervention, but "a compassionate human who can help them make

sense of things - Ecclestone, 2020". This observation is certainly supported by the study in Chapter 6 which did not identify that university mental health service utilisation was driven by mental ill-health. Conversely many academic staff have identified that students are seeking help from them for mental health and wellbeing needs which they perceive to be beyond their role and remit (e.g. Flynn et al., 2016; Ramluggan et al., 2022). These findings might suggest that while students can identify the need for help, the ability to effectively match their need to the appropriate source of support may be a challenge, due either to their own mental health literacy or to institutional structures which impact on the accessibility of and understanding of the nature of different sources of support.

The findings of this study suggest a dissonance between students' perception of help seeking as a positive action indicative of wellbeing and how this is framed within the dominant discourse of a 'student mental health crisis'. The data suggests that increased help seeking behaviours amongst students are not necessarily indicative of an increase in mental ill-health, but instead represent the behaviours of a generation who are more comfortable with talking about emotional and psychological responses to congruent environmental challenges. More robust investigation focused on the specific nature of needs students seek help for and how they perceive the purpose and role of services available to them, would perhaps offer universities the opportunity to develop evidence- based avenues of easily accessible generalised help, advice and support. This would allow specialist mental health services to be ring-fenced for those students with the highest level of clinical need, and to ensure that academic staff are not overburdened with providing support beyond their role and remit. Furthermore, the provision of a range of 'helping' services might serve to address the pathologizing of student wellbeing.

7.4.4.2   Hi, I'm your neighbour

The theme of behaviours and characteristics has thus far focused on characteristics and behaviours identified by the participants as being broadly typical of their generation. This sub-theme however relates to the individual intrinsic factors which participants associated with student wellbeing. The sub-theme encapsulates the psychological resources which underpin behaviours, identified by participants as having a significantly positive impact on wellbeing. There is a substantial body of research which suggests that both dispositional traits and personality characteristics impact on an individual's wellbeing and while these factors are less directly associated with the context of university life, their dominance in the data collected within the present study and within the body of literature relating to wellbeing, supports their inclusion.

The dominant characteristic or resource which emerged from the data as being a key factor relating to positive wellbeing was, as described by participants, confidence.

> "Confidence is a massive one so some people that don't have any confidence within themselves or within other people may not necessarily want to talk about anything that they feel." (lily)

Colloquially confidence can be described as person's subjective perception or evaluation of themselves and their abilities. Conceptually, confidence is perhaps most broadly similar to the construct of self-efficacy (Cramer et al., 2009). Self-efficacy as a construct is situationally specific and has a behavioural element. Self-efficacy can therefore be defined as a person's belief in their ability to execute particular behaviours which will allow them to succeed, achieve or reach goals in a particular context or domain (Bandura, 1989). Self-efficacy is also one of the six factors of Ryff's model of psychological wellbeing. Lower levels of self-efficacy have been linked within research to lower levels of subjective wellbeing, as well as increased symptoms of anxiety and depression (Barlow et al., 2002; Bandura et al., 2003; Karademas 2006). The following data makes a direct link between confidence or self-efficacy and wellbeing.

> "People who are confident, so you can clearly tell when they're in good wellbeing. And even when they're struggling, they know what to do about it, that they won't try and hide it. They know where they can go and how to deal with it." (Noah)

This data links with earlier descriptions of help seeking, situating the behaviour not just in a socio-cultural context but also within a psychological one. Throughout the data, participants used phrases which described proactive individual behaviours in the context of maintaining wellbeing such as "*I would ask*" (Ellis), "*I would go*" (Lily) and "*I say help me*" (Rose). One participant stated:

> "People are very helpful. There's a of lot of helping in lots of different places, with the skills team and finances. And I know there's the wellbeing services, but students have to reach for it, don't they and go to them for help." (Emily)

The data suggests that maintaining wellbeing through help seeking is associated with both knowledge of the environment and the confidence or self-efficacy to leverage that knowledge to meet a personal need. This finding is supported by research in which self-efficacy has been positioned as being a key factor in influencing, not just the subjective perception of having the ability to respond to challenge, but also the motivation to undertake specific behaviours to

manage that challenge (Zulkosky, 2009). Research exploring self-efficacy in student samples has found positive correlations with a range of factors including wellbeing, academic engagement and mastery, and sense of belonging (e.g., Freire et al., 2019; Phan, 2016: Sotardi, 2022). Furthermore, self-efficacy has been described as a personal resource which has a significant role in mitigating the impact of environmental stress (Natova & Chylova, 2014), meaning it could be a key factor in helping students successfully navigate the transition to student life. Supporting this supposition are findings from the present study which mentions the role of students' self-efficacy in building social connections.

Given the centrality of social networks both within theoretical models of wellbeing and within the findings of the present study, anything which inhibits a student's ability to form social networks is likely to have a deleterious impact on their wellbeing. In the context of social relationships, self-efficacy can be described as the subjective expectancy of success relating to behaviours undertaken with the goal of forming relationships and achieving social affiliation (Smith & Betz, 2002). This resource was identified by the participants as being a key factor in the ability to form friendships and social networks.

> "I think if you're confident, you're willing to stand up for those situations like in your
> flat if no one's coming out, if you're confident to knock on all their doors and be like
> 'shall we have a pizza tonight?' that could change your entire year at uni, just that one
> knock." (Grace)

This participant appears to be describing an active, goal directed behaviour undertaken with the goal of social affiliation and in the belief that there will be a successful outcome which will influence their environment. This type of adaptive behaviour is referred to by a number of participants in the context of social connections, for example in this description of meeting the person who would become a close friend

> "I remember my best friend that was with me till she graduated. I met her on my first
> night out. I literally just went up to her and was like …Hi!" (Cersei)

And another who described her behaviours on initially arriving at university:

> "Like especially first year when I first moved here as soon as I moved in my
> housemates hadn't moved in yet, so I was knocking on all my neighbours' doors 'hi, I'm
> your neighbour, I live next door." (Rose)

This data seems to support the theory that those with higher self-efficacy perceive environmental stresses as challenges as opposed to threats, thus making them more likely to

utilise adaptive and proactive coping strategies (Freire et al., 2019). In contrast, participants referenced the impact on students who did not engage in this type of behaviour.

> "When I first moved to (halls), there were 3 really quiet people, and you know I knocked on their door and they just didn't come out and you try and catch them and they quickly run into their rooms. After the first couple of weeks, you think well they don't want to really try so much if you feel so hesitant and erm you know if you don't talk in those first few weeks, you tend to not talk at all." (Ellis)

There is strong evidence from research undertaken with university students that positive social relationships are central to effective adjustment (Morelli et al., 2023; Salami, 2011; Yusoff, 2012). The above data appears to suggest that those students who lack social self-efficacy, particularly during the transitional stage of university, are more likely to become isolated Another participant stated:

> "it is a struggle when you first arrive somewhere new and you're obviously very nervous but you, I suppose the people who can't overcome that kind of nervousness will struggle to make friends straight away." (Phoebe)

These findings further support self-efficacy as being a key factor in psychological adjustment to university life and in turn a determinant of student wellbeing. Of interest, self-efficacy emerged within this data primarily in the context of help-seeking behaviours and forming interpersonal relationships. It did not however explicitly appear in the context of discussions around academic study. In fact, as discussed in the challenge and expectation theme, perceptions of academic competence and academic self-concept amongst the participants appeared generally low. This is of particular note given the theorised link between self-efficacy and academic outcomes previously mentioned. This apparent contradiction may support the theory that self-efficacy is domain specific and that within an academic context, academic self-efficacy, or self-concept, is an empirically different construct (Peiffer et al., 2020; Sachitra & Bandera 2017; Scherer, 2013). While it is beyond the scope of this research to explore further, this finding has implications for university-based interventions focused on increasing student self-efficacy, suggesting that any such interventions should be domain specific.

7.5   Contributions and implications

The aim of this study was to identify the determinants of wellbeing in student populations, to understand students' perception of the role of university in their wellbeing and to identify perceived characteristics of students with good or poor wellbeing. The research findings support the wider empirical knowledge on wellbeing, in that they clearly identify student

wellbeing as being influenced by complex set of intrinsic and external factors. The findings also suggest that theoretical models, which favour discrete groups of factors, are less likely to capture the true complexity and intersectionality of students' lived experience. There are four particularly significant findings which contribute in a novel way to the current body of knowledge pertaining to student wellbeing, and which have implications for both future empirical research and for interventions at a university level.

Firstly, the results of this study clearly identify that one cannot divorce students' experiences of wellbeing and psychological distress from the social, cultural and political landscape in which they are engaging with higher education. The participants within this study clearly associated their experience of distress with those aspects of student life, which are arguably most influenced by the impact of neo-liberal politics on contemporary higher education (Chomsky, 2011; Mahony & Weiner, 2017). The infiltration of neo-liberal politics into higher education has arguably fostered a system in which not only are students subject to a culture of success, perfectionism, and competition, in which career outcomes are prioritised over knowledge acquisition; but they are also often forced to navigate this while trying to balance paid employment with academic workload (Desierto & de Maio, 2020). Experiencing poor wellbeing and psychological distress in this context is arguably entirely congruent. The pathologizing of these experiences, which is endemic in the literature, represents a paradigm in which student mental health, wellbeing and psychological distress are situated as individual as opposed to social or political problems. This framing suggests they should be addressed through therapy, medication, the adoption of coping strategies or increased 'resilience' on the part of students (Parker, 2014). This paradigm is further evident in the discourse referenced by participants of 'the snowflake generation', in which is an inherent assumption that regardless of rigors of the environment or circumstances a student experiences, they are expected to find ways of accommodating them (Lawrence, 2021). In terms of the first research question, **What role do undergraduate students perceive the context of university to have in relation to their wellbeing?** this finding is significant in illuminating students' expectations of the institution. Participants in this study perceived the university as having a role in addressing and mitigating some of these socio-political impacts on their wellbeing, both through the simple acknowledgement of their existence and through their institutional processes and structures. While addressing these wider political constructs and influences may appear to require massive systemic change far beyond the scope of individual universities, from an institutional perspective, developing strategies which foster compassion and community cohesion, pedagogies which support relatedness and knowledge acquisition over performance and

curriculum which embraces flexible approaches to learning and assessment are all wellbeing enhancing strategies which could be explored.

The second significant finding relates to way in which the methodology demonstrated that it is not simply discrete factors or dimensions, which influence student wellbeing; but rather the ways in which these factors intersect which either promote or diminish wellbeing. This finding provides answers to RQ2 **What factors, both individual and institutional impact on student wellbeing?** While the nominal data identified discrete wellbeing related factors, it was the method of applying these categories to the process of thematically analysing the focus group data, which showed the complex intersections between factors. For example, the findings suggest that it is not simply workload which impacts negatively on student wellbeing, but rather the ways in which workload, work commitments and personal resources intersect. Similarly, the provision of either centralised or academic support alone are not enough to increase student wellbeing. Instead it is the perception of the quality of support, the knowledge about the role of that support and the self-efficacy to access that support which ultimately promotes wellbeing. This finding is supported by du Toit et al.'s (2022) systematic review which identified significant relational complexity between determinants of student wellbeing in terms of moderation, mediation, correlation, and circularity of causation. This finding also supports the utility in adopting a network approach to conceptualising student wellbeing (Blasco-Belled & Alsinet, 2022) an approach which, at the time of writing, has not been widely explored empirically. By illustrating the importance of implementing strategies and interventions which are connected, coherent and which address both internal and external drivers, this finding also highlights the importance of taking a whole university approach to supporting student wellbeing.

 The third significant finding not only helps to answer RQ3 **How do undergraduate students perceive & describe the qualities and behaviours of a flourishing and languishing student?** but also reframes the dominant discourse of help-seeking being indicative of mental ill-health and a mental health crisis. The ways in which participants perceived help-seeking framed the act as being positive and helping to promoting and support student wellbeing. The finding also illustrated how generational attitudes may influence this behaviour and its meaning. Participants did not discuss help-seeking using the language of pathology, for example by referring to treatment, illness or therapy. Instead they discussed wanting to engage in conversations, to have someone to talk to and to receive genuine and meaningful support for challenges. This finding is of particular interest in the context of the service level data presented in Chapter 6. The average number of sessions per student (1.27), coupled with low levels of external referrals to primary or secondary mental health services, certainly appear to

be more indicative of situational help seeking for discrete challenges, as opposed to treatment seeking for mental ill-health. The significance of this from an institutional perspective is in resourcing more general wellbeing, helpful listening and enhanced signposting support. Not only would this support specialist services, which often feel overwhelmed, but would also remove a barrier for those students who perceive their issues as not being severe enough to access a mental health or counselling service.

Finally, the factor which emerged most significantly from the data in answer to RQ2 **What factors, both individual and institutional impact on student wellbeing?** was social support and the fulfilment of relatedness. Given the volume of empirical evidence correlating wellbeing and social support in the eudaimonic paradigm, the dominance of this finding firmly situates student wellbeing in the theoretical models associated with eudaimonic tradition. While this result is perhaps unsurprising in the context of the existing research, the finding of particular interest was the significance participants placed on the academic tutor as a key factor in facilitating their wellbeing. Again, it has been argued that the type of relational pedagogy which participants allude to has been diminished by the impact of neoliberalism and marketisation on higher education (Pearce & Down, 2011). This could be addressed on an institutional level through strategy and curriculum design which recognises the benefits of staff-student relatedness and meaningfully supports academic staff to achieve this.

The findings of this research offer a number of practical implications from a university and research perspective which may yield interventions to support positive student wellbeing:

1. The adoption of curriculum design which promotes flexibility in learning, teaching and assessment structures.

2. The strategic adoption of relational pedagogies and the provision of operational support to implement them.

3. Strategic and operational planning which focuses on a whole university approach to mental health and wellbeing

4. Alongside specialist mental health support, a broader provision of a range of supportive 'helpers' who can provide practical and emotional assistance with the contextual challenges which diminish student wellbeing

5. Future research should consider the further exploration and development of the network model approach to student wellbeing in order to better understand the interactions between factors.

6. Researchers should be cognizant of the impact of the external environment including the academic calendar on participants wellbeing when undertaking wellbeing focused research

7. Researchers should consider moving away from research methodologies and paradigms which perpetuate the crisis narrative and embrace a holistic approach which centres the student voice.

7.6 Limitations

While this research contributes to the empirical knowledge on student mental health and wellbeing and offers prospective insights into potential areas for future investigation, there are limitations which impact on the transferability of the findings. With regards to sample size, within qualitative research it is desirable to achieve an adequate volume and quality of data in order to meet the aims of the research (Carlsen & Glenton., 2011). A larger number of focus groups and therefore participants was planned at the outset, however further data collection was hindered by the timing of recruitment and data collection being just prior to the disruptions of the Covid-19 pandemic. A pragmatic decision was made not to wait until the Covid-19 restrictions were lifted to continue with data collection following the analysis of the initially collected data. One means of assessing whether a sample size is adequate is referred to as data saturation. Saturation is determined to have been reached at the point at which no new themes emerge from the data (Guest et al., 2012). This concept has however been heavily criticised as being deeply rooted in positivist ontologies in which the generalisability of findings is a key concern (e.g Braun & Clarke, 2021).Considering sample size and adequacy of data from the perspective of information power is therefore a more helpful framing of potential limitations.

Adequate sample size according to information power, is based on the concept that the larger the information power contained within a sample the smaller that sample needs to be and vice versa (Malterud et al., 2016). Because the aim of this study was broad and exploratory in nature, the phenomena being explored conceptually complex and the undergraduate student population socio-culturally heterogenous, a larger sample size would have been arguable more robust. However, the quality of the dialogue, use of two complementary data collection methods to triangulate data, and the rigorous application of thematic analysis helped to mitigate the limitations of a small sample size. This decision not to go ahead with additional recruitment and data collection was made both due to the fact that the data collected was adequately rich and complex enough to respond to the aims of the research; and the fact the broad experience of being a student changed dramatically during that period. The use of

convenience sampling was also a potential limitation and a more purposeful sampling strategy which aimed to build a sample which more closely represented the diversity of student demographics and experience would have been preferable. Further qualitative research using the same design but with larger and more diverse samples and in different institutions would support the broader transferability of results. While the recruitment of participants with specific demographic features, undergraduates between the ages of 18 and 23 and UK tuition fee payers, was both deliberate and pragmatic in that these characteristics were representative of the largest number of students within the UK, it must be acknowledged that the sample does not represent the social and cultural diversity present on contemporary UK campuses. Alternative determinants of wellbeing may have emerged with a more diverse sample which would have included mature, post graduate and non-UK domiciled students.

It is also of note that the data collection took place just prior to an assessment period which means that findings may well have been influenced by temporal variables being experienced by the participants in this context. Integrating the findings of this study with the increase in service utilisation around assessment periods identified in Chapter 6 would support this suggestion. Future research should pay attention to the context of students lived experience at the time of data collection, perhaps spacing this out to different times in the academic year. Finally, it is important to consider potential limitations related to researcher bias. Whilst reflexivity and supervision were utilised throughout the analysis process, the addition of auditing of findings through participant and peer checking and debriefing would have served to increase the credibility of the overall findings.

To broaden the application and transferability of these results to the wider student population, expanding on findings, for example the impact of the staff student relationship on wellbeing, through quantitative research may provide empirical support for the hypothesised relationships identified in the findings of this study

7.7   Conclusion

Overall, the findings of this study provide an alternative perspective on student wellbeing which is not rooted in pathology and does not support the dominant crisis narrative. The findings evidence that one cannot divorce students' experience of mental health and wellbeing from the social, political and environmental forces which shape them. Furthermore, the finding identify that students are themselves aware of the broader influences which shape and define their experiences of university life. The identification of themes relating to contextual external factors and individual behaviours and characteristics demonstrate the highly complex nature of wellbeing in the context of student life and support the application of settings-based

and whole university approaches to promoting wellbeing. The findings of this study suggest that institutional responses to supporting student wellbeing need to be systemic in nature, responsive to cultural changes and designed to close the gap between available resources and the motivation to use those resources.

Of particular relevance to universities seeking to improve student wellbeing at a population level, is the suggested utility of the personal supervisor or academic tutor, a resource which exists in some form in most if not all higher education institutes. Integration of the findings of the present study along with the earlier phases of this research identifies that the nature and impact of this role should be further interrogated. The subsequent study will therefore seek to further provide empirical evidence for the hypothesised association between staff-student relationships and student wellbeing. This study is presented in the following chapter.

Chapter 8 Someone who cares; The student-personal supervisor relationship as a determiant of student wellbeing

8.1 Introduction

The previous studies in this sequential mixed-methods research project, have aimed to explore in detail the current knowledge in relation to student mental health and wellbeing, and subsequently to identify contextual determinants of wellbeing in student populations. The methodology of the overall thesis is described in Chapter 4. Both the theoretical and empirical literature explored in the initial stages of this thesis position positive relationships, social support and relatedness as significant determinants of wellbeing regardless of the population. In our qualitative study presented in the preceding chapter, results supported these claims. However, a novel finding emerged from this study suggesting that the relationship with an academic staff member might be a significant determinant of student wellbeing. As a potential settings-based intervention, the present study, aims to quantitatively investigate this hypothesised association.

