

The importance of supporting student wellbeing during transition into Higher Education

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Abstract

Student wellbeing can be particularly changeable during the transitional period from school and college to university, and the provision of appropriate targeted support at this stage can pave the way for a good university experience. The University of Lincoln is currently leading a two-year project funded by The Office for Students (OfS) designed to support students' mental health and well-being, particularly in relation to the transition period. As well as providing outreach support for those planning to go to university, the project has developed a range of digital tools and resources to enable students to self-manage.

This article explores the impact of the most common challenges facing students during the transition from school or college into university, including homesickness, isolation and financial difficulties, and the ways in which the University of Lincoln project aims to support these challenges. While mental health issues in students have received growing attention in recent years, the Covid-19 pandemic has also highlighted the prevalence of common issues such as loneliness, isolation and anxiety which requires special consideration.

Introduction

The increase in young people experiencing mental health issues has been well-documented over recent years, with those aged 16-24 identified as being particularly vulnerable. 83% of the entire undergraduate population falls within this age bracket, making it inevitable that a significant proportion of the student population may experience mental health issues at some point during their studies. However, research suggests that symptoms of depression, anxiety and distress are also more common among undergraduates than their age-matched peers and this can lead to impaired academic performance

(Winzer, 2018), with those suffering mental health problems tending to worry more about academic performance (Brown, 2018).

The sharp rise in student mental health issues has meant that many university support services are struggling to cope, with almost all reporting an increase in demand for counselling and over half reporting an increase of at least 25% or more in terms of demand (Thorley, 2017). Aggravating factors identified in recent years include problems with availability and continuity of NHS care for students with a mental health diagnosis during the transition period (Student Minds, 2014).

The impact of the Covid-19 pandemic on student mental health cannot be under-estimated, with Zhai and Du (2020) identifying some of the main stressors upon students as loneliness, disconnection from friends, uncertainty, and missing the familiarity of campus surroundings, leading to 'intense feelings such as frustration, anxiety, and betrayal'. The move to remote learning, as well as increasing feelings of isolation, may also lead to aggravated mental health difficulties due to the disruption of an academic routine (Agnew et al, 2019). It is estimated that around three-quarters of UK students experienced worsening mental health during periods of national 'lockdown', (Mind, 2020) increasing the demand for university-based wellbeing support and further straining already stretched services (n=1,131).

Current challenges to the wellbeing of the student population makes the need for universities to provide support for students starting university even more vital. Successful transition from school or college into university can facilitate a good student experience, whilst difficult transitions can be characterised by a negative disposition brought on by uncertainty and adjustment (Gibson, 2016). However, despite the headline statistics, and our knowledge of the additional pressures students face due to the Covid-19 pandemic, the vast majority of students, both those with a mental health diagnosis and those with none, are not in crisis and are simply experiencing normal dips in mental wellbeing which could be supported outside of first-line interventions such as counselling and medication (Barrable, Papadatou-Pastou and Tzotzoli, 2018).

The introduction of student-led therapies such as peer support, identified by students themselves as a first choice intervention (Byrom, 2018), and digital support tools, used alongside early intervention, afford opportunities to not only motivate and empower students to take responsibility for their own mental wellbeing, but also to free up resources for those students who are experiencing more critical problems (Batchelor, Pitman, Sharpington, Stock and Cage, 2019). Digital interventions also offer unique opportunities to

support student mental health during periods of social distancing and government restrictions, helping students to connect at times when isolation is most prevalent.

Early intervention at the transitional stage, and the provision of relevant information pre-entry, is key, as existing anxiety and other mental health issues can be exacerbated by an inability to cope with change, or experienced for the first time in non-sufferers who are ill-prepared for the challenges they face. Familiarizing students with typical transitional challenges and giving them the tools to self-manage can help mitigate negative impacts on wellbeing. A study carried out by Knoesen and Naude (2018) looked at the 'flourishing and languishing' experiences of students during their first year at university. The study found that as students were ill-prepared at the transitional stage, the ratio of negative to positive experiences reported during the very early stages of the first year leaned towards the negative. However, as students became more familiar with the challenges of university they developed resilience and self-regulation, leading to an upward trend in the reporting of more positive experiences. The promotion of resources to support mental wellbeing was identified as particularly important during the transitional period, to provide students with the skills and tools to self-manage emotions.

