

**UNDERSTANDING MENTAL HEALTH, EDUCATIONAL RISK AND RESILIENCE  
FOR VULNERABLE FIRST-YEAR STUDENTS DURING THE COVID-19  
PANDEMIC: A UK-BASED, LONGITUDINAL QUALITATIVE STUDY**

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Submitted in accordance with the requirements for the degree of PhD

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## INTELLECTUAL PROPERTY AND PUBLICATION STATEMENTS

I confirm that the work submitted is my own, except where work which has formed part of jointly authored publications has been included. My contribution and the other authors to this work has been explicitly indicated below. I confirm that appropriate credit has been given within the thesis where reference has been made to the work of others.

The publications which have been used is cited here:

Horner, C. R., Hugh-Jones, S., Sutherland, E., Brennan, C., & Sadler-Smith, C. (2022). “This doesn’t feel like living”: How the COVID-19 Pandemic Affected the Mental Health of Vulnerable University Students in the United Kingdom. *European Journal of Mental Health, 17*(2), 52-64.

Chapters 2, 4, and 6 include information incorporated into work from jointly authored publications. The work within the publications attributable directly to myself includes all written work, including initial drafts and re-drafts, all data collection, and all aspects of analysis. Dr Siobhan Hugh-Jones acted as primary supervisor, assisting in the redrafting and refining process of the article. Drs Cathy Brennan and Ed Sutherland acted as secondary supervisors, adding additional feedback. Charlotte Saddler-Smith was an independent assistant who worked with me to code interviews and explore emerging themes.

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## ABSTRACT

*Background:* Whilst the impact of the covid-19 pandemic on adolescent mental health has been examined, less is known about the longitudinal impacts on university students. The novelty of this work was that it examined intersecting vulnerabilities (being a first-year student, on low income, with experience of poor mental health) rather than treating ‘students’ as a homogenous group.

*Aims:* To explore the experiences of vulnerable UK university students during the pandemic. It highlighted three key aspects: how multiple vulnerabilities impacted students; how vulnerabilities and the pandemic impacted learning; how those experiences could help support vulnerable students.

*Participants:* 20 participants were recruited. Eligibility criteria included: (1) be a first-year student at a UK university; (2) self-report as having prior experience of poor mental health; (3) be entitled to the full UK student maintenance loan.

*Methods:* A mixed-methods, longitudinal design was deployed. Semi-structured interviews were conducted at three time points over one year, supported by prior completion of diaries. Interview data were subjected to interpretative phenomenological analysis. At each time point, participants also completed a measure of mental health (GP-CORE). The study had ethical approval from the University of Leeds, Faculty of Medicine and Health Ethics Committee.

*Results:* Key findings included: (1) how income inequality shaped the experience, and what that meant for those with prior experience of poor mental health; (2) how the liminality of young adulthood and attending university impacted mental health and learning; (3) the damaging mental health legacy of the pandemic; (4) the intersection of mental health and new ways of learning.

*Conclusions:* This study identified how vulnerabilities intersect and interact with challenging circumstances to bring new dimensions to existing pandemic literature. Recommendations were made to support vulnerable students by improving visibility of, and access to, mental health services.

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## ABBREVIATIONS

APA: American Psychological Association

BPS: British Psychological Society

CAMHS: Child and Adolescent Mental Health Service

CBT: Cognitive Behavioural Therapy

CH: Primary researcher

CSS: Secondary analyst

CV-19: Covid-19

DSA: Disabled Students Allowance

DSM: Diagnostic and Statistical Manual of Mental Disorders

EU: European Union

EJS: Independent supervisor

F: Female

GHQ: General Health Questionnaire

GP-CORE: General population – Clinical Outcomes in Routine Evaluation

HESA: Higher Education Statistics Agency

IPA: Interpretative Phenomenological Analysis

IUM: Intolerance of Uncertainty Model

LQR: Longitudinal Qualitative Research

M: Male

MHA: Mental Health Advisor

MHM: Mental Health Mentors

NHS: National Health Service

NIHR: National Institute for Health and Care Research

ONS: Office of National Statistics

PhD: Doctor of Philosophy

POLAR: The participation of local areas

SES: Socioeconomic status

SFE: Student Finance England

SHJ: Experienced qualitative analyst

SPIs: Specific Interventions

T1: Time Point One

T2: Time Point Two

T3: Time Point Three

UCAS: Universities and Colleges Admissions Service

UK: United Kingdom

UKRI: UK Research and Innovation

US: United States

WHO: World Health Organisation

[...]: Omitted words

[ ]: Primary researcher's words used to either clarify meaning to participants' words, or use alternative words to preserve anonymity