8.2 Theoretical Background; Positive relationships, social support and wellbeing

Social relationships have been critical to the survival of human beings as a species (Easterlin, 2012) and have been a subject of theoretical hypotheses and empirical investigation across the social and natural sciences for many years (Cohen, 2004). Theorists and researchers have aimed to elucidate the many ways in which our physiological and psychological needs are met through social integration. It is therefore unsurprising that social relationships are cited as a key determinant of wellbeing in dominant theoretical models, in both the hedonic and eudaimonic traditions. For example, one of the six dimensions of Ryff's (1989) Psychological Wellbeing Model (PWB) is positive relationships, referring to a person's access to and ability to engage in meaningful, warm and trusting relationships with others, which include reciprocity, empathy, affection and intimacy. Ryan and Deci (2002) argue that relatedness is one of three basic psychological needs in their Self-Determination Theory (SDT). Relationships, defined as authentic associations with others, form one of the five determinants of flourishing in Seligman's (2011) PERMA model, alongside positive emotions, engagement, meaning and accomplishment. Keyes (1998) created a theoretical model of social wellbeing in which he argued that wellbeing was not simply an internal psychological construct, but was also dependent on a broad range of social interactions. Numerous empirical studies have tested the validity of these theoretical models and have consistently demonstrated that social networks, support and relationships are one of the strongest determinants of both subjective (SWB) and eudaimonic wellbeing (EWB) (e.g.; Lakey & Cronin, 2008; Mertika et al., 2020;

Vaillant, 2012). Furthermore, the World Health Organisation (WHO, 2002) recognises social networks as being a key determinant of both mental and physical health. This is supported by a large body of empirical research which provides evidence of the correlation between positive relationships and better physical and mental health, as well as with lower rates of morbidity and mortality (e.g., Christakis & Fowler, 2009; Harandi et al., 2017; Holt-Lunstad & Smith, 2012; Uchino et al., 2017). Conversely, interpersonal relationship conflicts, social alienation and loneliness have been found to have a significantly negative impact on both physical and mental health, and wellbeing (Reis & Gable, 2003). This body of literature situates relationships as being a significantly important factor in the study of wellbeing in any population, including within the population of interest in this thesis, university students.

Within university student populations, support networks and positive relationships have been associated with outcomes including improved wellbeing, lower incidences of psychological distress and decreased depressive symptoms, higher subjectively rated life satisfaction, increased sense of belonging, and higher levels of self-efficacy (Alsubaie, et al., 2019; Brailovskaia et al., 2017; Friedlander et al.,2007; Mostert & Pienaar 2020; Stallman et al.,2018; Watson et al., 2010; Yasin, 2010). Moreover, there is further empirical evidence of the positive impact of social support in supporting student transition, retention and a variety of positive academic outcomes, including motivation and engagement (Connor et al., 2011; Maymon et al., 2019; Taylor et al., 2013; Telzer et al., 2015). A systematic review exploring determinants of wellbeing in student populations (Campbell at al., 2022) included 31 studies undertaken in the UK between 2010 and 2020. Among the range of wellbeing determinants identified, some of the strongest positive correlations found were between social support and positive wellbeing; and conversely between loneliness and psychological distress. However, the studies reviewed included a range of mental health and wellbeing related constructs as their primary variables of interest, including mental illness and psychological distress, as opposed to wellbeing as defined in this study. A number of other studies have however provided evidence of a direct positive correlation between social support and EDW or SWB or evidence of social support as being a mediating factor in predicting wellbeing in diverse student populations (e.g. Cobo-Rendon et al., 2020: Coffman & Gilligan, 2002; Stallman et al., 2016), findings which are supported in the earlier phase of this thesis. A further important positive correlation identified through research is that between social support and sense of belonging or connectedness to the university. It has been suggested that the variables associated with a student's connectedness to the university are predominantly social and related to relationships with both peers and university staff (Hausmann et al., 2007) Furthermore students' sense of belonging has been linked to a range of positive outcomes including retention, perceived

academic efficacy, higher grades and improved self-esteem (Pittman & Richmond, 2007; Wilson & Gore, 2013). Despite the breadth of literature in this field, there is often a lack of clear definition, particularly in the literature related specifically to wellbeing, about what constitutes a positive or supportive relationship and how such relationships function to support wellbeing.

The term 'positive relationship' is often used interchangeably within the literature with the term social support, and it is in turn closely related to the construct of social networks. While a social network describes a structure of interpersonal relationships which might be assessed through exploring the number of relationships a person has; social support can be conceptualised as a functional resource which is derived from a relationship, and might be assessed for example by exploring whether someone has within their network, people who can fulfill specific functions (Cohen et al., 1985). Support functions can be broadly categorised as being emotional or affective, for example empathy, care, reassurance; or instrumental, for example tangible assistance such as advice, information or practical aid (Helgeson, 2003). The conflation within empirical research of structure and function can mean that the mechanisms through which social support might increase wellbeing are complex and often ambiguous. There are however two dominant theoretical models purporting to explain these mechanisms, one which positions social support as a mediating, or buffering variable and the other which positions social support as a moderating or directly influencing variable.

The stress buffering theory characterises social support as a resource which can help mediate the negative impact of environmental stressors (Figure 14)

Figure 14 The Stress Buffering Theory - Social support as a mediating variable

In this theory, social support functions as a buffer or to mediate the negative impacts of environmental stress on an individual's health and wellbeing (e.g.; Cobb, 1976; Cohen & Syme, 1985; Holt-Lunstad & Smith, 2021; Lakey & Cronin, 2008; Unchino, 2009). There is a body of research undertaken with student samples which has consistently supported the stress buffering theory, positioning social support as a mediating variable between context specific stressors and outcomes such as clinical depression and anxiety (e.g. Cheng et al., 2020; Green

at al., 2021; Sewinyattichaiporn & Taylor 2022). Of particular interest is one qualitative study in which students explicitly identified that a positive relationship with their personal tutor acted as a buffer against some of the environmental challenges they experienced (Yale, 2017). Of further significance is empirical research which suggests that the subjective perception that support is available, has as much of an impact as the actual receipt of that support (Cohen, 2004). This again supports findings of the qualitative study in presented in Chapter 7 in which participants identified the importance of the perceived accessibility of their personal supervisor (7.4.3.2). It is however important to note that the efficacy of relationships as a stress buffer is predicated on the type of support available being matched to the particular needs elicited by an environmental stressor (Cohen and Wills, 1985). Given the broad range of academic, social and psychological stressors students experience, the availability of different sources of social support should be a critical consideration for universities.

A critique of the stress buffering model is that it is fundamentally rooted in pathology, and therefore fails to examine how social support influences health and wellbeing in the absence of environmental stressors. This limitation is addressed through the Main Effects Model which posits that social relationships have a moderating, not just mediating relationship to health and wellbeing (Figure 13). In other words, positive social relationships contribute directly to psychological thriving, even in the absence of stressors (Cohen & Gottlieb,2000).

Figure 15 Main Effects Model - social support as a moderating variable
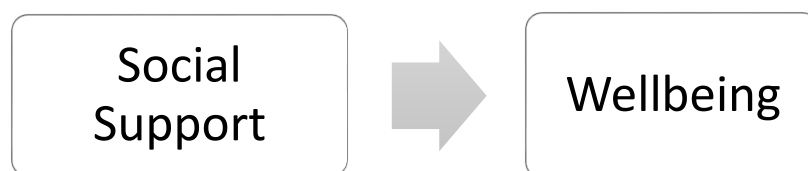
The Main Effects model theorises that positive relationships with others contribute to wellbeing by providing opportunities for personal growth and development, opportunities for community integration, supporting psychological states such as sense of belonging and self-esteem, and by exerting social influence on behaviours through evaluation and feedback (Cohen, 2004; Feeney & Collins.,2015; Kawachi & Berkman, 2001; Thoits, 2011). The main effects model has been tested with student samples with research providing evidence of a direct positive correlation between social support and variables including life satisfaction, psychological wellbeing, academic achievement, and mental health (e.g. Eldeleklioglu, 2006; Ghaith, 2002; Holliman et al., 2021; Stack-Cutler et al., 2015). The two models described are not necessarily mutually exclusive, but may instead help to clarify the influence of different

functions, types and structures of social relationships on different aspects of wellbeing. For example, within student populations, wellbeing may be supported both by social relationships which help with integration into the community thus fostering a sense of belonging and by relationships which provide context specific information which helps to minimise environmental stress. This supposition is certainly supported in our qualitative study, in which participants identified both friendships and relationships with academic staff as determining their wellbeing in distinct ways.

A third theoretical model which may be influential in the context of student wellbeing is Attachment Theory (Bowlby, 1973, 1982, 1988). Attachment theory proposes that human beings have an innate and instinctive tendency to seek the proximity of others both in times of stress and as a mechanism to support the safe exploration of both their physical and social environment. The theory positions relationships which provide safety and the opportunity for comfort and reassurance as a 'secure base' from which to explore and a 'safe haven' to which one can return. While predominantly a theory related to child development, Bowlby himself hypothesised that attachment is integral to functioning across the lifespan. As such attachment theory has been broadened to consider attachment at key developmental life stages and to take account of attachment figures other than parents or primary care givers (Doherty & Feeney, 2004; Shaver & Mikulincer, 2002). From a social psychological perspective, attachment theory in emerging adulthood and adulthood, is concerned with the ways in which humans relate to others, the types of relationships that fulfil attachment needs and how these ways of relating influence wellbeing (Carr et al., 2012). There is compelling evidence that attachment networks expand across the life span to include friends and romantic partners (Doherty & Feeney, 2004). Some researchers have also identified teachers in pre-higher education settings as secondary attachment figures (e.g. Van Ryzin, 2010; Verschueren & Kooman, 2012). Loper & Reid (2020) hypothesised that educators within a university setting may also function as an attachment figure, in that they provide the adult learner with both a secure base and safe haven through which learning can occur. There is however a paucity of empirical research exploring this hypothesis. Research on attachment in student populations has instead predominantly focused on how a student's inherent attachment style relates to their wellbeing within a university context (e.g., Carr et al., 2012; Riva-Crugnola et al., 2021). This means there is lack of research which explores whether social relationships within a university context may function to fulfil attachment needs, particularly for students who fall within the emerging adult stage of development.

A significant limitation of the current body of literature on social support within a student wellbeing context is that research exploring supportive relationships tends to be limited to

primary or intimate relationships, for example those with families, romantic partners, friends or peers (e.g., Alsubaie et al., 2019; Awang et al., 2014; Cobo-Rendon et al., 2020; Poots & Cassidy, 2020). There is is in fact very little empirical evidence which explores the relationship between students and university staff in the context of eudaimonic wellbeing. Findings from the qualitative study component of this thesis presented in the preceding chapter, certainly suggests that the relationship between students and academic staff is significant in this context thus making it an important topic for further investigation.

8.2.1   Faculty and student relationships within higher education

It could be argued that university staff represent the human face of the university and as such, a student's sense of connectedness to the university is likely to be largely constructed through their relationships and interactions with staff (Wellin, 2007). Guzzardo and colleagues (2021) argue that if we perceive the university experience as being about more than the acquisition of a degree, a statement which is supported by findings from the study described in Chapter 7(7.4.1), then we must view academic staff as providing more than teaching. There is however, little consensus on what 'more than teaching' might look like in a university student-supervisor dyadic relationship. This is largely due to the fact that the personal supervisor role within higher education tends to be both poorly conceptualized and inconsistently operationalized (Hagenauer & Volet, 2014). Research which explores student-teacher relationships (STR) has been largely focused on primary or secondary education meaning that this relationship within a higher education setting is largely overlooked. The majority of empirical studies exploring student-teacher relationships in primary and secondary education focus on the interpersonal qualities of the teacher. Empirical research is generally grounded in either self-determination theories in which perceptions of care and opportunities for relatedness are positioned as determining learning outcomes; or attachment theory in which the teacher is positioned as a secure base from which a student can learn and develop (Kang et al., 2021). Regardless of the theoretical foundation, there is a compelling body of evidence which positions the relationship between a teacher and learner in primary and secondary education, as being a significant determinant in a number of factors including academic and psychosocial factors (e.g., Hagenauer & Volet, 2014; Snijders et al., 2021).

In a higher education context, despite student-faculty interactions being described as a 'Key concept' in relation to student academic outcomes (Kim & Sax, 2014), there is a paucity of research which explores the nature and quality of staff-student relationships in the context of psychological outcomes, such as wellbeing. The limited empirical evidence which is available suggests that staff-student interactions in higher education may have a beneficial impact on a range of academic factors including retention, effort, motivation, commitment, achievement

and intellectual development (e.g. Cage et al., 2021; Halawah, 2006; Hoffman, 2014; Komarraju, 2010; Pascarella & Terenzini ,2005). Conversely research findings suggest that students who perceive academic staff as being uncaring experience greater levels of academic disengagement (Hawk & Lyons, 2008). Furthermore, there is some evidence that increased frequency of student-faculty interactions, including informal interactions outside of the classroom, appear to improve student outcomes, including sense of belonging to the university, self-efficacy, and academic competence (Creasey et al, 2009; Delaney, 2008; Thompson, 2001). A limitation of this research however, is that the focus of enquiry tends to be on objective behavioural interactions between staff and students, for example interaction frequency, as opposed to subjective evaluation or perceptions of the relationship quality. This is a significant limitation, in light of the evidence that it is both relationship quality and utility which can be a key predictor of wellbeing. Tangible behavioural interactions are of course significantly easier to quantify, measure and control however not all interactions between a student and academic staff member will have a positive outcome or meet the specific needs of a student. Frequency of interactions differs profoundly from the perceived quality or appraisal of a relationship and the support derived from that relationship. While frequency of interactions may be an antecedent to a positive relationship, they are not indicative of the subjective evaluation of the qualities inherent within that relationship (Hagenauer & Volet, 2014). Research which has explored perceived relationship quality between students and academic staff has provided some evidence which supports positive associations between student's appraisal of both the relationship quality and the utility of the support received from faculty members and subjective and eudaimonic wellbeing (Maymon et al., 2019; Trolian et al., 2020). Maymon and colleagues also identified relationship quality as being a significant mediating factor between interaction frequency and wellbeing outcomes. This finding supports earlier research which suggests that frequency of interaction is less important than the nature and quality of that interaction in the context of wellbeing (Pascarella & Terenzini, 2005). This evidence supports the argument that interaction frequency and relationship quality should be treated as distinct variables when examining staff student relationships. It is however still viable to explore whether increasing interactions through, for example, timetabled personal supervision sessions might have a positive impact on perceived quality of the relationship.

When considering the characteristics which define relationship quality in the context of staff student relationships, empirical knowledge is largely derived from qualitative research. Qualities, such as approachability, openness, authenticity, passion and knowledge, caring, and investment in student success have all been identified by student research participants as

being key indicators of a positive or supportive academic staff member (Dicker et al., 2019; Kapouza & Emvalotis, 2019). Such qualities align to the concept of relational pedagogies, or pedagogies of care which position teacher and student as the giver and receiver of 'care' (Mortari, 2016). In relational pedagogies, intentional reciprocal interpersonal structures between the teacher and student are percieved as enabling both learning and psychological development (Noddings, 2012). Staff student interactions are seen as critical in building and sustaining relationships which cognitively and emotionally support the students learning experience (Adams, 2018). There has been a recent resurgence of interest in relational pedagogical frameworks within higher education, explained by commentators as offering a counter to the impact of neoliberal politics and marketisation within higher education (Gravett et al., 2021; Snijders et al., 2020). It has also been suggested that the isolation created by Covid-19 lockdowns have re-centered the importance of relational pedagogies in higher education (Feng Su & Wood., 2023). Again, considering the findings of our qualitative study, there is compelling evidence that students themselves have an expectation of receiving care from the university and its staff. The findings also however identify that such relational experiences are inconsistent, which should be of concern to institutions.

Despite the potential benefits inherent in fostering caring and supportive relationships between staff and students, there are a range of barriers which may inhibit the formation of such relationships. Barriers identified in research include staff workload, unwillingness of either party to engage in the co-creation of such a relationship, lack of knowledge regarding the potential benefits of the relationship, and unclear expectations of the function and boundaries of the relationship (Cotten & Wilson, 2006; Hoffman, 2014; Hagenauer & Volet, 2014). Of particular note in the context of mental health and wellbeing is a growing concern represented within the literature which relates to perceived and experienced expectations of academic staff to support students' mental health needs. Recent studies have identified that academic staff feel underprepared to offer support to students with mental health difficulties; are often unclear about when and how to signpost and are uncertain about what their responsibilities are or should (e.g., Hughes et al., 2018; Hughes & Byrom, 2019; Payne, 2022; Ramluggun et al., 2022). These findings may illustrate that the ways in which students articulate contextual struggles, and the way staff perceive those struggles, are influenced by both the 'mental health crisis' discourse and concept creep (Eccleston, 2017; Haslam, 2016). Concerns about student vulnerability and risk engendered by such discursive constructions could certainly be a significant barrier to academic staff intentionally engaging in supportive pedagogic relationships with students (Bantjes et al., 2023), and as such should be challenged. The findings also suggest that, as a potential first point of contact for a student (Hawkins &

Shohet, 2012), the role and remit of the personal supervisor role requires clarity, support and structure to be effective.

Considering the potential benefits to student wellbeing inherent in the relationship with a personal supervisor, there is a concerning lack of research which explores the role and relationship empirically (Braine & Parnell, 2011; Wakelin, 2021). Yale (2019) described the purpose of the personal supervisory role as being the provision of academic and personal support to a student. However, the role of the personal supervisor, and thus the relationship between a student and personal supervisor, differs to that with general faculty teaching or academic staff who might also be assumed to provide academic support (Por & Barriball, 2008). The personal supervisor role is generally subject to a formal framework of expectations and structures through which the relationship is operationalised. In most cases, certainly in the UK, the relationship is allocated rather than developing organically through more natural interactions. Despite evidence that the role is fundamental in shaping student experiences of university (Yale, 2017) literature is scarce. Neville (2007,p.9) described personal tutors as being a '*representative*' of the university and the role is variously described in literature as acting as a conduit between the curriculum and pastoral support (Wootton, 2006); as fulfilling a range of pastoral and academic roles (Thomas, 2006); as enabling students to make connections between elements of their university and learning experience (Stevenson, 2009) and engendering a sense of belonging (Evans, 2013). It has also been suggested that personal supervisors are often a first point of contact and therefore more likely to be exposed to student distress (Hawkins & Shohet, 2012). At the point of writing no universally accepted definition of the role of undergraduate personal supervisor or tutor could be found. However, McFarlane's (2016) synthesis of the relevant literature identifies key elements, including, monitoring academic progress, supporting transition, being the first point of contact for both academic and personal difficulties, and offering regular meetings. Moreover, a review of best practice in personal tutoring within the UK (Grey & Osborne, 2018) argued that the role and relationship should be predicated on principles of supporting student success and personal growth. Additionally, UKAT (The United Kingdom Advising & Tutoring Association) provide guidance which suggests that core values of collaboration, inclusivity and authenticity should underpin the relationship between a student and supervisor, and that it should be "*accessible and non-judgmental and based on a relationship of the highest trust and authenticity*" (UKAT, 2020).