The project: Transitioning Students Effectively: a student led approach to mental health support

The University of Lincoln's OfS funded mental health project focuses on supporting the mental wellbeing of students transitioning from school or college into university. The project aims to identify the specific needs and challenges of all students - those with declared disabilities and mental health conditions, and those without a diagnosis - and offer tailored support packages. Support includes transitional outreach support sessions, on-campus workshops and drop-ins, and student-led digital support in the form of podcasts, social media content and a free to access wellbeing support app. This article discusses three key aspects of the University of Lincoln's work:

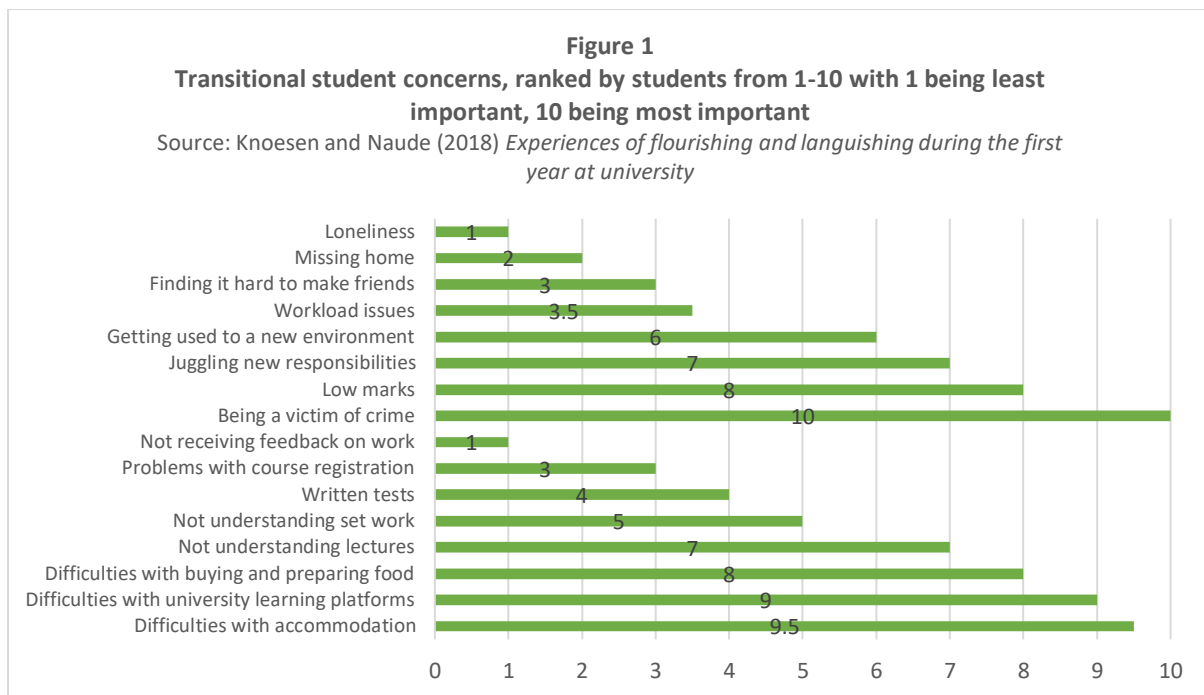
- The importance of pre-entry support in supporting transitional wellbeing
- The importance of the student led/peer to peer approach
- The role of digital tools in supporting student mental health

The importance of pre-entry support in managing transitional challenges to wellbeing

‘Points of transition are associated with increased risk of developing mental health problems, due to the stress of adapting to new circumstances’ (Brown, 2016)

Transition from school or college to university is a challenging time, with thematic analysis of the available literature identifying the most common transitional challenges experienced by students as homesickness, difficulties with accommodation, financial concerns, struggling with the course and making friends. Described by Krause and Coates (2008, pp.494) as ‘a complex and difficult time in a young student’s life’, issues such as living away from home for the first time, managing finances and juggling study and paid employment can have a significant impact on both wellbeing and attainment (Laidlaw et al., 2015). Those students who enter higher education with a pre-existing mental health condition may find transition particularly difficult, with transfer of care further complicating matters (Brown, 2016). In addition, those who have not previously suffered mental ill health may experience problems for the first time due to elevated levels of stress during this period.