## CHAPTER 1: INTRODUCTION

### 1.1 BACKGROUND

The covid (CV-19) pandemic was accompanied by an increase in mental health stressors among the global university student population (Copeland, et al., 2021). This period of crisis has received significant academic attention and a multitude of empirical studies have been conducted into the impact of the pandemic on young adults' mental health (Abdullah et al., 2022; Burns, Dagnall & Holt, 2020; Tice et al., 2021). These studies have consistently found that the mental health burden experienced by students has increased during, and since, the pandemic and its lockdown measures. Despite this, there remains a notable gap in literature surrounding the impact that the pandemic has had on the lived experiences of vulnerable student groups over time, namely those entering their first year of university, from low-income backgrounds, and with prior experience of poor mental health. The thesis classified vulnerability according to these three categories, and made the assumption that these factors do render students vulnerable, for reasons that are explained later. Although the term 'vulnerable' was used throughout the thesis, this work was also open to learning if the students were indeed vulnerable, according to their experiences. This thesis addressed the aims below by utilising a longitudinal, mixed-methods approach to explore the experiences of vulnerable university students during the pandemic and the academic year of 2020-2021.

### 1.2 STUDY AIMS

The study aim was to generate new knowledge about the impact of the pandemic on students in the UK and addressed three main research questions:

1. How did the two vulnerabilities of low-income and a recent, self-reported experience of poor mental health individually and dynamically influence the experience of first year students during the pandemic in the UK?



2. How did these vulnerabilities, and the experience of the pandemic, impact student engagement and learning in their first year?
3. What can be learned by these experiences within the context of a pandemic to better support vulnerable students generally?

Overall, the outcomes aimed to inform understanding of:

1. The way past mental health affects present mental health in ‘adverse circumstances’.
2. The intersection between low-income backgrounds and student mental health experiences.
3. How these affect student learning and engagement.
4. How students responded to the changes in university provision and lockdown restrictions.
5. How institutions might mitigate and implement measures to better support vulnerable students going forwards.

### **1.3 CHAPTER OVERVIEW**

Chapter 2 presents a first, focused literature review around topics pertinent to this study, namely the impact of the pandemic on vulnerable university student mental health. This chapter sets out the context for the present study and explores the population under study.

Chapter 3 comprises the second literature review, which centres on theory and models of mental health. Particular focus is on theory about the origins of depression and anxiety, as well as the way past experiences of poor mental health may affect future mental health. This chapter concludes with a description and justification of the research questions.

Chapter 4 details the procedure undertaken and rationale for the study methodology.

Particular attention is paid to the longitudinal, mixed-methods approach, including the quantitative (General population – Clinical Outcomes in Routine Evaluation, GP-CORE

survey) and qualitative (interview/diary methods) methods selected. The form of analysis (Interpretative Phenomenological Analysis, IPA) is also discussed in detail.

Chapter 5 details the findings from the quantitative data and a brief examination of learning from the supplementary qualitative methods; diary entries and safety plans.

The next three chapters focus on in-depth analysis of the longitudinal interviews according to the time period in which they were conducted: Chapter 6: time point one (T1, December, 2020), Chapter 7: time point two (T2, March, 2021), and Chapter 8: time point three (T3, June, 2021).

Chapter 9 offers a discussion and evaluation of the present study. Analyses and results are explored in greater detail in relation to key psychological concepts and recommendations are made with regards to future research and policy. Finally, the strengths and limitations of the study are discussed.

Researcher reflexivity is a key feature of qualitative work, and Figure 1 is the first of several points of reflexivity throughout this thesis, detailing the researcher's thoughts on completion of the present study and written work.

## Figure 1

*A reflexive box exploring the researcher's overall experience completing the thesis*

This will be the first of several reflexive boxes throughout this thesis wherein I will detail my thoughts on the process of completing the study at several stages. Reflexivity is particularly important in qualitative research; if a researcher can clearly describe the contextual intersecting relationships between the participants, the study process, and themselves, it can increase the creditability of findings and deepens understanding of the work (Dodgson, 2019).