The description of the role of the personal supervisor in the university in which this research is conducted defines the personal supervisor role in ways which align with both the literature and UKAT's guidance; these being; 'a dedicated first point of contact'; a person with whom a

"genuine" relationship is established, which encourages "identity and community membership"; a person who oversees academic progress and achievement and can offer feedback and someone who can provide advice and guidance to support success. [8] For the purposes of this research, it is this explanation which defines the personal supervisor (PS) role. In addition, the role is defined as being a dedicated member of staff who is situated within the student's academic faculty or department and who is allocated this responsibility at the commencement of studies for the remainder of the student's university journey.

8.2.2 Research aims

Expanding on the findings of the preceding qualitative study in which the student-supervisor relationship was identified by participants as being a determinant of positive student wellbeing, the overall aim of the present study is to address the gaps in the current empirical knowledge relating to student – personal supervisor relationships and student wellbeing by exploring and testing the associations between Perceived Quality of the Student Personal Supervisor Relationship (PQSPSR), Psychological Wellbeing (PWB), sense of Belonging (SoB) and Academic Engagement (AcE), in order to ascertain the impact of PQSPSR on wellbeing related and academic variables. The variables have been chosen based on an integration of the relevant literature with the findings from the previous studies within this thesis.

The research questions underpinning this study are as follows;

RQ1: Is there a statistically significant relationship between Perceived Quality of Student-Personal Supervisor Relationship (PQSPSR) and Psychological Wellbeing (PWB), Sense of Belonging (SoB) and Academic Engagement (AcE)?

RQ2: Can Perceived Quality of Student-Personal Supervisor Relationship (PQSPSR) statistically predict Psychological wellbeing (PWB), Sense of Belonging (SoB) and Academic Engagement (AcE)?

RQ3: Does timetabling/scheduling of personal supervisory sessions have any impact on Perceived Quality of Student-Personal Supervisory Relationship (PQSPSR)?

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8.3   Research design & methodology

The present study is the third in a sequential mixed-methods research design exploring factors which facilitate and impede wellbeing in undergraduate student populations (see 4.3). The aim of the present study is threefold. 1) to determine the associations and interactions between a student, supervisor relationship and wellbeing related factors; 2) To determine whether the relationship between a student and supervisor was a statistical predictor of wellbeing related factors and 3) To ascertain whether there is any association between curriculum embedded supervision sessions and wellbeing related factors. To respond to these aims the study utilises an analytical cross-sectional research design, which is an appropriate design to explore associations and relationships between variables (Wang et al., 2020). This methodology is advantageous in terms of its ability to robustly explore associations between variables particularly relating to complex psychological concepts and can help to establish evidence which can guide further advanced research (Sedgwick, 2014;).

The choice of variables and measurement tools were chosen to best reflect the wellbeing impacting factors identified by participants in the qualitative study presented in chapter 7. Data was collected via an online survey hosted on JISC online survey platform during a 3-week period in April 2022 and statistically analyzed using SPSS. Ethical approval was granted by the University of Hull Ethics Committee for the Faculty of Health Sciences following a robust risk assessment and data management plan. All participants were made aware of their rights and were required to provide free and informed consent prior to participation. Progression was disabled unless participants indicated they had read and agreed with the statements relating to the purpose of the research, confidentiality and options to withdraw. Upon completion of the survey, participants were provided with information pertaining to university support services should any aspect of participation have caused concern or distress.

8.3.1   Participants

Participants were recruited from a single university in England using a voluntary response sampling method. Although somewhat prone to self-selection bias, this sampling approach has been identified as being particularly applicable to conducting online surveys in the social sciences (Kilinc & Firat, 2017). The target population for participation was undergraduate students between the age of 18 and 23 who were UK fee paying students. The target population at the time of recruitment was approximately 11'000. Yamane's calculation of sample size was used to determine sample size.

$$n = \frac{N}{1+N(e)2} \quad n = \frac{11000}{1+11000(0.05)2} \quad n = \frac{11000}{28.5} \quad \text{n=386}$$

The calculation estimated that a minimum sample size of 386 was required for a confidence level of 95% and a margin of error of ∓ 5%. While not reaching the desired sample size, the final sample of 185 is sufficiently large to ensure a confidence level of 95% with a ∓ 7% margin of error. As it was not possible to directly contact all members of the target population using a single method, invitations to participate were disseminated through a range of means. These included on campus poster advertisements with a QR code link, emails sent to available student email lists –with each faculty being requested to share the details by email to their undergraduate students. Participation was also advertised as part of a faculty-based research participation scheme in psychology. Participation was incentivized via the opportunity to be entered into a draw for a £50 Amazon voucher and, for Psychology students, academic credits as part of a research participation scheme. The final study sample consisted of 185 UK fee paying undergraduate students between the ages of 18 & 23 with a mean age of 20.2. The sample included representation of all faculties and all stages of undergraduate study with students enrolled in the faculty of health sciences accounting for 46.5% of the sample. The demographic characteristics of the sample were broadly representative of the undergraduate population within the research environment in all areas except gender in which female identifying students were overrepresented in the sample (see Table 20)

Table 20 Characteristics of Participant Sample (N = 185)

Gender	n	Ethnicity	n	Year of Study	n	Faculty	n
Female	128 (69.2%)	White	161 (87%)	Foundation	10 (5.4%)	Health Sciences	86 (46.5%)
Male	47 (25.4%)	Asian or Asian British	11 (5.9%)	First Year	66(35.7%)	Arts, Culture & Education	39(21.1%)
Other	10 (5.4%)	Black	4 (2.2%)	Second Year	69(37.3%)	Science & Engineering	40 (21.6%)
		Mixed	4(2.2%)	Third Year	40(21.6%)	Business, Law & Politics	20(10.8%)
		other	5(2.7%)				

8.3.2   Measures

Data was collected by means of an online survey. The survey was constructed of 8 questions gathering demographic data with items relating to student characteristics and scheduled personal supervision sessions. Participants were asked to respond to the question *'do you have*

sessions with your personal supervisor which are timetabled or scheduled by the university?
With three response categories, one to one, group or neither. These questions were followed
by measures of Perceived Quality of Student-Personal Supervisor Relationship (PQSPSR),
Psychological wellbeing (PWB), Sense of Belonging (SoB) and Academic Engagement (AcE). The
primary and secondary variables of interest are described in Table 21. Measures of PWB, SoB
and AcE were chosen specifically for both their consistency and reliability in related research,
as well as their ability to measure the particular constructs under investigation in the present
research.

Table 21. Primary and secondary variables of interest

Primary variables	Secondary variables
Perceived quality of student-personal supervisor relationship (PQSPSR)	PQSPSR emotional/affirmational dimension
	PQSPSR instrumental/informational dimension
Psychological wellbeing (PWB)	Autonomy
	Purpose in life
	Positive relationships
	Environmental mastery
	Personal growth
	Acceptance
Academic Engagement (AcE)	Intrinsic goal motivation
	Extrinsic goal motivation
	Time & study environment strategies
	Effort regulation
	Help seeking
	amotivation
Sense of Belonging (SoB)	Global sense of belonging
	Perception of pedagogical care
	Social acceptance

8.3.2.1 Psychological Wellbeing (PWB)

PWB was measured via Ryff's (1989) 42-item Psychological Wellbeing Scale (Appendix 6). Ryff's model describes wellbeing as being multi-dimensional and the measure is constructed of six sub-scales measuring autonomy, environmental mastery, personal growth, positive relations with others, purpose in life & self-acceptance. Response is via a 7-point Likert scale with higher scores representing higher psychological wellbeing. The measure has been utilised extensively with university populations and has repeatedly been shown to have high levels of validity and reliability (e.g., Bayani et al., 2008; Akin, 2008). Furthermore, the six factors measured bear the most fidelity to the participant led factors identified as influencing student wellbeing in the Chapter 7 study.

8.3.2.2 Sense of Belonging (SoB)

Sense of belonging represents the extent to which a person feels they are part of or belong to society; their relationship to their community and the extent to which they feel they share something in common with others who share their social reality (Keyes, 1998). Research suggests a link between a student's sense of belonging and a number of positive academic outcomes (Pedler et al., 2021). In the present study SoB was measured via Goodenow's (1993) Psychological Sense of School Membership scale (Appendix 7). Despite the scale having been originally developed for use in pre-university educational environments, it has been successfully adapted for use with students in higher education (Alkan., 2015; Won et al., 2019; Yildrim et al., 2021). Furthermore, the items relating to pedagogical caring are particularly appropriate for the aims of this study and relate directly to the factors identified as influencing wellbeing by participants in the chapter 7 study. The scale consists of 18 items measuring global sense of belonging, social acceptance and perception of pedagogical caring. Response is via a 5-point Likert scale with higher scores indicating a higher overall sense of belonging.

8.3.2.3 Academic Engagement (AcE)

Definitions of academic engagement include psychological interest, focus, concentration, a behavioral involvement with learning and interest and absorption in an academic task or activity (Appleton et al., 2008). Barker & Leiter (2010) describe engagement as the presence of mental energy and connection with an activity. Hughes (2020) acknowledges academic engagement as being a fundamental factor in student wellbeing. In the present study, academic engagement was measured via the Intrinsic and extrinsic goal motivation; time & study environment; effort regulation and help seeking sub scales of the motivated strategies for learning questionnaire (Garcia & Pintrich, 1995; Duncan, 2005). The instrument is comprised of 15 sub-scales and the ones included in the present study were chosen due to their relevance to the construct being measured and their fidelity to the conceptual definitions of academic engagement in higher education. The scales have shown robust internal

consistency and good predictive ability in relation to academic performance (Mills & Blankstein., 2000). The measure (Appendix 8) consisted of 20 items and response was via a 7-point Likert scale with higher scores representing higher levels of academic engagement.

8.3.2.4 Percieved Quality of Student-Personal Supervisor Relationship (PQSPSR)

As the quality of the relationship between a student and supervisor in higher education is an under-researched topic, no pre-existing measure was identified that accurately captured the theoretically grounded components of relationship quality in a university context. The theoretical assumptions underpinning this concept suggest that perceived relationship quality can be operationalized through subjective evaluations of the intrapersonal aspects of the relationship by the individuals involved (Fincham & Rogge, 2010; Snijders et al., 2018). A narrative review of theory and literature relating to the measurement of social support, student-teacher relationships, and perceived relationship quality was undertaken. These findings were integrated with participant descriptions of personal supervisor qualities from the qualitative study in Chapter 7, as well as other relevant qualitative studies that explored student-faculty interactions in higher education institutions (e.g. Guzzardo et al., 2021; Karpouza & Emvalotis, 2019). This led to key aspects of the relationship being identified that indicated both perceived relationship quality and adequacy of support.

Based on the literature, the perceived quality of student-supervisor relationships can be operationalized through a set of dimensions reflecting both affective and functional components. The following factors were identified as being critical in defining the perceived quality of the supervisor-student relationship:

> **Frequency of Interactions**: Research suggests that frequent contact between students and supervisors is associated with better academic and emotional outcomes (Trolian et al., 2020). However, frequency alone is insufficient to capture relationship quality, as the nature of these interactions also plays a vital role (Stephen, O'Connell, & Hall, 2008).

> **Perceived Availability**: Students' perceptions of their supervisor's availability are crucial to relationship quality. Availability encompasses both physical availability (e.g., holding office hours) and emotional availability (e.g., willingness to listen and respond to student concerns) (Guzzardo et al., 2021).

> **Perceived Support Adequacy**: The subjective evaluation of the support provided is central to students' satisfaction with their supervisor. This includes whether the

support meets students' needs in both academic and emotional domains (Maymon et al., 2019).

Approachability: The supervisor's approachability determines how comfortable students feel seeking help. Characteristics such as warmth, responsiveness, and a non-judgmental attitude are key indicators of approachability (Denzine & Pulos, 2000; Guzzardo, 2021).

Perceived Care: Students' perception that their supervisor cares about their success and well-being is a significant determinant of relationship quality. Caring extends beyond academic responsibilities and includes an interest in the student's personal development and challenges (Bates & Kaye, 2014).

Trust and Mutual Respect: Trust and respect in the relationship are vital for open communication and for ensuring that the student feels valued and heard (Komarraju, Musulkin & Bhattacharya, 2010).

Responsiveness: The speed and quality of the supervisor's responses to student queries (e.g., timely email replies) are important practical indicators of support, reflecting their commitment to the student's success (Guzzardo, 2021).

At the time of writing, no existing measure was identified that included items related to all of the above factors. Therefore, existing measures of social support, perceived relationship quality, and teacher-student relationships were reviewed. Where possible, Items relevant to the concepts being measured were extracted, collated, and reworded to ensure their relevance to university students. These measures included Ang and colleagues' student version of the Teacher-Student Relationship Inventory (Ang et al., 2020), which is grounded in attachment theory and includes items from the student's perspective of their teacher including perception of care and approachability. Other instruments reviewed included the Social Provisions Scale (Cutrona & Russell, 1987), the Inventory of Socially Supportive Behaviours (Barrera & Ainley, 1983), and the ENRICHD Social Support Inventory (Mitchell et al., 2003). These instruments measure aspects of social support networks, including availability, responsiveness and perceived adequacy of support. Finally, the Perceived Relationship Quality Component was reviewed to measure aspects of relationship quality, including trust and respect (Fletcher et al., 2000).

This process led to the development of a 20-item questionnaire designed to measure two dimensions of perceived relationship quality: emotional/affirmational (em-af) and

instrumental/informational (ins-inf) (Cohen & Wills, 1985; Gottlieb & Bergen, 2010; Hagenauer & Volet, 2014). The emotional/affirmational subscale included items related to perceived traits and characteristics of the supervisor, such as trustworthiness and approachability, as well as affirmational constructs, such as *"they care about me as an individua.".* The instrumental subscale included items related to tangible support, such as the provision of academic feedback, and the perceived utility of the relationship, such as signposting and information sharing. Responses were collected on a 7-point Likert scale, with higher scores representing higher perceived relationship quality.

The face validity of the measure was assessed through agreement between the primary researcher and the supervisory team, ensuring that the scale had a clear purpose and that the construct and dimensions being measured were theoretically sound (Nevo, 1985).

Table 22 Measure of Perceived Quality of Student-Personal Supervisor Relationship (PQSPSR)

Item	Emotional/affirmational	Item	Instrumental/informational
1	My personal supervisor cares about me as an individual	2	My personal supervisor helps me to understand things I'm confused about
4	My personal supervisor is only ever interested in talking to me about academic things	3	My personal supervisor tries hard to answer my questions
5	My personal supervisor treats me fairly	6	My personal supervisor helps me to solve my problems by giving me advice and information
7	I can approach my personal supervisor for help with personal non-academic problems	9	My personal supervisor gives me helpful advice
8	My personal supervisor spends time talking to me about my goals and interests	10	I feel clear about what the role of my personal supervisor is
12	My personal supervisor offers me praise and encouragement	11	My personal supervisor has clearly explained how and when I can contact them
13	I would not be comfortable approaching my personal supervisor for help	15	My personal supervisor does not help me to improve my academic performance
14	My personal supervisor listens to me if I'm upset or have a problem about anything	16	My personal supervisor gives useful feedback about how I'm doing in my studies
18	I feel comfortable approaching my Personal supervisor for help when I'm struggling academically	17	My personal supervisor tells me about help and support I can get from other places in the university

19	My personal supervisor is trustworthy		20	My personal supervisor is interested in helping me improve my academic performance

Data collected from 185 participants was analysed to test each subscale of the measure for internal consistency. Cronbach's alpha is a common measure of internal consistency and determines the extent to which the items on a scale are measuring the same underlying construct (Bland & Altman, 1997). Both subscales demonstrated high internal consistency (em-af; α =.904 & ins-inf; α = .950) (DeVillis, 2003; Kline, 2005). For additional rigor, correlation coefficients of individual items on each subscale were analysed. Correlation coefficients of less than or close to 0.3 would indicate that the item is not measuring the same construct (Ratner, 2009). Items 4 (α = 0.37) and item 13 (α = .163) were therefore removed from the em-af scale. The final 18 item scale demonstrated excellent internal consistency (α = .970) with the subscales (α = .938 and α = .950 respectively) and all inter-item correlations for each subscale above (α = .406) (see Table 23 and

Table 24)

Table 23. Correlation Coefficients of PQSPSR Emotional/Affirmational subscale

Item	1	5	7	8	12	14	18	19
1	-							
5	.661	-						
7	.679	.560	-					
8	.639	.483	.693	-				
12	.723	.677	.638	.665	-			
14	.711	.584	.702	.656	.695	-		
18	.626	.625	.621	.620	.678	.625	--	
19	.735	.758	.691	.645	.788	.682	.701	-

Table 24. Correlation coefficients of PQSPSR instrumental/informational subscale

Item	2	3	6	9	10	11	15	16	17	20
2	-									
3	.874	-								
6	.847	.854	-							
9	.862	.844	.851	-						
10	.610	.632	.619	.685	-					
11	.674	.698	.682	.694	.723					
15	.467	.472	.451	.489	.483	.534	-			.
16	.708	.674	.660	.717	.575	.620	.543	-		
17	.664	.645	.678	.713	.604	.659	.406	.662	-	
20	.754	.765	.776	.831	.642	.728	.546	.768	.676	-

8.3.3 Data Analyses

Data analysis was conducted using SPSS 26.0 (IBM®, Armonk, NY, USA). Before performing the analyses, prerequisite assumptions were checked to ensure the selection of the most appropriate statistical tests. Prerequisite assumptions for the use of parametric analyses were tested across the dataset. All assumptions were met except for the normal distribution in one variable. Normality of distribution was assessed using the Shapiro-Wilk test ($p > .05$) and visual inspection of normal Q-Q plots. One of the primary variables, PQSPSR, was found to be non-normally distributed. Skewness and kurtosis calculations for PQSPSR revealed a violation of normality due to skewness of -0.936 (standard error = 0.179).

It is important to recognize that in research involving complex psychological constructs, variability is more likely to occur. This often results in deviations from normality in the distribution of scores. Indeed, it has long been suggested that normally distributed data in psychological research is the exception rather than the rule (Blanca et al., 2013; Cain et al., 2017; Field & Wilcox, 2017; Micceri, 1989). Despite the violation of normality in one variable, parametric tests were chosen because they are generally more powerful than non-parametric

tests, especially when other assumptions are satisfied (Knief & Forstmeier, 2021). Parametric tests are robust to non-normality across a wide range of conditions, and using non-parametric tests could increase the risk of errors, including false positive conclusions. Furthermore, the sample size was deemed sufficient for the analyses conducted (Sangthong, 2018), allowing for the reliable use of parametric tests.

For assessing between-group differences One-Way ANOVAs and MANOVA's were employed. The data met all assumptions with the exception of normality of distribution. However, One-Way ANOVAs and MANOVA's are considered to be robust to deviations from normality (le Cessie et al., 2020; Maxwell & Delaney, 2004), and the sample size requirements for using One-Way ANOVA with non-normal data were also satisfied (Ghasemi & Zahediasl, 2012). Regarding the identification of correlations within the data, the use of a non-parametric test (Spearman's) was initially considered due to the skewed distribution of one primary variable. However, there were no significant outliers in the data, and linearity was observed through visual inspection of scatterplots. Therefore, a parametric test considered robust to deviations in normality, Pearson's correlation, was used. The data met all assumptions for linear regression analysis. Linearity was assessed via visual inspection of scatterplots, with linearity observed for all paired variables. Independence of observations between all paired variables was confirmed using the Durbin-Watson statistic (<2). Homoscedasticity was verified through visual inspection of standardized residual plots, and residuals were normally distributed for all paired variables based on the inspection of Normal P-P plots.