The research literature also offers insights into factors which have the greatest impact on student wellbeing. Figure 1 summarises the common issues students worry about when transitioning from school and college to university, ranked by students from 1-10 with 1 being least important and 10 being most important.



As the table demonstrates, problems with accommodation rank highly as causing particular concern for new students, second only to being a victim of crime. Homesickness, struggling with the course and making friends were all also repeatedly identified in thematic analysis, but one of the main recurring themes related to financial difficulties. Cooke et al. (2004), studying the relationship between student debt and mental wellbeing, found that students with high financial concerns felt more ‘tense, anxious or nervous’. Similarly, Jessop, Herberts and Solomon (2005), comparing the impact of financial concerns on British and Finnish students, found that British students had more debt and also reported worse mental health. More recently, of 3,161 students surveyed by Save the Student (2020), 71% reported that they worried about making ends meet, with 58% reporting that financial difficulties had a negative impact on their mental health.

Another factor during transition is the potential for students to neglect their health – mental and physical – without a parent or caregiver to prompt them to make healthy choices and seek help when needed. Gibson et al. (2016) noted that anxiety in young people was significantly heightened during entry into higher education. One of the recommendations arising from Gibson’s study of health behaviours in first year students was ‘Signposting students to the relevant support services upon entry to university is recommended to assist students during this transitional period.’

The expectations of university life versus the reality can also be a problem for students. Previous research has found that students whose expectations have not been met tend to be less satisfied and may feel alienated, unwelcome or not part of the HEI community. Parker et al. (2017) studied the challenges faced by students of different ethnicities transitioning into university. The study found that, pre university entry, 65.2% of BAME and 58.6% of White students would seek advice on what to expect from university life through their school or college. Of those already at university, 61.9% of BAME students and 62.8% of White students stated that their expectations matched up to advice they received pre entry from their school or college (n=316). The information from this study therefore further highlights the importance of universities engaging with secondary and further education providers to offer information on the realities of student life and the support available to students during their transition into university, which will help minimise the impact of any 'culture shock' on transitional student mental health.

A holistic approach, which aims to prepare students for all the new experiences university presents, can be a significant factor in mitigating mental health problems at the transitional stage. A WHO Model of support for university students identified 'readiness for university' as one of five essential levels of support (World Health Organisation, 2014). 'Readiness' was identified by WHO as covering all aspects of university life - such as emotional coping skills, budgeting and academic demands - and was effective in reducing stress and anxiety in students with varying levels of distress.

Drawing on the research, it is apparent that many student mental health issues at the transitional stage occur because students can be ill prepared for common stresses such as problems with accommodation, loneliness, homesickness, cooking and caring for themselves. Addressing the gap in practical skills and embedding coping strategies for common challenges at the pre-entry stage can go a long way to increasing preparedness and reducing anxiety. The University of Lincoln's project delivers workshops and presentations to schools and colleges pre-entry to raise awareness of a range of challenges facing students at the transitional stage which have the potential to impact upon wellbeing (during the pandemic outreach sessions have continued by remote means). Evaluation of outreach work, through the collation of both quantitative and qualitative data has been continuous throughout the project, and it is clear from the available evaluation data that transitional outreach sessions are valued by schools and positively viewed by many of the student participants:

- 64% of students surveyed stated that they felt more confident in their ability to manage stress and emotions (n=239 students across 3 settings, Years 11-13).
- 53% of students surveyed stated that they felt better prepared to manage change and be independent (n=239 students across 3 settings, Years 11-13).
- 75% of free text responses gathered across all transitional outreach sessions stated that the sessions were 'good', 'helpful' or 'informative' in some way.

To complement outreach work, written and online support materials are disseminated pre-entry. Student focus groups strongly support the notion that pre-entry support is vital, with thematic analysis of qualitative data collected demonstrating a strong desire for resources to be available at as an early a stage as possible. Students highlighted that the longer they have to prepare for university the better:

'I would really have valued being given these (resources) between getting the acceptance and then moving in. It would have made me feel a lot more comfortable about the transition.'