I start by reflecting back on when I first began my PhD journey as a first-year during the pandemic – mimicking the situation that my participants would be experiencing. I, like them, was starting a new chapter in my life whilst under the umbrella of lockdown and all the restrictions that accompanied it. My university environment was completely changed from on-campus to remote learning, and I – again like my participants – sometimes struggled with that distance. It felt at times that I wasn't really doing a PhD; I had expectations of going into libraries and cafes on-site, meeting my peers, completing my work in the presence of so many other likeminded people, but none of that came to be. It was disheartening sometimes, but I feel that feelings the way that I did enabled me to empathise with participants all the more. I understood what they meant when they talked about the sense of isolation and lack of connectedness, and my own experience absolutely shaped the way I conducted my work going forwards. I drew from my own thoughts and feelings as inspiration for some topics that I spoke to participants about, anticipating that I wasn't the only one thinking and feeling those things, and ultimately I think it put me in a better position to speak on a personal level with participants.

## **CHAPTER 2: LITERATURE REVIEW – THE CONTEXT OF VULNERABLE STUDENTS’ MENTAL HEALTH**

This chapter details research literature about university students’ mental health, beginning with a context overview of student mental health pre-pandemic. Specific risk factors will be explored using three categories: risk factors unique to young people, risk factors exacerbated by attending university, and risk factors generated by attending university. This pre-pandemic section will close with a discussion on how universities attempted to mitigate risk posed by the pandemic.

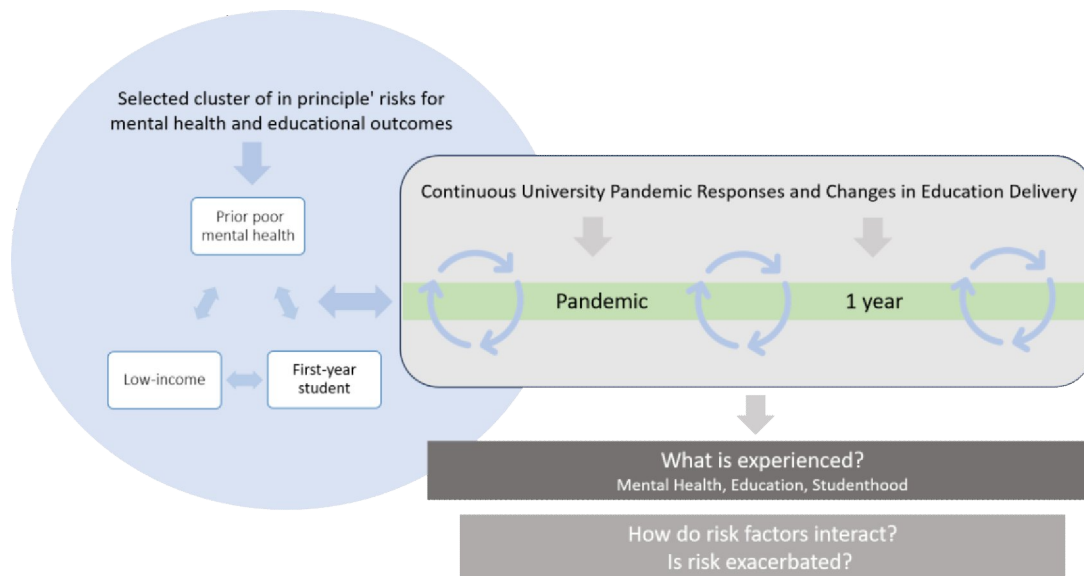
Following this will be a study on student mental health during and post-pandemic. It will begin by exploring the impact that the pandemic had on mental health in several sections: impacts prior to university, during university, financial impacts, and positive impacts.

Next is a more focused exploration of the changes made to university provision as a result of the pandemic, specifically educational, support, and infrastructure changes – and how these relate to student mental health.

The fundamental purpose of this review is to highlight the chosen population and topic for study, including important contextual elements of mental health pertinent to the population, as well as gaps in knowledge that this doctoral work addressed. See Figure 2 below for a visual description on areas of focus, including the intersecting domains of interest are past mental health, income and how higher education evolved over the pandemic.

Figure 2

*Visual highlighting conceptualisation of how issues and contexts may be interacting*



## 2.1 STUDENT MENTAL HEALTH PRE-PANDEMIC

Thorley (2017) highlighted the recent growing disclosure of student mental health difficulties in the UK; in 2015-2016, over 15,000 first-year university students self-reported as having a mental health problem, compared to approximately 3,000 in 2006. This increase in disclosure was reflected by 94% of higher education institutions reporting an increase in demand for counselling and wellbeing services (Thorley, 2017). Despite the surge in help-seeking behaviour, however, there was evidence to suggest that many more students did not come forward to seek support, suggesting that the true number of students living with poor mental health could have been much higher (Hunt & Eisenberg, 2010).