8.4   Results

Means and standard deviations of the whole sample for all primary & secondary variables measured are presented in Table 25.

Table 25. Means and Standard Deviations for all variables measured

Variable (N = 185)	*M*	*SD*
PQSPSR	87.22	23.46
Emotional/affirmational	40.36	11.04
Instrumental/informational	46.82	12.99
PWB	182.96	34.34
Autonomy	29.99	6.81
Environmental mastery	26.99	7.25

Personal growth	34.96	7.28
Positive relationships	32.91	8.12
Purpose in life	33.12	7.89
Self-acceptance	27.62	8.46
SoB	64.14	11.74
Pedagogical caring	20.83	4.33
Global belonging	17.8	4.14
Social acceptance	25.5	4.83
AcE	114.0	19.6
Intrinsic motivation	19.17	4.35
Extrinsic motivation	28.15	5.38
Time & study environment	15.32	5.49
Effort regulation	17.90	4.95
Academic help-seeking	12.18	3.82

One- way ANOVA's were run to determine whether there were any statistically significant differences in mean scores across the primary and secondary variables based on gender and year of study (see Tables 32-36 in Appendix 9 for detailed results). No statistically significant differences were found for year of study in relation to the primary or secondary variables. Statistically significant differences between the mean scores of the three gender groups were identified for PWB, with females having significantly higher scores in comparison to the other groups ($F(2,182)$ = 3.95, $p<.005$, η^2 =0.42). Statistically significant differences between the mean scores were also identified for SoB ($F(2,182)$ = 3.51, $p<.005$, η^2 =0.37) and AcE ($F(2,182)$ = 4.44, $p<.005$, η^2 =.0.47) with other gender having significantly higher scores in comparison to the other groups. Results suggest that males had significantly lower scores in comparison to the other groups for PWB, SoB and AcE. There were no statistically significant differences between genders found for the PQSPSR variable. In terms of the secondary variables, statistically significant differences between the groups was found in the positive relationships variable of PWB, in which females had a significantly higher mean score in comparison to the other groups ($F(2,182)$ = 9.36, $p<.001$, η^2 =.093) and in the the social acceptance dimension of

SoB in which other gender scored significantly higher (F(2,182) = 7.20, p<.001, η^2 =.073). Finally, in the academic help seeking variable, other gender had significantly higher scores in comparison to the other groups (F(2,182) =9.3, p<.001, η^2 =.093), a high effect size.

8.4.1 RQ1: Is there a statistically significant relationship between PQSPSR and PWB, SoB and AcE?

A Pearson's correlation coefficient was computed with the aim of assessing the strength of the relationships between the primary variables, PQSPSR and PWB, SoB and AcE (see Table 26) Statistically significant positive correlations were identified between PQSPSR and all other primary variables, suggesting that there is a positive linear relationship between perceived quality of the student-personal supervisor relationship and psychological wellbeing, sense of belonging and academic engagement. Furthermore, each of the 4 variables were significantly positively correlated with each other. Correlations between 0.3 and 0.5 are deemed to be of moderate strength with correlations above 0.5 deemed to be strong (Cohen, 1988). All correlations were in the moderate or strong category, with the exception of PWB and PQSPSR (α=.255). The strongest correlation was found between SoB and AcE (α=.650).

Table 26. Association between primary measured variables (correlation coefficients)

Variable	1	2	3	4
1.PQSPSR	-			
2.PWB	.255**	-		
3.SoB	.470**	.497**	-	
4.AcE	.427**	.481**	.650**	-

**p <.001

Further analyses were undertaken to determine the strength of correlation between the two separate subscales of PQSPSR (Emotional/Affirmational and Informational/Instrumental) and the primary variables of interest (see **Error! Reference source not found.**). All correlations were statistically significant identifying a positive linear relationship between both elements of PQSPSR and the primary variables. There was however only a marginal difference in the strength of the relationships between the two subscales. This suggests that both emotional and instrumental dimensions of the relationship have an equal impact on students' academic and wellbeing outcomes.

Table 27. Strength of association between PQSPSR subscales and primary variables (correlation coefficients)

Measure	PQSPSR Em/Af	PQSPSR inf/Ins
PWB	.253**	.245**
SoB	.470**	.449**
AcE	.416**	.417**

**$p < .001$

For a more nuanced exploration of the relationships between the variables, further analyses were undertaken to assess the strength of relationship between PQSPSR and the secondary variables (Table 28). Statistically significant positive correlations were found between PQSPSR and all secondary variables with the exception of autonomy. The strongest correlation with PQSPSR was with perceptions of pedagogical caring ($\alpha = .514$). Importantly, this finding appears to suggest that a perceived positive relationship with one staff member can influence a student's perception of institutional care. Of note was the finding that the dimension of institutional pedagogical caring has stronger positive correlations with both the academic variables and the psychological wellbeing variables than PQSPSR. Of particular interest is the finding that social acceptance demonstrated stronger associations with the psychological wellbeing variables, the strongest being with positive relationships and self-acceptance ($\alpha = .469$), while pedagogical caring had the strongest associations with academic variables. This finding appears to demonstrate that for students, different sources of social support and belonging have different utilities and impacts

These results are significant in terms of establishing PQSPSR as a variable which is positively associated with student wellbeing, sense of belonging and academic engagement in this sample. The findings also demonstrate the complex relationships and intersections between the variables. However, the results do not explain the directionality of those relationships or the predictive ability of PQSPSR. Therefore, further analysis was undertaken to address the second research question.

Table 28. Association between secondary measured variables (correlation coefficients)

variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. PQSPSR	-													
2. Pedagogical caring	.514**	-												
3. Global SoB	.361**	.635**	-											
4. Social acceptance	.370**	.624**	.739**	-										
5. Intrinsic motivation	.390**	.446**	.317**	.350**	-									
6. Extrinsic motivation	.303**	.400**	.266**	.353**	.480**	-								
7. Time & study environment	.203**	.403**	.285**	.293**	.250**	.178*	-							
8. Effort regulation	.363**	.462**	.357**	.358**	.417**	.236**	.673**	-						
9. Academic help seeking	.297**	.364**	.347**	.409**	.179*	.185*	.334**	.317**	-					
10. autonomy	.112	.162*	.180*	.191**	.278**	.165*	.035	.165*	.068	-				
11. environmental mastery	.209**	.383**	.374**	.421**	.161*	.079	.433**	.392**	.193**	.285**	-			
12. personal growth	.249**	.308**	.261**	.381**	.279**	.267**	.171*	.285**	.257**	.441**	.325**	-		
13. positive relationships	.228**	.276**	.320**	.469**	.10	.168*	.139	.259**	.268**	.229**	.501**	.531**	-	
14. purpose in life	.164*	.314**	.298**	.367**	.205**	.289**	.259**	.344**	.325**	.415**	.508**	.585**	.533**	-
15. self-acceptance	1.93**	.374**	.330**	.469**	.171*	.151*	.310**	.318**	.230**	.385**	.790**	.427**	.586**	.610**

**p <.001, *p<.005

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8.4.2 RQ2. Can Perceived quality of the student-personal supervisor relationship predict psychological wellbeing, sense of belonging and academic engagement?

To address this research question, simple linear regression analyses were run to establish the strength and direction of the relationship between PQSPSR and the three primary variables of interest. Simple linear regression is an appropriate statistical test to assess the linear relationship between two variables to help understand both the direction and magnitude of any relationship (Weisberg, 2014). Linear regression analyses determined a statistically significant predictive relationship ($p. < 0.001$) between PQSPSR and all primary outcome variables. There was a statistically significant predictive relationship between PQSPSR and PWB. Adjusted R^2 demonstrated that PQSPSR accounted for 6% of the variance in PWB scores ($R^2 = .060$). Perceived quality of the student personal supervisor relationship statistically significantly predicted psychological wellbeing, $F(1,183) = 12.69$, $p<.001$. Figure 18 visually demonstrates PQSPSR as a predictor of the outcome variable, psychological wellbeing (PWB).

Figure 16. Perceived quality of student-personal supervisor relationship as a predictor of psychological wellbeing
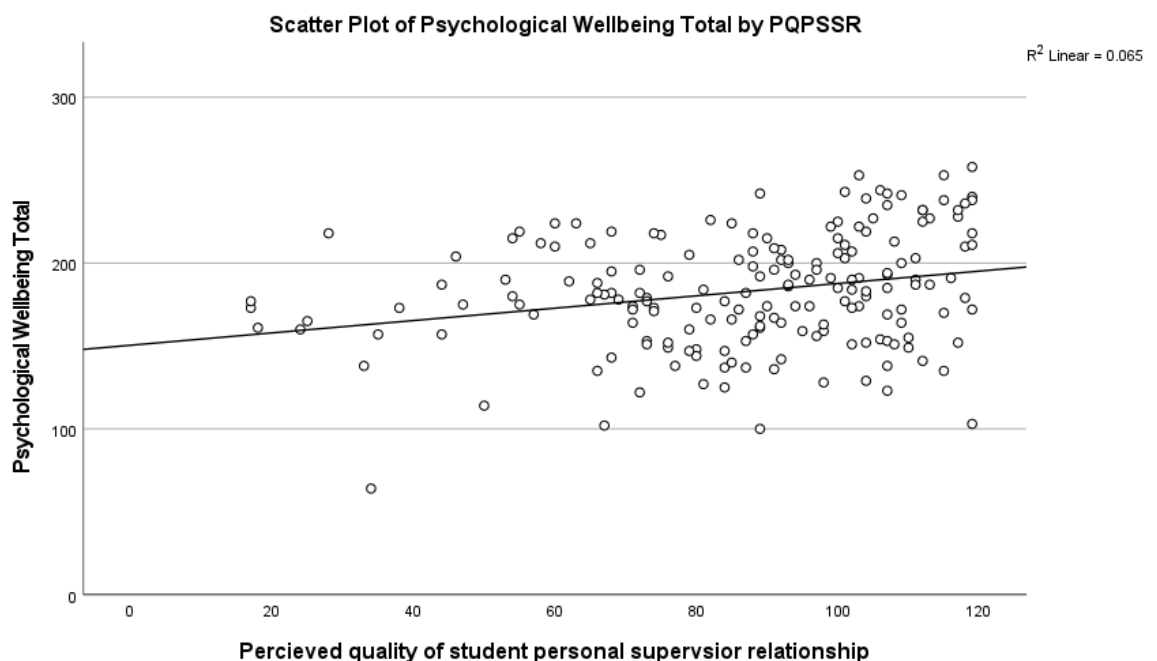
Regression analysis also determined a statistically significant predictive relationship, with perceived quality of the student-personal supervisor relationship statistically significantly predicting sense of belonging, $F(1.183)=51.77$,$p<.001$. Adjusted R^2 found that PQSPSR accounted for 22% of the variance in SoB scores ($R^2 = .221$) (see figure 19)

Figure 17 Perceived quality of student-personal supervisor relationship as a predictor of sense of belonging

Scatter Plot of sense of belonging by PQPSSR

R^2 Linear = 0.221

sense of belonging

Percieved quality of student personal supervsior relationship
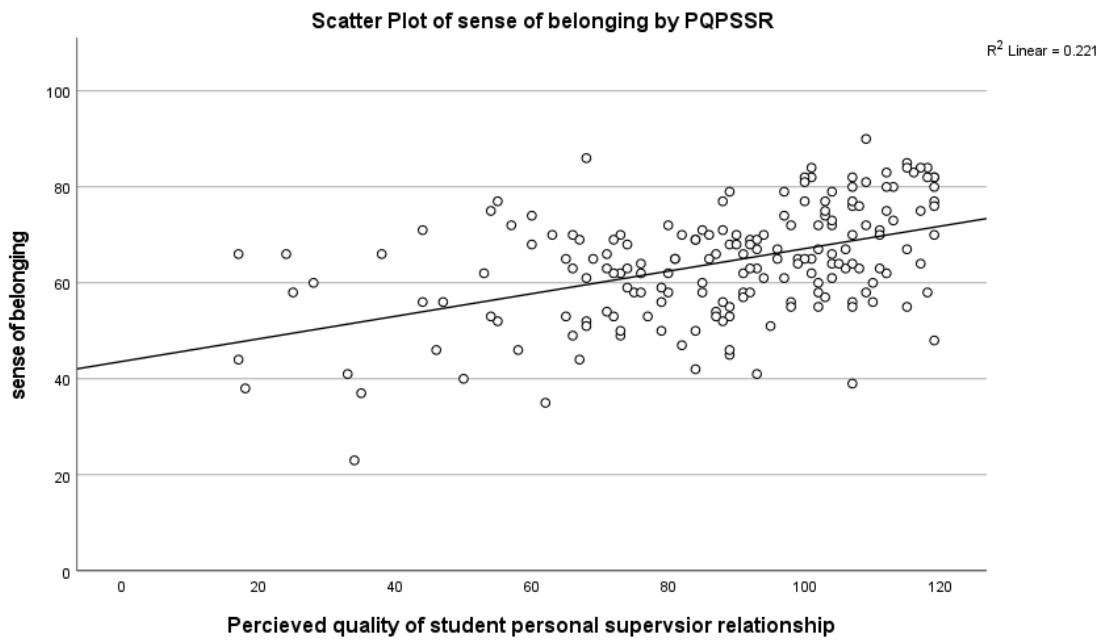
Regression analysis determined a statistically significant predictive relationship with perceived quality of the student-supervisor relationship statistically significantly predicting academic engagement, $F(1,183) = 40.70$, $p<.001$. Adjusted R^2 found that PQSPSR accounted for 18% of the variance in AcE scores ($R^2 = .18$) (see figure 20).

Figure 18 Perceived quality of student-personal supervisor relationship as a predictor of academic engagement

Scatter Plot of academic engagement by PQPSSR

R^2 Linear = 0.182

academic engagement

Percieved quality of student personal supervsior relationship
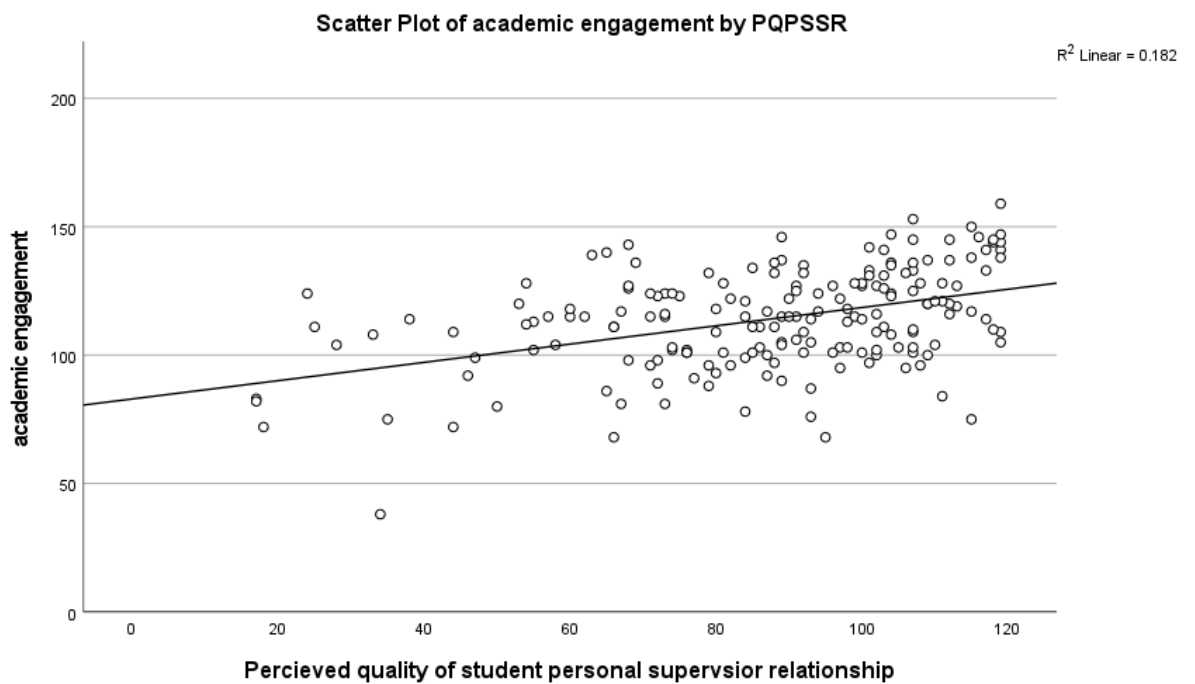
These results indicate that PQSPSR can predict psychological wellbeing and academic engagement. Furthermore, both the results of the correlational analyses and the linear regression analyses appear to identify a particularly strong association between sense of belonging and all other variables. This may suggest that sense of belonging acts as a moderating variable between perceived quality of student supervisor relationship and psychological wellbeing and academic engagement. A moderating variable is one which impacts on the direction or strength of a relationship between two variables (Gelman & Hill, 2007)

To test this assumption multiple regression analysis was undertaken. The first assumption tested was that sense of belonging would act as a moderating variable between PQSPSR and PWB, strengthening the relationship. The multiple regression model statistically significantly predicted psychological wellbeing, $F(1,183) = 12.69$, p<.001, adjusted R^2 of .24. These results identify that sense of belonging significantly strengthens the relationship between PQSPSR and psychological wellbeing. A second multiple regression analysis was undertaken to ascertain whether sense of belonging would act as a moderating variable between PQSPSR and academic engagement, strengthening the relationship. The multiple regression model statistically significantly predicted academic engagement, $F(1,183) = 40.7$, $p<.001$, adjusted R^2 of .44. These results identify that sense of belonging significantly strengthens the relationship between PQSPSR and academic engagement.

These are significant findings in that they demonstrate the complex relationships and interactions between perceived social support and belonging and key psychological and academic outcomes in this participant sample. Given the significance of these findings, the final research question is focused on practical application and whether there are interventions which universities can undertake which might strengthen PQSPSR.

8.4.3 RQ3: Does timetabling personal supervisory sessions impact on the perceived quality of student personal supervisory relationship?

Descriptive statistics for the data relating to scheduled personal supervisory sessions is detailed in table 29. 50.3% of participants (n=93) identified receiving some form of scheduled personal supervision with 34.6% (n=64) being delivered in a group setting. Only 15.7% (n=29) of participants stated they received scheduled one to one supervisor sessions. Of interest is that the relative frequency of participants receiving scheduled one to one session does not vary significantly across the four faculties, with relative frequency ranging from 13.9% to 17.9%. In contrast, group sessions ranged from 0% to 60.5%, the highest number being

delivered in the faculty of health sciences. The lowest relative frequency of scheduled supervision was in the faculty of Business, Law and Politics.