Students also felt that early access to relevant support would reduce the common stresses experienced during transition:

'...I think the earlier the information is released the better...less stress and anxious for coming to uni as you have time to prepare.'

The project's interventions also aim to reduce the worsening of symptoms due to the challenges of transition in students with pre-existing mental health diagnoses or disabilities. A key project activity is the Wellbeing Orientation Welcome (WOW) summer school, which introduces the most vulnerable students (those with disabilities or mental health conditions for example) to university life pre-entry, signposting them to advisors and support services and encouraging self-care. Evaluation of the two summer schools held as part of the project so far demonstrate a significant impact on the wellbeing of students, with participants reporting a reduction in anxiety post intervention; the average score for anxiety being 7/10 pre-intervention and 4/10 post-intervention, n=42 students.

Participants also reported an increase in their confidence to manage change post-intervention, with the average confidence level score being 5/10 pre-intervention and 7/10 post-intervention (n=42 students). Further evidence of

the summer school's impact can be drawn from the qualitative data, with thematic analysis identifying four key trends:

- Participants reported feeling nervous at first, particularly with regards to meeting new people, but these feelings were quickly dispelled.
- Participants enjoyed the range of activities on offer, particularly as these provided opportunities to work with and get to know their peers.
- Participants reflected that as the summer school had eased some of their anxieties regarding transition they now able to feel more excited about the start of their university experience.
- Participants reported that meeting others was reassuring; as was the value of realising others were experiencing the same challenges.

Qualitative data also demonstrated that students felt that the summer school had helped them address their anxieties about starting:

'If you're anxious about the school...or the big step up from college to university...then this is definitely the place to come.'

'If you're anxious of coming to university these three days have personally given me a lot.'

'...before I came today I was really nervous about moving in and meeting new people...I'm not really a very social person...it stressed me out that I didn't know anyone...now I feel a bit more comfortable...I now have my small group of friends that if needed I can go straight to.'

The student led approach, why student co-production and the peer to peer approach is vital

'Formal peer support programmes bring together people with similar experiences to share knowledge for mutual benefit, building social connection and reducing loneliness' (Solomon, 2004).

Peer support is commonly regarded as a new therapy, however, it was first described informally by Jean Baptiste Pussin in 1793! Pussin wrote of his pre-disposition to hire recovered patients at the asylum he managed due to the fact that they were 'disposed to kindness towards the patients in their care' (Pinel, 1806). Whilst the seismic shift in the treatment of those experiencing mental health difficulties means the idea of confining sufferers to asylums is inherently shocking to a modern audience, Pussin was correct in his assessment that those with lived experience were particularly adept at supporting those experiencing similar difficulties. The backbone of modern

peer support is based upon this ‘disposition to kindness’ characterised by empathy, normalising of experiences, sharing of coping strategies and the building of a support community, which are just some of the reported benefits. Figure 2 below summarises the key benefits of peer support for the different stakeholders.

Supported	Supporters	Support/clinical services
<ul style="list-style-type: none"> • Perceived empathy • Openness and trust • Empowerment • Development of self-efficacy • Increased self-esteem • Sense of hope through shared experiences • Reduced stigma • Increased control • Decreased isolation 	<ul style="list-style-type: none"> • Increased self-esteem and self-confidence • Feeling valued • Increased ability to cope with own mental health problems • Acquisition of new skills • Increased employment opportunities • Community building 	<ul style="list-style-type: none"> • Less demand on services • Reduction in crisis cases • Engagement with hard to reach service users • Reduced hospital admissions • Increased community involvement • Reduced pressure on frontline staff • Cost effective

Figure 2 The key benefits of peer support for the different stakeholders, Lawton-Smith (2013).