Table 29 Frequency and relative frequency of scheduled supervisory sessions by faculty (N=185)

	Group	One to One	Neither	Total
Faculty of Health Sciences	52(60.5 %)	12(13.9%)	22 (25.6%)	86
Faculty of Science & Engineering	9 (22.5%)	7 (17.5%)	24 (60 %)	40
Faculty of Arts, Culture & Education	3(7.7%)	7(17.9%)	29(74.3%)	39
Faculty of Business, Law & Politics	0	3(15%)	17(85%)	20
	64 (34.6%)	29 (15.7%)	92 (49.7%)	185

A one-way multivariate analysis of variance was run to determine the effect of scheduled personal supervisory sessions on the primary variables PQSPSR, SoB, PWB and AcE. Participants who had scheduled personal supervisor sessions had higher mean scores than those that did not in three of the primary variables. These being psychological wellbeing (*M*=185.3, *SD*=33.1 and *M*=180.6, *SD* 35.5 respectively); sense of belonging (*M*=64.5, *SD*=10.9 and *M*=63.7, *SD*=12.5 respectively) and PQSPSR (*M*=94, *SD*=17.6 and *M*=83.4, *SD*=26.6 respectively). A statistically significant difference between the groups on the combined primary dependent variables was found, with higher scores identified for those who had timetabled sessions F (4, 180) =5.648, *p*<.001; *Wilks' Λ*= .888; *partial η^2* =.112. Follow up univariate analysis identified a statistically significant difference between the groups on the PQSPSR variable (F(1.183) = 16.8, *p*<.001, η^2 =.084). This result indicates that scheduled personal supervisor sessions significantly improve perceived quality of the student-supervisor relationship. A further multivariate analysis of variance was run on the data from those participants who had scheduled sessions (n= 93) to determine the effect of the type of scheduled session (one to one or group) on the primary variables. Participants who had scheduled one to one session's had higher mean scores than those who had group sessions on two of the primary variables. These being sense of belonging (*M*=66.5, *SD*=11.1 and *M*=63.7, *SD*=10.8 respectively) and PQSPSR (*M*=97.2, *SD*=19 and *M*=92.5, SD=16.9 respectively) however these differences were not statistically significant (F (4, 88) =1.09, *p*<..368; *Wilks' Λ*= .953; *partial η^2* =.047).

These results suggest that scheduling personal supervisory sessions within the students timetabled activities increases a student's perception of the quality of their relationship with their supervisor. Given the influence that perception of the relationship has on the psychological and academic variables explored in the present study, this is a significant finding with practical application.

8.5   Discussion

The objective of the present study was to determine the association between the perceived quality of the student-personal supervisor relationship and student wellbeing in a higher education setting. The findings will be discussed in three parts; firstly, an exploration of the associations found between the variables; secondly a focus on elucidating the theoretical explanations behind the observed relationships; and finally, a summary of the key findings and their broader implications.

8.5.1   Associations and Predictions

The present study aimed to investigate the association between the perceived quality of the student-supervisor relationship and various outcome variables relating to psychological wellbeing, academic engagement and sense of belonging. In the context of a settings-based approach – the findings of this study are particularly significant in that they contribute to a currently limited body of evidence, empirically identifying potential health and wellbeing promoting factors within the university environment

The results revealed a positive predictive relationship between the perceived quality of this relationship and psychological wellbeing, a connection that, based on the literature review conducted, has not been quantitatively established in previous research. These findings provide evidence that this relationship can directly influence positive psychological states, such as personal growth and environmental mastery, potentially fostering thriving even in the absence of environmental stressors (Feeney & Collins, 2015). Further analysis of secondary study variables revealed statistically significant associations between the perceived quality of the student-supervisor relationship and five out of the six individual subscales of psychological wellbeing. The most notable association was observed between the perceived quality of this relationship and personal growth. Personal growth is empirically and theoretically linked to various positive psychological outcomes, including adaptation, coping strategies, and self-efficacy (Loo et al., 2014; Robitschek et al., 2012; Sharma & Rani, 2013), attributes that are likely advantageous in a university context, rendering this finding significant.

One unexpected finding of this research was the lack of a significant positive association between the perceived quality of the student-supervisor relationship and autonomy. Autonomy, defined as a person's ability to maintain personal authority and independence of thought, is a core aspect of motivation according to self-determination theory and has been identified as being associated with student wellbeing, psychological distress, and academic engagement (e.g., Huggins, 2012; Morris, 2022; Orsini et al., 2016). Furthermore, it has been argued that for a relationship to promote wellbeing, it must be 'autonomy-supporting' (Cutrona & Russell, 2017; Ryan & Solky, 1996). The lack of a significant correlation in this area may suggest that the relationship between supervisor and student in this sample does not effectively support the development of student autonomy; however, further investigation would be necessary to better interpret this finding. A particularly salient finding within this study, was the identification of the significant positive moderating impact of sense of belonging on the strength of the predictive relationship between appraisal of the relationship and psychological wellbeing. This finding supports the existence of complex multi-directional relationships and interactions between the variables measured in this study, a complexity further demonstrated in the findings related to academic engagement.

Academic engagement encompasses various facets, including cognitive, behavioural, and emotional dimensions, indicating a student's active involvement with and motivation toward educational activities (Gao et al., 2023; Skinner et al., 2009). Scholars have highlighted its significance as a foundational element of student wellbeing (Hughes, 2020). Central to academic engagement is the learners' perception of the student-teacher relationship, characterised by support, individual care, and investment in student success (Goldstein & Brooks, 2017; Mercer & Dornyei, 2020; Middleton & Pettit, 2010). This study's findings notably highlighted the significant predictive role of the perceived quality of the student-supervisor relationship on academic engagement in students. Furthermore, sense of belonging was again identified as being a significant moderating factor, increasing the strength of the relationship between these two variables. This is again an important finding in the context of student academic outcomes, and offers a mechanism through which institutions might increase student engagement. This is a particularly salient undertaking post -pandemic, with many institutions noting a decrease in students' levels of attendance and engagement with their studies (Hews et al., 2022; Wolf., 2023).

The findings of this study also identify a significant positive correlation between students' perceived quality of their relationship with their personal supervisor and their sense of institutional belonging, particularly in terms of perceiving the institution as pedagogically caring. This indicates that the relationship between students and their supervisors or tutors

holds the potential to influence their overall sense of connection to the university. Human behaviour is intrinsically driven by a need for connection, belonging, and the establishment and maintenance of interpersonal relationships to fulfil these needs. Extensive research demonstrates the profound impact of a sense of belonging on individual mental health and wellbeing (Baumeister & Leary, 1995; Haslam et al., 2021; Sargent et al., 2002; Sheldon & Bettencourt, 2002). Belonging is defined as the extent to which individuals feel valued, included, and respected within a specific group or community, sharing commonalities with others in that group or community (Goodenow, 1993; Tinto, 2012). Those lacking a sense of belonging are more susceptible to experiencing psychological distress, impaired cognition, and a variety of negative physical and mental health outcomes (Levett-Jones et al., 2007). This concept holds particular significance for individuals in transitional or developmental phases, making it especially relevant to student populations (Butterworth et al., 2020; Van Herpen et al., 2020). Empirical evidence highlights the positive impact of a sense of belonging on retention, motivation, academic and social engagement within student populations (e.g., Gillen-O'Neal, 2019; Layous et al., 2017; O'Keefe, 2013; Pedler et al., 2021; Phan, 2013; Thomas, 2012). While previous studies have emphasized the role of forming friendships and engaging in social activities in fostering a sense of belonging (e.g., Ahn & Davis, 2020; Freeman et al., 2007; Wilcox et al., 2005), the novelty of this study arises from the finding that the relationship with the personal supervisor can significantly impact a student's sense of belonging to their university. Furthermore, the findings indicate that sense of belonging serves as a moderating variable, augmenting the strength of the association between students' relationships with their supervisors and their psychological wellbeing and academic engagement. While universities often focus their efforts on fostering community and belonging through social and extracurricular activities, as well as initiatives like accommodation-based programmes and freshers' week activities (e.g., Hernández et al., 2021; Johnson et al., 2007), this research demonstrates the importance of positive student-staff relationships in cultivating and sustaining institutional belonging. In light of the increasingly diverse student populations and in students managing work alongside studies, leveraging the personal supervisory relationship may be particularly pertinent for students for whom participation in social activities is not feasible or desirable.

While this study did not explicitly prioritise gender as a primary variable of interest, the results pertaining to participants' demographic characteristics are nonetheless important in the context of understanding mental health and wellbeing within the student population. The findings revealed statistically significant gender disparities across all primary variables, with male participants consistently exhibiting lower levels across each construct, including

perceived quality of relationships, in comparison to female participants. These results align with existing research indicating that females tend to perceive their relationships as more supportive, meaning they gain more benefits from social support networks (Kneavel, 2020; Matud et al., 2003). Additionally, the complex influence of gender roles on interpersonal interactions can impact students' sense of belonging and academic engagement (Good et al., 2008). Our findings suggest that universities should proactively explore targeted interventions to promote wellbeing and foster socially supportive relationships among male students. This is especially crucial for student outcomes, as the findings suggest that perceived quality of socially supportive relationships can predict academic engagement.

The absence of a significant correlation between the year of study and the strength of the four primary variables or their subscales was unexpected, particularly given the extensive literature focusing on first-year students, principally concerning the transition period (e.g., Awang et al., 2014; Cooke et al., 2006; Denovan & Macaskill, 2017). These findings suggest that individual differences play a more significant role in determining key student outcomes than the specific year of study. Consequently, interventions aimed at supporting student integration, engagement, and wellbeing should not exclusively target first-year students.

The final objective of this study was to identify whether the practice of scheduling of personal supervisory sessions in students' timetables affected their perception of the quality of their relationship with their supervisor. The findings revealed a statistically significant difference in the appraisal of relationship quality between students who had scheduled personal supervisory sessions and those who did not. Moreover, students who participated in one-on-one sessions reported significantly higher ratings of relationship quality compared to those in group sessions. Notably, students with scheduled sessions demonstrated higher scores across all informational and instrumental aspects of the perceived quality of the supervisory relationship, including their knowledge of how to contact their personal supervisor and access other university services. These results suggest that implementing scheduled personal supervisory sessions may offer a practical solution for addressing barriers encountered by both staff and students in establishing and maintaining this crucial relationship. Research suggests that university students have a desire for more contact with their teaching staff (Cahill et al., 2014; Laws & Fiedler, 2012). While it is acknowledged that the decision to initiate contact with a supervisor is influenced by a complex interplay of internal psychological factors, staff characteristics, and availability, timetabled or scheduled sessions can potentially enhance the perception of approachability and availability, as well as provide valuable knowledge to support students in utilising this resource beyond the scheduled sessions. However, it is important to recognise that across different faculties and departments within the university

where this research was conducted, there exists substantial variability in how contact with personal supervisors is structured, and even when scheduled, the format and content of sessions may vary significantly. Nevertheless, these findings suggest a promising curriculum-based intervention that could contribute to student wellbeing as part of a settings-based approach and therefore warrants further exploration in curriculum design initiatives.

8.5.2 Theoretical explanations for observed relationships

The results of this study contribute to our understanding of the relationship between social support and wellbeing in student populations, aligning with existing literature (e.g., Cobo-Rendon et al., 2020; Coffman & Gilligan, 2002; Stallman et al., 2016). The scarcity of evidence in the literature relating to impact of the student-supervisor relationship on key psychosocial outcomes makes the findings of the present study particularly illuminating. The limited existing research does however complicate efforts to fully explain the mechanisms underlying the observed associations and predictions. However, several theoretical frameworks offer insights into the findings of the present study.

Research on socially supportive relationships identifies that emotional and instrumental resources might be provided by various relationship types (Helgeson, 2003). Typically, emotional needs are met through close personal relationships, while formal relationships fulfil instrumental needs. The findings of the present study suggest that a quality relationship between a student and supervisor is one which can provide both resources. In terms of the emotional resources provided through this student-supervisor relationship, the findings of this study are consistent with research in which students identify the affective and interpersonal qualities of faculty staff as being particularly important (Karpouza & Emvalotis, 2019; Thomas, 2002; Payne, 2022). Furthermore, the findings relating to academic engagement, support research in which students identify the perceived approachability and care, or lack thereof, of personal supervisors as being a key factor in their decision to remain or withdraw from university (Wilcox et al., 2005; Hawk & Lyons, 2008). Indeed, in the qualitative study of this thesis (Chapter 7), participants emphasized the contribution to their wellbeing of the interpersonal and affective characteristics of their personal supervisors over their knowledge, expertise or information providing abilities. Furthermore, empirical research exploring the role of emotional engagement between student and academic staff suggests that where a student perceives a lack of authentic emotional expression from the teacher, they are more likely to experience negative emotions such as hopelessness, anxiety, shame or anger (Mazer et al., 2014; Quinlan, 2016). These findings again situate this relationship as being significant in terms of psychological and emotional health. However, our study suggests that the student-supervisor relationship serves both emotional and instrumental support functions equally,

with no significant differences in their roles in predicting psychological wellbeing or academic engagement. This indicates a dual stress-buffering and main effects function of the relationship.

According to the stress-buffering hypothesis, the effectiveness of a relationship depends on its ability to meet needs elicited by specific environmental stressors (Cohen & Wills, 1985), while the main effects theory posits that relationships enhance wellbeing by influencing self-evaluations, providing identity support, and facilitating social participation (Lakey & Cohen, 2000). Given students have both relational and academic needs, this suggests that a relationship is most beneficial when it functions to address both needs simultaneously or at least when students perceive both aspects as being addressed. The findings of this study suggest that the relationship between a student and supervisor is perceived as being of a higher quality, and thus has a more significant impact on wellbeing, when it can offer both an instrumental stress-buffering function, but also a main effects function in terms of meeting the affective and emotional needs of students' inherent in a learning environment.

The creation of a student-supervisor relationship which might facilitate both the emotional and instrumental aspects of the student-supervisor relationship might be explained through both attachment theory and social determination theory and enacted through a framework of relational pedagogy. Attachment theory posits that positive relationships providing psychological safety serve to foster constructive student engagement in learning and critical thinking (Strachan, 2020; Verschueren & Koomen, 2012). Similarly, the identification of a supportive figure within the academic realm parallels the attachment relationship, offering both instrumental and emotional assistance, akin to a 'safe haven' or 'secure base' for navigating academic challenges and fostering deep learning (Fleming, 2008). While this perspective offers valuable insights into how this relationship might function to support student wellbeing in higher education, there is a dearth of research examining university student-staff relationships through this theoretical lens. Conversely, Social Determination Theory (SDT) has been extensively referenced due to its relevance to the study's population of interest. SDT posits that wellbeing, motivation and engagement are influenced by social environments and their ability to fulfil the basic psychological needs for autonomy, competence, and relatedness (Vansteenkiste et al., 2020). Previous studies rooted in SDT have linked positive student-staff relationships to increased academic engagement (e.g., Jang et al., 2016; Jiang & Zhang, 2021; Martin & Dowson, 2009), primarily within teaching contexts. Our study extends this theory by highlighting the significance of student-supervisor relationships outside of traditional teaching contexts in terms of meeting students' psychological needs for relatedness. This assertion is strengthened by the finding that a sense of belonging significantly

moderates the predictive ability of the perceived quality of the student-personal supervisor relationship on academic engagement, highlighting the interconnectedness of the numerous cognitive, social, and affective factors influencing academic learning and engagement (Kim & Lundberg, 2016; Umbach & Wawrzynski, 2005).

Relational pedagogy arguably presents itself as a theoretical framework which considers and attends to both the affective and instrumental support needs of students within an educational context and though which psychologically safe student-supervisor relationships might be created. This pedagogy foregrounds the significance of relationships, engagement and intentional acts of care between learners and teachers. Caring in a pedagogical context is differentiated from other intrapersonal forms of care in that it relates specifically to a reciprocal set of actions or behaviors which are performed with the purpose of developing and nurturing a student's educational development (Noddings, 1992; Velasquez et al., 2013). In the context of higher education, pedagogical care may include actions not typically associated with 'care' in other interpersonal relationships but which are perceived by the student as attending to their emotional and instrumental needs in ways which validate their experiences and serve to enhance their learning. Examples of pedagogical care include delivering detailed and useful feedback in a constructive and compassionate manner or responding in a timely manner to e-mail communications from students (Barnacle & Dall 'Alba, 2017; Guzzardo et al., 2021; Rose & Adams, 2014). There are however barriers to implementing relational pedagogy in contemporary higher education.

The adoption and implementation of this pedagogical approach faces structural and systemic challenges, particularly given the pervasive influence of neoliberal ideologies on contemporary higher education (Barnacle & Dall 'Alba, 2017; Pearce & Down, 2011). This paradigm shift demands a considerable investment of time, which is often not prioritised within existing academic workload structures (Burke et al., 2022). Moreover, the prevailing discourse surrounding student mental health serves as another impediment, potentially hindering the cultivation of supportive student-supervisor relationships. Academic staff may perceive themselves as lacking the requisite skills for addressing students' needs believing them to be medical in nature, leading to concerns about their own wellbeing and perceived expectations to provide mental health support (Marais, 2023; Payne, 2022). Additionally, it is essential to recognize that meaningful engagement in such relationships requires mutual effort. Some challenges may stem from students who lack the knowledge or self-efficacy to engage effectively in the supervisory relationship (Ridge & Islania, 2020). Qualitative research highlights this, revealing that students may not fully grasp the potential benefits of interacting with academic staff, resulting in infrequent exchanges outside of the classroom (Cotton &

Wilson, 2006). Recent studies have further highlighted students' perceptions of academic staff as being disinterested in forming meaningful connections or understanding them as individuals (Priestley et al., 2022). To address these barriers, curriculum design emerges as a potential intervention. By providing a structured framework for enabling and maintaining student-supervisor relationships, such an approach may mitigate some of the challenges identified and warrants further exploration

8.5.3 Limitations

The results of this study provide valuable insights into the significant impact of the relationship between a student and their personal supervisor on student wellbeing which provide clear avenues for further advanced research in this area. However, there are a number of several limitations which should be considered. The use of survey based cross sectional methodology was appropriate in terms of meeting the aims of the study, that being to identify relationships between variables and between group differences. Furthermore, research conducted online can result in more diverse samples Chandler & Shapiro., 2016). However, this study design is susceptible to high non-response rate which in this case, has certainly impacted on the sample size and therefore the reliability of the results. Non-response bias in terms of attracting participants with certain characteristics cannot be ruled out. Furthermore, this type of research design can be susceptible to recall bias whereby participant recall impacts the reliability of results. The application of probability sampling strategies would help mitigate issues relating to selection bias in future research. An adequately powered sample size would also increase the confidence in results. Furthermore, a longitudinal research design would allow for a more nuanced understanding of how these relationships evolve over time. Additionally, expanding the scope of variables to include perceptions of the supervisor, measures of self-determination, and data related to achievement and retention across a larger and more diverse dataset would enhance the robustness and generalisability of the findings. This study exclusively examines the relationship between students and their personal supervisors, potentially overlooking the influence of other academic staff relationships. Future research could adopt a broader perspective, exploring the impact of positive relationships across various interactions within the academic environment.

Despite the careful development of a contextually relevant and theoretically grounded measure of PQSPSR, there are several methodological limitations relating to its development which must be acknowledged. The non-systematic process of reviewing existing theories and measures of social support, perceived relationship quality, and teacher-student relationships introduces an element of subjectivity. While survey items were designed to align with theoretically grounded aspects of social support and relationship quality, decisions regarding

which items to include or modify were ultimately based on researcher judgment. This subjectivity may have led to the exclusion of potentially important dimensions of relationship quality that were not considered in the literature review or qualitative studies. Moreover, the rewording of items may have inadvertently altered their meaning potentially impacting the accuracy with which the constructs are measured (DeVellis, 2016). Although the questionnaire was developed with input from the qualitative data gathered in the chapter 7 study alongside and a review of relevant literature, there is limited consideration of cultural and contextual factors that may influence the perception of relationship quality. Student-supervisor relationships can be shaped by cultural norms, power dynamics, and institutional practices that vary widely between regions and academic systems. The lack of cultural sensitivity testing or adaptation could result in items being interpreted differently by students from diverse backgrounds, potentially leading to measurement bias (van de Vijver & Leung, 1997). Another potential limitation lies in the possibility of item redundancy or dimensional overlap between the emotional/affirmational (em-af) and instrumental/informational (ins-inf) subscales. While these dimensions were theoretically derived, there may be substantial overlap in the way students perceive emotional and instrumental support. For instance, students may view their supervisor's approachability as both an emotional and instrumental asset, blurring the lines between these dimensions. This could reduce the distinctiveness of the subscales and complicate the interpretation of the results. Finally, While the conceptual framework for the questionnaire was sound, the absence of formal pilot testing represents a limitation. Pilot testing allows for the refinement of items based on respondent feedback and helps identify potential issues with wording, comprehension, or item difficulty (Presser et al., 2004). Without this step, it is possible that some items may be misunderstood by participants or fail to capture the intended constructs effectively, reducing the overall reliability of the measure. Future development of this measure could however mitigate these limitations.

In terms of data analysis, while the choice of parametric tests is methodologically sound, it is acknowledged that the violation of normality in the PQSPSR variable data could have some implications for the interpretation of results. It is more usual for both educational and psychological data to violate normality of distribution so this is not unexpected however may increase the chance of bias or error in results (Bishara & Hittner., 2015). Future research could consider alternative statistical approaches to validate these results. While the use of linear regression modelling in this study has identified the predictive qualities of the variable of interest, we cannot confidently rule out that the pattern of findings is influenced by confounders which were not measured. This is a particular issue with conceptually complex phenomena and data such as that collected in cross sectional studies can be subject to bias

introduced by confounding variables thus resulting in either an under or over estimation of effects. It is also of note that the absence of psychometric measures of stress or distress within the survey restricts interpretations regarding the stress-buffering function of the relationship. Incorporating such measures in future studies would provide valuable insights into the role of student-supervisor relationships in mitigating stress and promoting student well-being.

Addressing these limitations in future research would contribute to a more comprehensive understanding of the dynamics and implications of student-supervisor relationships in determining student wellbeing.

8.5.4 Implications and conclusion

The findings of this study underscore the complex and multifaceted nature of student well-being, revealing statistically significant links between students' perceptions of their relationships with personal supervisors and their psychological well-being, sense of belonging, and academic engagement among a sample of UK undergraduate students. This highlights the need for further empirical exploration into the student-supervisor relationship's ability to predict and influence critical psychosocial and academic outcomes. The student-supervisor relationship is positioned as pivotal in shaping positive student outcomes, emphasizing the importance of relatedness and support as key contributors to well-being, belonging, and academic engagement. Particularly noteworthy is the discovery that this relationship predicts connectedness, sense of belonging, and academic engagement, with potential implications for marginalized or non-traditional students. These findings suggest the importance of both investigating and nurturing the student-supervisor relationship, not only for its predictive power but also for its potential to enhance student well-being through tailored curriculum designs.

In recent years, there has been a growing recognition of the importance of relational aspects in higher education, likely spurred by both neoliberal agendas and the social isolation exacerbated by the COVID-19 pandemic (e.g. Bell, 2022; Gravett et al., 2021; Su & Wood, 2023). Relational pedagogies, ethics of care, and concepts such as *students as partners* have emerged as promising frameworks for fostering meaningful engagement, relatedness, and well-being in higher education—findings that align with this study. However, it is essential to acknowledge the barriers to developing healthy supervisor-student relationships within these frameworks. Institutional challenges such as increasing cohort sizes, workload pressures, and rigid internal structures can hinder efforts to foster meaningful engagement. Furthermore, concerns around the encroachment of 'therapeutic education' raise important ethical considerations recognising the complexities surrounding staff responses to student mental

health needs. A settings-based approach to student well-being could provide a comprehensive framework to address these challenges by conceptualizing the university as an environment that supports students holistically. The settings-based approach advocates for wellbeing initiatives embedded in the institutional culture, infrastructure, and social environment. For instance, initiatives that promote strong student-staff relationships. In this context, universities would be encouraged to implement systemic changes that influence psychosocial outcomes. While settings-based approaches might influence the creation of social and academic spaces which nurture students sense of belonging and wellbeing, this approach requires the need to address the broader cultural and structural factors that affect student-staff relationships, such as inclusive policies, professional development for staff, and mechanisms for mental health support for staff and students (Hart & Bennett, 2022)

Future research should further examine aspects of student-staff relationships within the university setting to identify key elements which contribute to positive student outcomes. This includes investigating training, workload structuring, recruitment practices, and support mechanisms to promote relational pedagogies effectively. Moreover, understanding students' preferences for help-seeking, the nature of help sought and optimizing the use of this crucial relationship through curriculum design are promising avenues for exploration. Both researchers and higher education practitioners should collaborate to devise pragmatic solutions to overcome barriers and integrate the student-supervisor relationship as a core aspect of the university experience.,

In conclusion, this study affirms the critical role of relationships and relatedness in shaping positive student outcomes, highlighting the significance of the student-supervisor relationship in fostering academic engagement and psychological wellbeing. By recognising and nurturing this relationship as part of a settings-based approach, universities can maximize the potential of existing resources to improve student wellbeing, engagement, and sense of belonging. This holistic approach will enable universities to better respond to the psychosocial and academic needs of students while fostering an environment where positive student outcomes are the norm.

Chapter 9 Integration of findings and conclusion

9.1   Introduction

Thesis statement: *This thesis employs a mixed methods approach to empirically investigate the context specific factors influencing wellbeing among university student populations. By critically engaging with the discourse surrounding the "mental health crisis," the study situates its findings within a clear theoretical framework. Adopting a pragmatic stance, the thesis seeks to provide actionable insights for the practical improvement of student wellbeing within the higher education sector*

This thesis provides an original and novel contribution to the field of empirical research on the topic of student mental health and wellbeing. Situating the research within a critical examination of the dominant discourse surrounding the topic, offers implications for both future empirical enquiry and practical application of findings thus advancing the field of enquiry. The concluding chapter of this thesis will expound on the thesis statement though an evaluation of the thesis findings and the identification of both research and practical application.

9.2   Discourse, language and the role of the university.

The aim of this thesis was to empirically examine the impact of the university context on the psychological well-being of students. Having transitioned from the NHS, where I worked in acute mental health services, to the higher education sector, I was initially struck by the degree to which students were struggling both socially and psychologically. Contrary to my expectations, many students were not thriving; instead, they appeared to be worried, distressed, and overwhelmed by their university experiences. These observations led me to question whether these challenges were the result of mental illness or a reflection of the environmental and societal influences they were experiencing. It was this desire to better understand the broader contexts that shaped student experiences which inspired the development of this thesis. During the research process, I attended an academic conference where a prominent researcher argued that the language we use to describe student wellbeing is inconsequential so long as we acknowledge the problem. I strongly reject this view, as the language and framing we employ profoundly influences how we understand and address a problem. This thesis, therefore, prioritizes the deconstruction of dominant discourses surrounding student wellbeing, establishing a clear theoretical framework to guide future research and the application of findings. At the same time, it emphasizes the necessity of paying attention to the psychological health of university students and the role universities play in shaping their wellbeing.

The term "mental health" is pervasive in both everyday discourse and empirical research within the higher education sphere. However, its meaning has broadened over time to encompass a wide range of everyday psychological experiences that extend far beyond clinical conditions. This *concept creep* has significant implications for how we understand and respond to student wellbeing. Much of the existing literature focuses on identifying illness, deficits, or pathology, perpetuating a crisis narrative that risks pathologizing normal emotional responses and failing to account for the broader sociocultural influences on student wellbeing. Moreover, this crisis narrative neglects the experiences of students with serious mental health conditions and creates unrealistic expectations of universities regarding their responsibilities to student health. This thesis critiques the trend of *mission creep* within higher education, in which universities are increasingly expected to fulfil roles traditionally held by healthcare providers. While universities undeniably have a responsibility to support student wellbeing, they should not be seen as substitutes for specialized healthcare services. At the same time, universities are uniquely positioned to positively influence student wellbeing through systemic changes and supportive practices, which could be conceptualized through a settings-based approach.

The adoption of such an approach reframes the role of the university as a holistic environment that can either enhance or hinder student wellbeing. Rather than focusing solely on the treatment of mental health issues or the individual pathology of students, this approach emphasizes creating environments that foster wellbeing across the institution, recognising that the institutional setting itself plays a crucial role in shaping student psychological and social experiences. Skoglund (2024) highlights this approach in her exploration of students' perspectives on mental health promotion within student life, where she emphasizes the importance of *finding a place to belong* as being central to student wellbeing. Her research aligns with the findings of this thesis, demonstrating that a sense of belonging—fostered through relational support, inclusive practices, and a supportive university environment—has significant implications for both psychological wellbeing and academic success. Skoglund's work reinforces the idea presented within this thesis that universities can create environments that support not only wellbeing but also a deeper sense of community, inclusion, and connectedness among students.

Returning to the tension between crisis narratives and the equally damaging discourse that positions student distress as indicating a lack of resilience, this thesis critically engages with the complexity of individual distress and the broader social contexts that shape student experiences. By challenging prevailing narratives, the original research within this thesis highlights specific ways in which the university environment affects student distress and offers practical strategies for improvement. Universities should not place undue responsibility on

individual students for managing distress, but instead, address systemic issues and implement settings-based interventions that enhance wellbeing. By focusing on the entire environment—including the physical spaces, academic structures, social support, and policy frameworks—universities can promote a culture of wellbeing that acknowledges the diverse experiences of their students. For example, as identified in Chapter 6, while approximately 10% of students may be using institutional mental health and wellbeing services, a far greater number are navigating university life with varying degrees of success. Many students may, in fact, be flourishing, underscoring the need to shift the focus from simply addressing crises to proactively creating environments that support thriving.

The consideration of distress as a construct which encapsulates the tension between the individual and the social reality which they inhabit is critically important in helping to reframe discourse. The findings of this thesis advocate for a broader understanding of wellbeing that extends beyond clinical mental health support, recognizing that universities can play a vital role in promoting healthy psychological functioning and reducing chronic distress across the entire student population. This settings-based perspective offers an alternative to deficit-focused models, recognizing that wellbeing is not solely a matter of addressing illness but is also about fostering environments in which students can flourish. The findings of this thesis support a growing evidence base that systemic factors—such as curriculum design, academic workload, peer relationships, and campus culture—play a significant role in shaping students' experiences of distress or well-being.

The original research presented in this thesis identifies practical strategies and implications for improving student wellbeing by carefully considering the systems, practices, and processes within the university environment

9.3   The impact of university life on student wellbeing

The research questions underpinning the literature review and study one of this research were as follows:

1. What does the current empirical research tell us about the prevalence and incidence of mental illness in student populations?
2. Is there evidence of an increase in the numbers of students accessing university mental health and wellbeing services in the UK between academic years 2016/17 and 2021/22?
3. What are the needs and concerns which drive utilisation of university mental health and wellbeing service?

4. Are there any observable associations between service utilization and the university environment or activity?

The position of this thesis is that the available evidence does not offer clear and robust evidence of high levels of mental illness within student populations. While weaknesses in methodology may influence these findings, it is difficult to state that prevalence and incidence of mental illness is of major concern. There was a dearth of available evidence to support the suggestion of an increase in the utilisation of university mental health services in recent decades. In fact, based on the data accessed for this thesis, students' access to mental health services appears to mirror that within the non-student population. It is however acknowledged there were significant limitations in this data. However, there is significant evidence of heightened psychological distress within student samples both in the UK and internationally The findings also demonstrate that the context of university life is a driver of psychological distress for a great number of university students. These findings are significant in that they underscore the importance of taking a settings-based approach to student wellbeing. Pivoting from a pathogenic to an educational and positive psychological perspective should serve to influence a balanced, pragmatic and holistic approach.

The findings of the descriptive analysis of data collected from a university mental health and wellbeing service in Chapter 6 offers compelling evidence of the influence of the contextual demands of university life on the wellbeing of students. The pattern of service utilisation alongside students self-reported degree of distress, illustrates the tension between psychological health and environmental demands. Furthermore, the nature of the drivers for accessing the service and the post-contact referral patterns, support the finding that aspects of the university setting strongly influences students distress and wellbeing.

Of particular concern in this data, were the findings related to suicidal ideation both in terms of the frequency and pattern across an academic year. These findings identify the critical role played by university-based support services in early intervention and suicide prevention. While there is concerning evidence of high levels of suicidal ideation within this population, numbers of completed suicide are significantly lower that aged matched non-student peers. This suggests that the ability of university-based mental health services to intervene early in students at risk of developing mental illness or who experience suicidal ideation is of significant benefit. Without the accessibility of mental health professionals within a university setting, we might assume much more negative outcomes for students particular in terms of completed suicide Institutions should therefore ensure that services are adequately resourced and that service delivery models support ease of access for students at risk.

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The integration of the findings from the narrative literature review and the first study, identified a research field dominated by a bias toward pathology with the student voice largely absent. In fact, the findings of our first study, suggest that utilisation of university mental health support services is driven not by mental illness, but instead by distress resulting from contextual demands. This observation demonstrated a critical need to explore those contextual demands of university life from the perspective of the lived experience of students. This was particularly important in terms of the pragmatic aims of the thesis, identifying practical applications which would meet the needs of contemporary students. The qualitative study presented in Chapter 7 significantly enhanced the findings of the descriptive analysis from study one. While the descriptive analysis identified associations between service utilisation and the academic setting, the lived experience of students added rich context to these findings.

The research questions guiding the second study of this thesis were as follows:

1. What role do undergraduate students perceive the context of university to have in relation to their wellbeing?
2. What factors, both individual and institutional impact on student wellbeing?
3. How do undergraduate students perceive & describe the qualities and behaviours of a flourishing and languishing student?

The data and analysis presented in Chapter 7 described an environment characterised by an extraordinary number of diverse demands. The use of qualitative methodology for this study, added nuance and richness to the plethora of cross-sectional survey research dominating the field of enquiry. Particularly impactful were the participants' descriptions of the enormity of the transition to university life. While well considered in existing research, the description of transition in the students' own voice provides a compelling background in which to situate consideration of the responsibilities of the university. A novel finding in this study was the expectation of the students that the institution would and should provide 'care' and be cognisant of the demands they experienced. This finding suggested that students perceive universities as microcosms of society, a '*home from home'* and about '*so much more than education'*. As such universities arguably have an ethical imperative and a social responsibility to respond to this expectation and to 'care' for their students in ways which transcend the transactional obligation promoted by neoliberal political agendas. Ensuring that care, compassion and social justice underpin strategic approaches to teaching, learning and student experience should be a commitment of all universities. Such an approach, if meaningfully and

systemically enacted would ensure responses to the demands experienced by students were robustly addressed. The demands described both by the participants within the Chapter 7 study, and within the extant literature, encompass the academic, psychological and social aspects of the student experience further demonstrating the need to consider student mental health and wellbeing holistically and at a settings and systems level. Particularly compelling were the descriptions of the psychological impact of assessment deadlines which, as addressed earlier in this chapter, suggest that universities should consider their curriculum and assessment design and associated policies and processes to ensure that they reflect the needs of contemporary student bodies.

Of particular interest in the results of Chapter 7 was the representation of socio-cultural changes in help seeking. In particular the identification of help-seeking being an indicator of flourishing. This narrative theme offers an alternative perspective on help-seeking behaviours elucidating how the interpretation of culturally normative behaviours may have contributed to overstating the magnitude of student mental ill health, thus influencing the dominant discourse. There is a prevailing assumption that all students accessing university support services are doing so due to mental ill health. If the only accessible place a student can take their distress is a mental health service, the risk is that we perpetuate the idea that experiencing distress is an abnormal response and indicative of illness. Recognising the positive aspect of help-seeking behaviours and ensuring that there are alternative services and support mechanisms from which students can seek help, would serve to validate the demands experienced by students. Situating help-seeking and support frameworks outside of traditional mental health or disability support services would also serve to re-frame this behaviour as arising not from personal deficit, but as a congruent response to challenge. Such an approach recognises help-seeking as an adaptive coping strategy which is rooted in psychological strength as opposed to pathological disorder.

The most compelling finding emerging from the qualitative study was the identification of social support and networks as being a key determinant of student wellbeing. While this is a factor recognised in all theoretical models of wellbeing, the novel finding from this research was the identification of the personal supervisor as a key player in a student's support network, thus playing a pivotal role in influencing student wellbeing. There is very little empirical investigation exploring the influence of the personal supervisor role on psychological outcomes, particularly in the context of higher education. Again, these results and the gaps in the literature, influenced the development of the third study presented in Chapter 8, a quantitative exploration of the influence of the student-supervisor relationship on student wellbeing.

The research questions guiding the third original research study of the thesis were as follows:

1. Is there a statistically significant relationship between Perceived Quality of Student-Personal Supervisor Relationship and Psychological Wellbeing (PWB), Sense of Belonging (SoB) and Academic Engagement (AcE)?
2. Can Perceived Quality of Student-Personal Supervisor Relationship (PQSPSR) predict Psychological Wellbeing (PWB), Sense of Belonging (SoB) and Academic Engagement (AcE)?
3. Does timetabling personal supervisory sessions have any impact on Perceived Quality of Student Personal Supervisory Relationship (PQSPSR)?

The results of the study identified statistically significant positive associations between the students' perception of a quality relationship with their supervisor and a range of wellbeing related outcomes. Furthermore, the results revealed that this relationship could predict student wellbeing. Particularly interesting was the finding that the relationship a student has with their personal supervisor could serve as a catalyst for improving their overall sense of belonging and perception of institutional pedagogical care.

This finding is particularly significant given the growing expectation that universities should provide holistic support for students. The increasing emphasis on student wellbeing in higher education has drawn attention to the importance of relational approaches, with student-supervisor relationships emerging as critical to academic success and emotional support. In many cases, students experience university as a significant life transition, often involving separation from established social support networks. This creates a pressing need for institutions to establish new, supportive relationships that foster psychological wellbeing and a sense of community. The quality of the student-personal supervisor relationship, as highlighted in this research, exemplifies how the setting itself—through its structure, culture, and relational practices—can influence student outcomes

The research also explored whether timetabling personal supervisory sessions had any impact on the perceived quality of the student-supervisor relationship. While the results were mixed, there is a critical implication here for a structural, settings-based approach. Timetabling is one way to formalize these relational touchpoints and ensure they are accessible to all students, especially those who might struggle to initiate contact with supervisors independently. Yet, the findings suggest that simply increasing the frequency of meetings without attending to the quality of the interactions may be insufficient. This points to the need for universities to balance both structural support and the cultivation of meaningful, personal engagement. A

focus on quantity without investing in quality may risk reducing these interactions to obligations rather than opportunities for fostering genuine connection and belonging.