In addition to the proven and perceived benefits for all those involved in peer support programmes, peer support is also a desirable and desired intervention for young people in particular. Rickwood et al. (2005) identified that ‘young people prefer to talk to friends and family and people they know rather than professionals’. These behaviours can be observed in even quite young adolescents. Bartoli et al. (2018), in an evaluation of peer-led interventions in school-aged children, quoted previous research as demonstrating that ‘peer-led programmes focusing on mental health have demonstrated positive outcomes with regard to increasing knowledge, reducing stigma and an increase in perception of self-efficacy and autonomy, which relate strongly to the idea of resilience’.

Students who have benefited from naturally occurring or school-based support systems through established peer and familial relationships may lose their support network once they move away from home and school to attend

university. Evidence suggests that university-based support programmes which aim to replicate these 'lost' support networks, such as a course of peer support facilitated by the students themselves, can have a measurable impact on mental wellbeing. A study of 65 participant students across 8 universities resulted in a statistically significant increase in mental wellbeing as measured using the Warwick-Edinburgh Mental Wellbeing Scale (Byrom, 2018).

A review of UK trends in peer support conducted by Lawton-Smith (2013) acknowledged that whilst peer support programmes differ hugely in their design and implementation, there are several defining factors which determine the success and longevity of interventions. These were identified as; clear role definition; access to appropriate training and support; and integration into wider teams.

Recent developments in the field have also concentrated on more innovative ways of delivering peer support, namely through digitally facilitated peer intervention. Whilst this is an emerging field, and there is therefore a paucity of research, the limited available evidence offers some promising trends. A survey of young adults with mental illness found that they were more likely to connect with peers online than their 'well' counterparts (Gowen, 2012). This may be due to the fact that sufferers of anxiety in particular can find real-world interaction challenging. Connecting digitally offers all the advantages of more traditional peer support - community building, decreased isolation, sharing of experiences and coping mechanisms - whilst removing some of the barriers sufferers can experience around face to face interventions. Those engaging in digital peer interactions also appeared to enjoy increased capacity to challenge stigma and negative attitudes towards mental illness, with the knowledge that others are facing similar difficulties offering empowerment and providing hope (Lawlor, 2014).

Seeking help can be daunting for those with mental health issues, and face-to-face interactions can be difficult, especially for students at the transitional stage who are entering an unfamiliar environment and already facing a range of challenges. To combat barriers to help-seeking behaviour, the University of Lincoln's project has produced a range of digital tools to support and ease peer interaction for those students for whom engaging in face-to-face peer networks causes anxiety. Tools, such as the apps developed for the project, offer a range of content to ease peer interaction, such as conversation starters and interactive tasks readily available via all mobile devices. Connecting both via the app and through social media offers students the opportunity to build virtual support networks. One student in a focus group highlighted that this was a preferred way for them to connect with their peers:

‘Social media or other ‘non face-to-face’ contact, I think this helps as it is less intimidating.’

Another prevalent issue is that students who benefit from existing support networks and an established community at home may lose these when moving away to university. For students seeking to develop new support networks, offering the digital means to do so can take away the awkward first steps in seeking out others with similar lived experience.

The project also offers numerous opportunities for students interacting virtually to become involved in co-production of project resources. A natural step up from peer support, co-production allows students to shape and influence the support community created through digital peer interactions through a range of student led initiatives. The Student Minds’ model of student co-production, which recommends that universities should invest in student co-production to improve mental health outcomes, lists one of the benefits of co-production as community building. ‘Involvement in this kind of activity can increase students’ capacity to value and build community...’ and can positively affect mental wellbeing ‘hearing from others can reduce isolation and strengthen peer networks’ (Student Minds, 2019). Students are offered the opportunity to work on the project, in a paid role, creating content which is aimed at supporting others and hosted on the app with easy access for all.

One of the most successful peer-led initiatives is the ‘Fresher Take’ podcast, hosted by students and covering a range of transitional wellbeing topics from the perspective of students with lived experience. This student led approach is appreciated by the target audience, with many students in a focus group stating that personal stories and student-hosted content was a format they preferred:

‘I like the content with multiple people in so more of these...’

‘I...loved the podcast as it was by students and covered a range of topics...’

‘Good knowing peoples personal experiences and advice.’

‘It’s interesting to hear about their experiences...’