9.4   Implications for future research

The findings of this thesis illuminate several promising avenues for future empirical research that could significantly advance our understanding of student wellbeing within higher education. First and foremost, there is a pressing need for the adoption of a shared conceptual language and framework that can guide research and inquiry in this field. The current conflation and confusion surrounding terminology hinder our ability to accurately describe and effectively respond to the diverse needs of student populations. A common lexicon would facilitate clearer communication among researchers, practitioners, and policymakers, ultimately leading to more targeted interventions. In addition, the development of contextually appropriate and theoretically grounded measurement tools is essential. These tools should encompass a broad spectrum of indicators related to student wellbeing, including social support, psychological capital, adaptive coping strategies, academic competence, and motivation. A well-validated and reliable measurement instrument would empower universities to meaningfully evaluate the impact of their strategies, policies, and interventions on student wellbeing. Such a tool could be particularly valuable in a settings-based approach, where the contextual factors influencing student experiences are considered.

The findings of this thesis also highlight the limitations of cross-sectional prevalence studies employing psychometric measurement tools. In fact, such research may inadvertently contribute to a harmful crisis narrative surrounding student mental health. The ability of these methodologies to capture the nuanced psychological impacts of the university experience is limited, raising ethical concerns about maintaining a research industry that does not contribute pragmatically to improving student experiences and outcomes. Future research should prioritize longitudinal studies that closely scrutinize the associations between psychological experiences and the full range of university activities over time. This approach would potentially contribute to the development of insights into how contexts and activity intersect with wellbeing and student outcomes across temporal periods. This endeavour would be supported through service-level data from university support services. Such data has the potential to unlock significant knowledge about contemporary student life and should not be overlooked. mechanisms for collecting and sharing this data across institutions to enhance empirical inquiry should be considered. By fostering collaboration among universities, researchers can gain a more comprehensive view of student experiences and outcomes. Moreover, interdisciplinary research that integrates theoretical perspectives from both education and positive psychology may lead to fruitful and innovative contributions.

Qualitative research, in particular, should be prioritized to examine the lived experiences of students within the context of university life. Such investigations could reveal how socio-political factors and institutional settings shape student wellbeing, providing a richer understanding of the challenges they face. Embracing a settings-based approach to research on student wellbeing provides the opportunity to not only addresses the limitations of existing methodologies but also positions universities to be able to respond more effectively to the needs of their student populations. By prioritizing context, collaboration, and longitudinal inquiry, future research can pave the way for transformative changes in how we understand and support student wellbeing in higher education.

9.5 Practical application of research findings

Alongside opportunities for future empirical enquiry, the findings of this thesis offer pragmatic considerations for universities.

This thesis identifies in particular the critical role of providing a student with 'someone who cares. In the context of this thesis, that person was identified as an academic personal supervisor but might just as well be a non-academic student advisor, mentor or success coach. Critically, both the interpersonal skills and accessibility of this named person impact on the perceived quality and utility of the relationship and subsequently on its ability to influence belonging, wellbeing and academic engagement. This is a salient point given the reported inconsistency in student experience when a single cohort or type of staff are assigned the same responsibility regardless of their aptitude for this role. Universities should therefore consider structures which ensure that this critical role is delivered consistently and by those with the appropriate knowledge and skills. Developing training and implementation frameworks, providing opportunities for supervision and reflection and ensuring clear pathways through which to escalate concerns would also support staff in the delivery of such an intervention.

It is however crucial to consider potential limitations of a purely relationship-based intervention strategy. First, there is a risk that relying too heavily on personal supervisory relationships to support wellbeing could place undue pressure on both students and staff, particularly in resource-constrained institutions where supervisors may already be managing large workloads. A settings-based approach requires not only an emphasis on relational dynamics but also adequate institutional resources and training to ensure that supervisors can effectively take on this pastoral role without compromising academic responsibilities. Additionally, it is important to critique the assumption that all students will experience a supervisory relationship in the same way. Factors such as cultural background, personality

differences, and previous experiences with authority figures can shape how students perceive and engage with their supervisors. For some students, particularly those from marginalized or underrepresented groups, a supervisor may not be seen as a source of support, but rather as a figure of authority that may be intimidating or distant. Therefore, while the findings emphasize the positive potential of supervisory relationships, universities must remain mindful of the diverse needs and experiences of their student populations. Furthermore, it is important to challenge the assumption that all students will experience a supervisory relationship in the same way. Factors such as cultural background, personality differences, and previous experiences with authority figures can shape how students perceive and engage with their supervisors. For some students, particularly those from marginalized or underrepresented groups, a supervisor may not be seen as a source of support, but rather as a figure of authority that may be intimidating or distant. Therefore, while the findings emphasize the positive potential of supervisory relationships, universities must remain mindful of the diverse needs and experiences of their student populations.

The focus on personal supervisory relationships should not obscure the broader institutional and social factors that contribute to student wellbeing. For example, financial pressures and academic workload are critical determinants of wellbeing that cannot be addressed solely through interpersonal support. A holistic settings-based approach must consider broader determinants of poor wellbeing and ensure that institutional policies and structures are in alignment with the goal of supporting student wellbeing. For example, universities should critically consider the impact on student wellbeing of their academic and administrative systems and processes. The profile of students has changed significantly in the past two decades while university systems, processes and practices have arguably not kept pace. Consideration of, for example, the nature of assessment, flexibility in learning and assessment, the structure of curriculum design, scaffolded learning opportunities, the provision of feedback might all suggest changes which would support student wellbeing at a population level.

One particularly salient example of practices that have a significantly negative impact on student wellbeing is the concentration of assessment deadlines around one or two weeks per semester. This issue was identified both in the analysis of service utilization data in Chapter 6 and by participants in the qualitative study presented in Chapter 7. Participant descriptions of the psychological demands experienced around deadlines were compelling, adding context and depth to the quantitative findings. This practice highlights a systemic issue within the academic environment that arguably fails to meet the needs of contemporary students, who may be balancing multiple, competing demands. Many students today manage academic study alongside paid employment, caregiving responsibilities, and other personal commitments. The

clustering of assessments within narrow windows not only intensifies academic pressure but also exacerbates the stress students feel in trying to juggle these multiple responsibilities. This has serious implications for mental health, particularly for vulnerable students who may already be at higher risk of experiencing anxiety, depression, or burnout. Moreover, the concentration of assessments within short periods reflects a wider issue of inflexibility within higher education systems. Such practices are often rooted in historical traditions of assessment that may no longer be appropriate for today's diverse student population. For many students, especially those from non-traditional or marginalized backgrounds, the pressure of simultaneous assessments may disproportionately affect their performance and wellbeing, amplifying already existing barriers to success.

Rather than treating distress as an inevitable consequence of academic rigor, universities should seek to mitigate unnecessary pressures by adopting more student-centered approaches to assessment scheduling. Spreading assessment deadlines more evenly across the semester, offering flexible submission dates, or utilizing diverse forms of assessment that reduce reliance on high-stakes testing such as exams, could all contribute to a more supportive academic environment. Identifying and responding to barriers experienced in relation to assessments, would help to ensure that all students—not just those who can manage traditional academic structures—are given an equitable opportunity to thrive. By making the impact on wellbeing a central consideration in the design of curricula and assessment strategies, universities can make tangible contributions to improving student mental health on a population level. Such an endeavour would again align with a settings-based approach in which learning and wellbeing are recognised as being inextricably linked. A settings-based approach would seek to identify and dismantle these barriers,

While recent developments in research and frameworks related to supporting wellbeing through the university setting is welcome, it remains heavily skewed towards teaching and learning, without fully addressing the influence of administrative and support services on the overall student experience. This narrow focus risks overlooking the interconnectedness of academic and non-academic factors in shaping student wellbeing. For instance, professional services—such as timetabling, the application of reasonable adjustments and the administration of processes such as extension requests play a critical role in either supporting or undermining the wellbeing of students. The often-siloed nature of academic and professional operations within universities, can lead to a fragmented approach which fails to consider how institutional policies and processes interact with the academic demands placed on students. By fostering greater collaboration between academic departments and professional support services, universities can design and implement more compassionate

policies and processes that promote student wellbeing at every stage of their journey. For example, ensuring that support services are actively involved in conversations about assessment design, or that students' support needs are factored into policy development, would reflect a more integrated and thoughtful approach to student care.

The availability of clinical mental health expertise within the university setting, which can quickly provide accessible, safe and well governed risk assessment and intervention, arguably plays a critical early intervention role. This infrastructure supports suicide prevention and facilitates access to treatment for students who are mentally unwell or most at risk of harm. However, findings from this thesis indicate that many students do not require this level of expert support. Instead, the data suggest a pressing need for institutionally embedded relational support that is not solely focused on mental health but rather on enhancing the overall university experience. The predominant focus on mental health-based interventions has arguably stemmed from a mischaracterization of the nature of the student experience in relation to their psychological health. While addressing mental health concerns is undoubtedly crucial, the prevailing discourse and crisis narrative have arguable neglected robust consideration of the systemic and pedagogical routes through which universities might improve student wellbeing. By framing student challenges primarily in terms of mental health crises, the discourse risks the oversimplification of the complex factors that influence student experience and success.

While the provision of mental health services within universities is essential, an over-reliance on these services can inadvertently lead to stigmatization of mental health and wellbeing issues, portraying them as individual failings rather than collective challenges within the educational system. This may serve to alienate students who might benefit from support but feel discouraged from seeking help due to the emphasis on mental health crises. Furthermore, the current discourse around mental health unintentionally position mental health support services as being the primary solution to student challenges, diverting attention from necessary systemic changes in curricula, assessment practices, and overall institutional culture. By shifting the narrative from mental health crisis management to a proactive, relational approach to student support, universities can create a more inclusive environment that recognizes and addresses the multifaceted nature of student wellbeing.

9.6   Limitations

Embarking on a PhD journey is often likened to a research apprenticeship, a process characterized by both intellectual growth and the practical acquisition of research skills. The

limitations identified in this thesis, serve as critical reflections on my development as a researcher.

While this thesis presents a comprehensive empirical examination of mental health, psychological distress, and wellbeing within student populations framed within the context of a settings-based approach, there are several methodological limitations which should be acknowledged due to the potential impact on the interpretation and generalizability of the findings across the thesis studies.

Firstly, the lack of a systematic framework underpinning the literature review presented in Chapter 5 potentially limits the ability to critically assess the relevance and quality of included studies. The narrative review approach, while insightful, is inherently subjective and open to biases in evidence selection and interpretation. Despite the findings offering a comprehensive overview of existing knowledge and knowledge gaps in the field, the decision not to utilise a systematic search strategy means that relevant literature may have been overlooked. In the first of the descriptive empirical studies in chapter 6, the reliance on secondary data raises concerns about the robustness of the initial data collection methods. For instance, the data relating to service utilisation covered only 11.4% of UK universities, suggesting that findings derived from this limited dataset may not accurately reflect the broader student population. Additionally, variations in data collection and service utilization across different institutions could lead to inconsistencies in the interpretations of the results. Ethical considerations which excluded the use of demographic information in the second part of the service utilisation study further limited the ability to draw conclusions about specific student cohorts or understand differential patterns of service access in relation to critical factors such as gender, year and programme of study and ethnicity.

Challenges related to sample size and data collection timing were experienced in the qualitative study presented in chapter 7 faced. The pragmatic decision to cease recruitment due to the onset of the COVID-19 pandemic may have resulted in a less representative sample, and less information power within the sample thus limiting the breadth of experiences captured. Furthermore, the use of convenience sampling may have further narrowed the diversity of perspectives, potentially overlooking significant determinants of wellbeing present within a more varied student demographic. The quantitative study presented in chapter 8 presents a number of limitations relating to methodology including sampling techniques. Furthermore, although a theoretically grounded measure was developed for this study, the absence of adherence to established survey design methods may have impacted on the conceptual and psychometric validity of the tool.

In terms of limitations relating to the overarching conclusions of this thesis, there are numerous external factors which may have impacted on the findings and their applicability over the course of undertaking the research. Socio-cultural changes and the ongoing political decisions on the higher education sector move at pace. The nature of empirical research is such that keeping pace with external factors is challenging. In the context of this thesis, examples of external factors which may impact on the population of interest, the research context and the framing of the research findings include but are not limited to, the COVID-19 pandemic and the resultant impact on education, the rising cost of living, political decisions relating to the issue of student visas, and the framework of student finance. The utilisation of a mixed method approach has helped to mitigate the confounding impact of such factors. The variation in both data collection and analysis has ensured the problem has been considered from multiple perspectives thus enhancing opportunities to influence future research and application. Being embedded within the research environment has also provided the benefit of enriching understanding of the socio-economic, political, cultural, and environmental context within which the research is situated. This has contributed to the ability to anticipate and account for external influences on the findings. It must however also be acknowledged, that being embedded within the research environment, may have introduced a degree of researcher bias into the thesis. The robust use of reflexivity and supervision as well as critical engagement with a range of empirical literature served to minimise researcher bias. Furthermore, the application of qualitative methodology and the use of participant-derived themes in data analysis were designed to ensure that participant voice was privileged.

In summary, while this thesis contributes significantly to the understanding of the contextual or settings-based factors which impact on student wellbeing, the outlined limitations underscore the need for further empirical research. Addressing these limitations in future enquiry will be essential for developing a more nuanced understanding of those factors influencing student wellbeing and for formulating effective settings-based strategies within higher education contexts.

9.7 Final summary

The argument advanced by this thesis is that the confluence of social, economic, political and cultural factors over the past two decades has subjected university students to an environment where opportunities for personal and academic flourishing are increasingly constrained. This situation is compounded by a dominant focus on student mental ill-health that mischaracterizes the issue, focusing the discourse around pathology, disease, and deficit, rather than situating it within the broader psychosocial and educational context. The prevalent narrative surrounding student mental health may inadvertently move focus away from more

challenging and complex discussions regarding the economic and social uncertainties facing young people today, alongside the political influences shaping the higher education sector. In this context, psychological distress and poor wellbeing emerge as entirely logical responses to an environment over which students often perceive they have little control. For instance, as argued in the introductory chapter of this thesis, we must critically consider whether it is more beneficial to offer a distressed student therapy for managing the overwhelming demands of balancing full-time work and study, or to address systemic issues such as student finance reform.

University policies, practices, and systems have arguably lagged behind the evolving demographics and profiles of the student body over the past two decades, unintentionally exacerbating distress by failing to accommodate the needs of a diversifying student population. The intersection of poor educational experiences, low social and economic capital, cultural pressures to succeed, and financial stress creates a complex and multi-faceted landscape that profoundly impacts the psychosocial and academic experiences of contemporary students. While the discourse around a mental health crisis in higher education has gained momentum, the sector's responses have often led to the proliferation of interventions that are empirically untested and may not adequately address the foundational causes of increased distress. Many institutions have heavily invested in expanding specialist mental health provision—contracting external providers for online therapy, establishing counselling helplines, or implementing wellbeing workshops. However, this focus frequently neglects to critically evaluate how institutional structures, systems, and processes may serve to undermine or enhance student wellbeing.

A settings-based approach can offer a more comprehensive framework for understanding and addressing these challenges. This approach recognizes that wellbeing is not solely an individual concern but is intricately linked to the environments in which students live and learn. By emphasizing the role of the institution as a critical setting for student wellbeing, universities can begin to examine the interplay between their policies, practices, and the lived experiences of students. This analysis is vital in shifting the focus from reactive mental health interventions to proactive, structural changes that foster an environment conducive to student flourishing.

The findings of this thesis suggest several pragmatic avenues through which universities might significantly enhance the wellbeing of their student populations as part of a whole university approach. integrating considerations of wellbeing and distress into the design and implementation of strategic policies across all university functions could foster a culture of

care and support that benefits students at a population level. This involves a critical examination of assessment practices and their implications for students' lived experiences, which support the development of innovative and inclusive teaching and learning approaches without compromising academic integrity. This thesis also identifies the criticality of acknowledging the importance of positive relationships, social support, belonging, and connection in enhancing student experience, learning, and overall wellbeing. Institutions should leverage existing human resources to cultivate relational support models and implement pedagogies of care that emphasize the value of caring relationships between staff and students. Designing models grounded in positive psychology, which prioritizes relational dynamics, has the potential to enhance the wellbeing of all university students.

In the time since this thesis was initiated, emerging evidence-based guidance, for example the University Mental Health Charter Award, supports universities in embedding these principles into their operational frameworks. While supporting mental health issues within student populations is crucial, it is equally important to contextualize student needs within a broader settings-based approach that addresses the systemic factors contributing to student distress. By fostering a holistic understanding of wellbeing that encompasses the entire university environment, institutions can work towards creating spaces where all students have the opportunity to thrive academically and personally.

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Appendix 1. Freedom of information Data (study 1).

Table 30 Percentages of increase/decrease of enrolled students & increase/decrease of population accessing services between academic year 2016/17 & 2021/22

	Enrolled student numbers			Students accessing mental health, wellbeing & counselling support (% of total population)		
	2016/17	2021/22	% change in student numbers (+/-)	2016/17	2021/22	% Change
University of Glasgow*	26543	38204	+44.3%	2330 = 8.7%	3304 = 8.6%	-0.1%
University of Manchester **+	40708	46461	+14.13%	2693 = 6.6%	3009 = 6.5%	-0.1%
University of Birmingham**+	35447	38000	+7.2%	1444 = 4.1%	1369 =3.6%	-0.5%
University of Nottingham **+	32515	37260	+14.6%	2945 = 9.5%	3388 = 9%	-0.5%
University of Hull#	16530	15075	-8.8	1425 =8.6%	1205 = 8%	-0.6%
Brunel University***	13334	20159	+40.7%	1118 = 8.4%	1519 =7.5%	-0.9%
University of York***+	17900	23420	+30.8%	1685 = 9.4%	2200 = 9.4%	No change
University of Bristol**+	23590	31485	+33.5%	2775=11.8%	3922=12.4%	+0.6%
Leicester DeMontford****	23205	28335	+22.1%	1197 =5.1%	1794=6.3%	+1.2%
University of Leeds**+	33028	34731	+5.1%	1897 = 5.7%	2688 =7.7%	+ 2%
University of Strathclyde***	22955	25715	+12%	652=2.8%	1337=5.2%	+2.4%
University of Sunderland****	13020	19975	+ 53.4%	884 = 6.8%	1867 = 9.3%	+ 2.5%
University of Cardiff+	31595	33985	+ 10.7%	1721 =5.4%	2905 = 8.5%	+3.1%
University of Southampton+	25180	23795	-5.5%	986 = 3.9%	1915 = 8%	+4.1%
University of Plymouth ****	21645	19095	-11.8%	1431 = 6.1%	2124 = 11.1%	+5%
University of Loughborough***	17130	18760	+ 9.5%	2085=12.2%	3660=19.5%	+7.3%
University of East Anglia ***	18790	20089	+6.9%	720 = 3.8%	2440 =12.1%	+8.3%
Liverpool John Moores ****	22445	28100	+ 25.2%	1266 =5.6%	4708 =16.7%	+11.1%
Edge Hill University ****	15220	14700	-3.4%	526=3.4%	4241=28.8%	+25.5%

Key :* = Ancient ; ** = Red Brick ; # = White Tile ; *** = plate glass ; **** = Post 1992 ; + = Russell Group

Appendix 2. Participant Information sheet (study 2)

INVITATION; You are invited to participate in a PhD research project, the aim of which is to explore the factors which impact on the well-being of university students. Wellbeing is a psychological concept, which involves aspects of how we think, feel and behave about ourselves and others, and how we interact with others, our environment and our roles.