The role of digital tools in supporting student mental health

‘Online interventions have been identified as cost-effective and efficient ways to provide inclusive support to HE students, removing many of the barriers to

help-seeking as well as promoting mental health and wellbeing.’ (Barrable, 2018)

The prevalence of apps and digital tools to support both mental and physical health have surged in popularity in recent years, with the vast majority of the population having at least one ‘wellness’ app downloaded to their smartphones. Despite this, age-targeted apps and tools are a comparatively new phenomena, with the research into the benefits of digital interventions in young people, and students in particular, being relatively scarce. However, as Barrable outlines in the quote above, there are some immediately obvious advantages to online intervention, such as cost-effectiveness, the ability to reach a large cohort, accessibility to students from all backgrounds with a wide range of issues.

Digital interventions are also unique in that they can potentially remove a number of barriers to help-seeking. Waiting times, lack of understanding of symptoms, lack of awareness of services offered, the impact upon education and the removal of both public and self-stigma have all been identified as influential in the failure of students to seek help (Laidlaw, McLellan and Ozakinci, 2015). Self-stigma in particular has been quoted as a compelling factor; a study by Cage et al. (2018) found that ‘self-stigma was a significant predictor of a lack of help-seeking intentions and actual help-seeking behaviour.’ Given that digital interventions offer discreet access to a range of services, those feeling self-conscious or even ashamed of seeking help can choose to retain anonymity, only disclosing their mental health issues should they opt to do so. This also offers the individual a larger locus of control over their treatment, identified as an important factor in recovery, with The Mental Health Foundation highlighting that ‘Research has shown that it can help boost the self-esteem of people...and lower the risk that they will consider suicide’ (Mental Health Foundation, 2019).

Another common factor that affects help-seeking behaviour, and which digital intervention may help counteract, is internal conflict in the individual as to whether their mental health is ‘bad enough’ to require intervention. Students in particular are familiar with the concept that stress is a ‘normal student experience’ and may feel that they should simply ‘put up’ with the effects (Laidlaw, 2015) rather than seeking help at an early stage and before they reach crisis point. As previously identified through Gibson’s study of transitional students, signposting to enable early intervention and prevention are key, and the answer may lie in providing digital tools focusing on prevention as well as intervention to the entire student community from the point of entry into university, or ideally pre-entry. Blanket provision of digital

tools and content also offers opportunities for a high uptake of support among students, with a study by Carpenter-Song (2018) suggesting that those with mental illness are already highly engaged in the use of technology, and would welcome the opportunity to utilise their existing technology provision to address their mental health needs.

As well as enabling users to assert control over their wellbeing as an individual, digital interventions can also help facilitate formal and informal opportunities for peer connection and community building already identified as important. A study by Naslund et al. (2014) found that those suffering with mental illness ‘are often highly motivated to seek others with the same condition, something that social media can enable.’ There are some obvious concerns regarding vulnerable individuals sharing their experiences of mental illness online, however in reality Naslund found that comments on YouTube videos featuring individuals talking about their personal experiences of mental health were overwhelmingly positive. Furthermore, once connections are formed, those engaged in online support communities benefited from all the traditional benefits of peer support, such as sharing coping strategies, engendering hope through sharing stories of personal triumphs and the normalising of difficult experiences. In addition, members seemed to grow in resilience, becoming protective of their online community and challenging negative comments made by others.

The positive effects of online peer support also appear to be sustainable. A study by Kathina et al. (2015) into online peer support in young people found a reduction in symptoms of those suffering with both depression and anxiety continued post-intervention. The results for the reduction of anxiety were particularly promising, being statistically significant.

Digital interventions should also concentrate on a shift in focus from medicalisation to ‘wellness’. One study found that apps and content which avoid clinicalisation are more likely to increase engagement and attrition, and that the design of content is key to engaging and retaining student use (Barrable, 2018). Figure 3 summarises features of digital content which Barrable identified as important if students are to engage fully with digital interventions.