When we talk about well-being, we are thinking about how we feel and function on a daily basis. Wellbeing is not the same as mental health/illness, although it is related. When we talk about mental health, we might think more about symptoms and treatment. Wellbeing is a broader idea, which includes what we think and feel about ourselves and others and the world around us.

We describe someone with good well-being or high levels of well-being as **FLOURISHING**

We describe someone with poor well-being or low levels of well-being as **LANGUISHING**

The aim of this research is to explore, from your perspective, what the characteristics of a flourishing/languishing student are, and what factors impact on your experiences of flourishing and languishing. In order participate you must be an undergraduate student enrolled at The University of Hull and be between the ages of 18-23.

WHAT WILL HAPPEN? You will be invited to attend a group session with no more than 8 other students and each session is expected to last between 90 and 120 minutes and will take place on the University campus. Prior to the group sessions, you will be asked to provide some basic demographic information (age, gender, year of study etc.). You will also have the opportunity to ask the researcher any questions before the group session

During the session, the researcher will ask the group to discuss a number of questions relating to wellbeing in order to generate ideas. The group will then be asked to rank the ideas generated in order of importance. There are no right or wrong answers and the aim of the session is to explore your ideas and perceptions. You will be provided with a definition of the key terms used at the start of the session and can ask for clarification at any point.

Everyone will have the opportunity to participate and the aim of the group is to be comfortable and informal. The entire session will be audio recorded and this recorded data will be transcribed, anonymized and used for analysis.

This research is not designed as a therapeutic intervention and you will not be asked to share any information which you are not comfortable sharing. It is anticipated that you will share and participate in a way, which feels safe and comfortable for you.

TIME COMMITMENT; You will only be required to participate in one group session, which is anticipated to last between 90 and 120 minutes. The demographic data collection form should take around 5 minutes to complete. The researcher may, with your consent, contact you to invite you to participate in later stages of this research however, you have the right to say no.

PARTICIPANT RIGHTS; You may choose to withdraw from the research study up to one month following participation in the group, this includes leaving the group session. Should you decide to withdraw, your demographic data will be destroyed. Please note however that any data collected via audio recording prior to you leaving the session may still be included in data analysis.

You have the right to have your questions about the procedures answered (unless answering these questions would interfere with the study's outcome). If you have any questions as a result of reading this information sheet, please contact ███████████████

BENEFITS AND RISKS; The aim of this study is to explore your perceptions and experiences of wellbeing. The aim, is for the group to be comfortable and informal and it is hoped that participation will be a positive experience. You may feel it is beneficial to have the opportunity to contribute to research, which may be used to inform interventions aimed at improving student wellbeing.

The questions being asked during the focus group are about wellbeing. This is a different topic to mental health however they are related and therefore the discussion may naturally veer into issues of mental health/illness. There is a very small chance that these topics could prove distressing for some participants. Should this happen please access support from the University Health and Wellbeing team. Appointments can be accessed via central hub (1st floor student central) or by telephoning 462222.

COST, REIMBURSEMENT AND COMPENSATION; Your participation in this study is voluntary. Refreshments will be provided during the group sessions

CONFIDENTIALITY/ANONYMITY; The data I collect will not contain any personal information about you other than age, gender and year of study. You will be asked to choose a pseudonym, and this will be used to anonymise your data when your role with this project is complete.

From that time, there will be no record that links the data collected from you with any personal data from which you could be identified (e.g., your name, address, email, etc.).

Up to one month after participation in the research, you can decide to withdraw consent to having your data included in further analyses. Please note that this only applies to demographic data. The audio-recorded data may still be used for data analysis purposes however no verbatim quotes will be used in any subsequent reports. Once anonymised, this data will be used for the purposes of research project, presentation at conferences and publication.

Please note that should you share any information which suggests that there is a risk to you or to someone else, then the researcher will share that information with the relevant department within the university as per duty of care and safeguarding procedures.

**Please be advised that although the researcher will take every precaution to maintain confidentiality of the data, the nature of focus groups prevents the researcher from guaranteeing confidentiality. The researcher would like to remind participants to respect the privacy of your fellow participants and not repeat what is said in the focus group to others.

COMPLAINTS PROCEDURE: If you have a complaint or concern about any aspect of this research or the conduct of the researcher please direct this in the first instance to Dr Julie Castronovo.

FOR FURTHER INFORMATION; Research & Project lead. Kelly Robson will be glad to answer your questions about this study at any time. You may contact her at ▮▮▮▮▮▮▮▮

Please note, to participate you must meet the following criteria:

- Be a **full-time undergraduate** student of the university of Hull
- Be Between the ages of **18 and 23**
- Be a UK fee-paying student

Appendix 3. Data Collection protocol & Semi structured interview schedule (Study 2)

Welcome:

- Thanks for participating introduce self

Research topic

- Purpose of the research is to gather your views on the factors that impact on your wellbeing whilst at university – define well-being
- The results will be used as part of my PhD study
- You've been chosen to participate because there is very little research about student well-being that actually asks for the students' thoughts and I'm really interested in your experiences

Guidelines & Session Format

- Format of the session is: first half I'll ask some broad questions, there are no right or wrong answers and I'm interested in your views. The second half will involve us ranking in order of importance some of the factors we've identified
- We may have differing opinions and that's fine but please listen respectfully
- The entire session will be audio/video recorded so please try not to speak over each other so I can transcribe it
- Please only use first names and respect each other's confidentiality
- My role is simply to guide the discussion so please talk to each other and relax!
- If you're happy to continue please sign the consent form.

Warm up questions:

- Let's spend a few minutes getting to know each other, name, what course you're doing and anything else you'd like us to know about you.

Start recorder:

- **What's it like being a university student in 2019?**
- **Do you think wellbeing is important in the lives of students?**
- **Is well-being something you and your friends/peers think/talk about?**

- **What kinds of things impact on student wellbeing?**
- **What makes it worse – better?**

- **How would I know if your wellbeing was really good?**
- **How would you think, feel, behave?**
- **Social/academic**

- **How would I know if your wellbeing was really bad?**
- **How would you think. Feel, behave**

- **What do you want people to know about students and student wellbeing?**
- **How do you feel about the terms flourishing & languishing?**

- **Is there anything else we haven't covered that's important for you to say?**

Part two – Nominal ranking.

Intro: Usually in this type of research, I would take the recording, transcribe it and analyse it, so I would decide on what the most important themes are. Because this is about your experiences, I want us to decide together what the most influential factors on student wellbeing are. I'm going to ask two questions. After each question I'd like you all to write what comes to mind on the post it notes and put them on the white board. When you've done that we'll discuss them as a group, identify themes and rank them in order of importance.

1. **What things/factors NEGATIVELY impact on student well-being – What thing or things make it hard to feel good and function well as a student?**
- **Can we group any together?**
- **What are the themes (write on flip chart)**
- **Let's try and rank them – so what's the thing that is the biggest NEGATIVE influence on wellbeing?**

2. **What things/factors POSITIVELY impact on student well-being- what thing or things make it easier of help you to feel good and function well as a student**
- **Can we group any together?**
- **What are the themes (write on flip chart)**
- **Let's try and rank them – so what's the thing that is the biggest NEGATIVE influence on wellbeing?**

Turn off recorder

Closing: Thanks for your participation, if you have any questions following today please get in touch via email.

Appendix 4. nominal ranking particpant instructions (Study 2)

Generating ideas.

1. Using the post it notes with **RED** numbers, write down 3 things/factors which you think have a negative impact on student wellbeing.
2. When everyone has finished writing, each person read out their 3 responses – this is the opportunity to clarify and terms
3. The facilitator will collect the responses and put them on the whiteboard
4. We will then repeat using the post it notes with **BLUE** numbers and writing down 3 things/factors which have a positive impact on student wellbeing

Reaching consensus

1. As a group, look at each set of responses and decide if there are any duplicates or similar themes which can be merged. Remove duplicates or re write them into a different statement (removing the originals)
2. Do this for both sets of responses

Ranking

1. As an individual, choose the five responses which YOU feel are the most important/impactful with 1 being the most important and 5 the least. Use the ranking sheet and write the post it numbers.

Appendix 5; Participant debrief information (Study 2)

Thank you for taking part in my study! Your participation is greatly appreciated

Purpose of the Study; I previously informed you that the purpose of this research is to explore factors which impact on student well-being. The data you have provided today will help me to understand the experiences which impact well-being during a student's journey through university and whether this matches previous research findings.

I realise that some of the discussions may have provoked a strong emotional response. If this has been distressing and you wish to talk to someone in confidence about this, the health and wellbeing team/mental health support team can provide support. Appointments can be accessed by visiting or telephoning central hub on 01482 462222. Please be aware that when not researching, I work within this service, therefore if you would prefer to speak to someone who has not been involved in this research please let the central hub staff know when booking the appointment.

You can also find information on student mental health and well-being on the University website and the Student Minds Website

Confidentiality; I informed you that your data will be treated in the strictest confidence and will be used only for the purposes of this research. Pseudonyms will be used in the research to preserve your anonymity. Please maintain the confidentiality of your fellow participants.

Final report; If you would like me to share a summary of the findings of this research when it is completed, please do let me know.

Useful Contact Information; If you have any questions or concerns regarding this study, its purpose or procedures please contact the researcher on ███████████ or. If you have other concerns about this study and would like to speak with someone not directly involved in the research study, you may contact the researcher's supervisor Dr Julie Castronovo

***Please keep a copy of this sheet for your future reference. Once again, thanks you for your participation in this study! ***

Appendix 6. Scales of Psychological Wellbeing

Ryff Psychological Wellbeing Scale 42 item (Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57*(6), 1069-1081.

Scored on a 7-point Likert scale

strongly agree	somewhat agree	Agree a little	neither agree nor disagree	disagree a little	somewhat disagree	strongly disagree

1. I am not afraid to voice my opinions, even when they are different to the opinions of most people I know.

2. For me, life has been a continuous process of learning, changing, and growth.

3. In general, I feel I am in charge of my life and the situation I'm in.

4. People who know me would describe me as a giving person, willing to share my time with others

5. I am not interested in activities that will expand my horizons and help me develop as a person

6. I enjoy making plans for the future and then working to make them a reality

7. Most people see me as loving and affectionate

8. In many ways I feel disappointed about what I have achieved

9. I live life one day at a time and don't really think about the future

10. I tend to worry about what other people think of me

11. When I think about my live overall, I am pleased with how things have turned out

12. I find it hard to do or change things which would make my life feel satisfying

13. My decisions are not usually influenced by what everyone else is doing

14. I have given up trying to make big improvements or changes in my life

15. The demands of everyday life often get me down

16. I have not experienced many warm and trusting relationships with others

17. I think it is important to have new experiences that challenge how you think about yourself and the world

18. Maintaining close relationships has been difficult and frustrating for me

19. My attitude about myself is probably not as positive as most people feel about themselves

20. I have a sense of direction and purpose in life

21. I judge myself by what I think is important, not by the values of what others think is important."

22. In general, I feel confident and positive about myself

23. I have been able to create a living environment and a lifestyle for myself that I'm satisfied with

24. I tend to be influenced by people who have strong opinions

25. I do not enjoy being in new situations that require me to change my way of doing thi

26. I do not fit very well with the people and the community around me

27. I know that I can trust my friends, and they know they can trust me

29. Some people wander aimlessly through life, but I am not one of them

30. I often feel lonely because I don't have many close friends who I can share my worries with

31.When I compare myself to friends and acquaintances, it makes me feel good about who I am."

32. I don't have a good sense of what it is I'm trying to accomplish in life

33. I sometimes feel as if I've already done all there is to do in life

34. I feel like many of the people I know have got more out of life than I have

35. I have confidence in my opinions, even if they are different to what most people think

36. I am quite good at managing all the responsibilities of my daily life.

37. I feel that that I have developed and grown a lot as a person over time

38. I enjoy personal conversations with family members and friends.

39. My daily activities often seem trivial and unimportant to me

40. I like most parts of my personality

41. It's difficult for me to voice my own opinions on controversial matters

42. I often feel overwhelmed by my responsibilities

Appendix 7. Sense of Belonging Scale

Goodenow C. (1993). The psychological sense of school membership among adolescents: Scale development and educational correlates. *Psychology in the Schools*, 30(1), 79-90

1. I feel like part of The University of Hull

2. People at university notice when I'm good at something

3. It's hard for people like me to be accepted at this university

4. Other students at the university of Hull take my opinions seriously

5. Most of my lecturers are interested in me

6. Sometimes I feel as if I don't belong at this University

7. There is at least one member of my faculty that I can talk to if I have a problem

8. People at the university are friendly towards me

9. Lecturers here are not interested in people like me

10. I am included in opportunities and activities at this university

11. I am treated with as much respect as other students at this University

12. I feel very different from most other students at the University of Hull

13. I can really be myself at this university

14. Lecturers at this university respect me

15. People at this university know I can do good work

16. I wish I were in a different university

17. I feel proud to belong to The University of Hull

18. Other students at this university like me the way I am

Scoring:

Global sense of belonging; items 1, 6rs, 16rs, 17, 10

Social acceptance: 3rs, 4, 8, 11, 12, 13, 18

Perception of pedagogical caring: 2, 5, 7, 9rs, 14, 15

Appendix 8. Measure of Academic Engagement

Academic Motivation & engagement:

García, T., & Pintrich, P. R. (1995). Assessing Students' Motivation and Learning Strategies: The Motivated Strategies for Learning Questionnaire.

Subscales:

Intrinsic goal orientation

Extrinsic goal orientation

Time & study environment strategies

Effort regulation

Help seeking

7-point Likert scale

1. On my course, I prefer course material that really challenges me so I can learn new things

2. I find it hard to stick to a study schedule

3. Getting good grades for my work is the satisfying thing for me right now

4. I'm at university so can get a better career in the future

5. I often feel so lazy or bored when I study for my course that I quit before I finish what I had planned to do

6. The most important thing for me is improving my overall grades so my main concern on my course is my overall degree classification

7. I want to do well on my course because it's important to show my ability to my family, friends, employers or other people

8. On my course I prefer material that arouses my curiosity even if it is difficult to learn

9. I make sure I keep up with the weekly reading and assignments for my course

10. I manage my study time well

11. I work hard in all my modules, even if I don't like what we are studying

12. The Most satisfying thing for me in my course is trying to understand the content as thoroughly as possible

13. I attend class regularly

14. When I don't understand the material on my course I ask other students to help me

15. when course work is difficult, I give up or only study the easy parts

16. If I can I want to get better grades than most other students on my course

17. Even if I have difficulty learning course material, I try to do the work on my own without help from anyone

18. When I have the opportunity on my course, I choose assessments which I can learn from even if they don't guarantee I'll get a good grade

19. I ask lecturers and module leaders to clarify things I don't understand

20. Even when studying is dull or boring, I manage to keep working until I've finished

Scoring:

- Intrinsic motivation; 1, 8, 12, 18
- Extrinsic motivation; 3, 4, 6, 7, 16,
- Effort regulation; 5, 9, 11, 15, 20
- Time and study regulation: 2 rs, 10, 13
- Help seeking; 14, 17 rs, 19

Appendix 9. Detailed results of analysis for study 3

Table 31. Means, Standard Deviations and One-Way Analyses of Variance in Gender, primary variables

Measure	Male n = 47		Female n = 128		Other n = 10		F (2,182)	η²
	M	SD	M	SD	M	SD		
PQSPSR	83.04	23.56	88.73	22.73	87.5	31.72	1.009	0.11
PWB	171.96	36.83	187.59	31.99	175.30	41.51	3.95*	0.42
SoB	60.28	12.57	65.41	10.82	66.0	15.89	3.51*	0.37
AcE	107.13	20.41	115.92	18.84	121.70	18.56	4.44*	0.47

*p<.005

Table 32. Means, Standard Deviations and One-Way Analyses of Variance in Gender, PWB variables

Variable	Male n = 47		Female n = 128		Other n = 10		F(2,182)	η²	**
	M	SD	M	SD	M	SD			
Autonomy	30.28	5.83	29.77	6.95	31.60	9.41	.388	.004	
Environmental Mastery	25.81	5.83	27.48	6.69	26.30	8.23	.965	.010	
Personal Growth	33.23	7.98	36.66	6.71	34.10	9.99	1.996	0.21	
Positive relationships	29.28	8.28	34.56	7.59	28.90	7.58	**9.362****	.093	
Purpose in life	30.94	8.02	34.02	7.87	32.0	5.54	2.78	.030	
Self-acceptance	25.55	10.03	28.63	7.54	24.40	10.01	3.112	.033	

**p<.001

Table 33. Means, Standard Deviations and One-Way Analyses of Variance in Gender, PQSPSR variables

Variable	Male n = 47		Female n = 128		Other n = 10		F(2,182)	η²
	M	SD	M	SD	M	SD		
PQSPSR Em/Af	43.79	11.86	46.54	12.29	46.40	15.92	.859	.009
PQSPSR ins/inf	44.30	13.62	47.79	12.23	46.30	17.99	1.254	.014

Table 34. Means, Standard Deviations and One-Way Analyses of Variance in Gender, SoB variables

Variable	Male n = 47		Female n = 128		Other n = 10		F(2,182)	η²
	M	SD	M	SD	M	SD		
Global belonging	16.66	4.32	18.12	3.96	19.2	4.84	.575	.029
Pedagogical care	20.34	4.64	21.05	4.14	20.20	5.37	2.56	.006
Social acceptance	23.27	5.26	26.24	4.27	26.6	6.57	**7.20****	.073

** $p < .001$

Table 35. Means, Standard Deviations and One-Way Analyses of Variance in Gender, AcE variables

Variable	Male n = 47		Female n = 128		Other n = 10		F(2,182)	η²
	M	SD	M	SD	M	SD		
Intrinsic motivation	18.36	4.42	19.33	4.35	21.0	3.62	1.79	.019
Extrinsic motivation	26.64	5.96	28.65	5.08	28.80	5.47	2.52	.027
Time & study environment	14.66	5.16	15.49	5.74	16.30	3.23	.560	.006
Effort regulation	17.30	5.17	18.10	4.89	18.20	4.87	.470	.005
Academic help seeking	10.32	3.55	12.68	3.69	14.50	3.72	**9.3****	.093

** $p < .001$

Table 36. Analyses of Variance in Timetabled or no Timetabled Personal Supervisor Sessions (Primary Variables)

Measure	Timetabled sessions n= 93		No Timetabled sessions n = 92		F(1,183)	η^2
	M	SD	M	SD		
PQSPSR	93.97	17.61	80.39	26.57	**16.8****	.084
PWB	185.27	33.15	180.62	35.53	.847	.005
SoB	64.54	10.95	63.73	12.53	.219	.001
AcE	113.91	19.95	114.1	19.34	.004	.000

** p<.001

Table 37. Analyses of Variance in type of timetabled personal supervisory sessions

Measure	One to one sessions n= 29		Group sessions n = 64		No Timetabled sessions n = 92		F(2,182)	η^2
	M	SD	M	SD	M	SD		
PQSPSR	97.21	19.00	92.50	16.90	80.39	26.57	**8.835****	.088
PWB	185.27	33.15	182.62	37.05	180.62	35.53	.547	.006
SoB	64.54	10.95	66.48	11.13	63.73	12.53	.686	.007
AcE	113.24	21.20	114.22	19.52	114.1	19.34	.026	.000

** p<.001