Feature	Benefit
Online access	Anonymity, ease of access, removal of stigma
Visual appearance, layout, language aimed at students	High uptake and engagement, inclusiveness, usability

Ability to personalise apps, pages etc.	Strengthens 'emotional bond' with apps, affords students ownership
Multimedia, animation	Enhances learning
Evidence based techniques such as problem solving	Increases self-efficacy

Figure 3 Key features of digital content aimed at supporting student wellbeing and their associated benefits (Barrable 2018)

The University of Lincoln's project meets the key requirements for successful digital support in a number of ways. Offering digital content which is available to the entire student population aims to increase the normalcy of using digital tools to enhance mental wellbeing, potentially increasing the wellbeing of the general student population not just those with a diagnosable mental health condition. The availability of digital content to the entire student population aims to reduce stigma through the avoidance of targeting specific students or groups of students to receive support, with the awareness that peers are also accessing and using digital content increasing the willingness of students to talk about their mental wellbeing:

'It's an important discussion...to spread awareness.'

'Hearing that people do have the same problems and challenges makes it easier for us.'

'...all students experience similar things from settling in and that you shouldn't be afraid to talk about it.'

'(I learnt) to not be scared to make friends because everyone's going through the same thing.'

The Student Life app, a key project output which is available to all students free of charge, is non-clinical in design and is constructed in such a way as to encourage daily interaction with its content to manage wellbeing as the user is very much in control of how they use the content. Daily exercises are designed to encourage a positive mind-set, and specific 'packs' are available for students to access support with a range of issues. This approach has proved to be highly successful, with active user rates at Lincoln double those at other universities using a comparative app. Students are also engaging on average with thirteen different elements of the app a day, demonstrating that they are exploring the whole package available. In focus groups, respondents were very positive about using the app as a means to both connect and access support:

'I definitely think the app format is great! I would be much more likely to use it personally.'

'...where has this been!'

'I particularly like the challenges section of the app; I feel like this could help more people feel involved with other students.'

The ability of students to choose and control how they use digital tools, as well as having a role in influencing their design is important in encouraging self-efficacy which can be vital for both prevention and recovery. Students at Lincoln are heavily involved in the design of digital resources and interventions, with Student Content Creators recruited from the entire student population to create vox-pop videos, vlogs and video diaries for distribution on the university's social media channels. Student cohorts have also been involved throughout the project in feeding back on the effectiveness of all interventions.

Conclusions

The transitional period, as students start university, can be key in building emotional fitness, fostering resilience and establishing good self-help habits in students. The transitional period can also present challenges which have a negative impact on student mental health, with the provision of support for these challenges being vital in ensuring a successful transitional period and providing the building blocks for a good overall university experience. There is, therefore, a great deal of emphasis on preparedness for university and early intervention, or better still prevention, to avoid mental health issues in students escalating.

Through early intervention, both pre-entry and at the point of entry, the University of Lincoln project aims to empower students to support their own wellbeing and that of their peers, ultimately reducing the numbers of students who experience mental health crises. Current research also highlights the need for mental health programmes within modern HEI settings to be student-led, student-focused and accessible to all as far as possible. The student co-production model, a key component of the project, offers students opportunities to design, lead and evaluate the initiatives to support them, in turn increasing ownership and reducing helplessness. In addition, to normalise self-care for mental health the University of Lincoln project also aims to embed support, both digital and face-to-face, in the curriculum, ensuring the tools to self-manage are made available to the entire student population.

Promoting emotional development as a natural part of the university experience and embedding coping strategies which will be effective for those students suffering with mild to moderate mental health issues, and those who are experiencing temporary dips in mental wellbeing, fosters good habits which can aid in a lifelong ability to cope with change. Harnessing this ability is particularly pertinent now in the wake of the global pandemic, and the skills that students have acquired through the project will help them manage change, foster resilience and self-manage their emotions throughout the transitional period, throughout university and potentially post university during students' next transition into employment or further study.

Author biography

Cate Neal is a Project Manager based at the Lincoln Higher Education Institute at The University of Lincoln. Previously a Senior Research Officer at the University, Cate now manages the OfS funded project '*Transitioning Students Effectively: A student led approach to mental health support*'. Cate specialises in team building, multi-disciplinary research and impact evaluation as well as engaging stakeholders across different HEIs and the public and private sectors. As the University of Lincoln project is coming to an end, Cate is due to take up a new post shortly developing the staff wellbeing strategy for the North Lincolnshire and Goole NHS Trust.

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