Many reasons were proposed, pre-pandemic, to account for this landscape of student mental health. The following sections will explore risk factors associated with both population and context, detailing the overall state of university student mental health that was the backdrop for the present study.

### 2.1.1 Risk Factors for Young People

This section will explore risk factors for young people that would likely play out similarly regardless of context. For example, having past experience of mental health difficulties or childhood adversity. These factors are important to consider as they add additional depth to the individual's mental health experience, and can be explored within the university context to determine any interaction between the risk and university.

As highlighted above, a key mental health risk factor highlighted by Sheldon et al. (2021) and Campbell et al. (2022) was a student's prior experience of poor mental health. According to multivariable logistic regression analysis by Honney et al. (2010), students with personal experiences of mental illness appeared to have a significantly greater risk ( $p < 0.001$ ) of developing depressive symptoms whilst attending university. When an individual experiences such depression or period of poor mental health, their cognitive processes have the potential to become biased and ultimately add to their symptoms. These biases can include oversensitivity to threat, threat anticipation, and tendency to perceive others as threatening (Prochwicz, Kłosowska & Dembińska, 2020). These processes can act to increase stress which has, in turn, been associated with increased reporting of poor mental health among university students (Wyatt & Oswalt, 2013).

In addition, Enns et al. (2017) argued that students with prior experience of poor mental health never had the opportunity to learn how to manage the additional stress of attending university; time that could have been spent developing academic coping strategies was necessarily redirected to overcoming symptoms, and the nature of poor mental health can make it difficult for students to be productive. This, in turn, could lead to the use of more maladaptive coping strategies that are ultimately unhelpful in terms of improving academic outcomes at university (Vizoso, Rodríguez & Arias-Gundín, 2018).

Another risk factor for young people is that of childhood adversity, which plays a critical role in shaping the distribution of mental disorders as an individual progresses through life. Such adversity can include exposure to trauma, deprivation, or social disadvantage. Studies have shown that approximately half of all children globally have been exposed to at least one such form of adversity (McLaughlin et al., 2012). Additionally, those adverse childhood experiences were strongly associated with the onset, persistence, and severity of mental health disorders (Sachs-Ericsson et al., 2016). Statistics highlighted that children with the highest levels of adversity exposure were more than four times as likely to develop a mental disorder by the time they reach adulthood than those who have not experienced adversity (Copeland et al., 2021). These childhood adversities, therefore, were associated not only with risk for mental disorders in childhood, but conferred a lasting vulnerability to psychological distress that persists into adulthood.

### **2.1.2 Risk Factors Exacerbated by a University Context**

The following risk factors that the university context were likely to contribute to or exacerbate in some way, were also particularly pertinent in the university context where risk and context interact in ways that make their risk significantly higher within the university environment. For example, loneliness was highlighted as a known risk factor and for some, the university environment was a lonely place as much of previously established social and family support can be lost- this can then become a double whammy for some students.

A meta-analysis of the university context and associated risk factors to student mental health by Sheldon et al. (2021) highlighted that the overarching environment of university institutions was unique in many critical ways that could influence the mental health of students. Specific risk factors exacerbated by the university environment included presenting with a current mental health problem, negative rumination, childhood adversity, loneliness,

baseline mental health problems and financial difficulties. These findings were corroborated by a systematic review of observational studies that measured factors associated with poor mental health of UK university students by Campbell et al. (2022). In total, 31 UK-based studies were investigated, and factors that were most strongly and consistently associated with poor mental health highlighted. These included past experience of mental health problems and/or trauma, coming from a disadvantaged background, loneliness, and negative coping strategies – factors that were highlighted in the previous study.

Guided by these synthesis studies, the role of loneliness at university was explored in greater detail. University can often be the first period in a young person's life when they step away from the family home, resulting in a need to make new friends and establish a fresh sense of community (Samuolis et al., 2017). The protective nature of social bonds has been widely reported as being important to mental health (O'Connor & Nock, 2014; Macrynika, Miranda & Soffer, 2018) in that intimate friendship groups can safeguard potentially vulnerable individuals from experiencing mental health difficulties. However, when these social needs are not met, the resulting sense of loneliness and isolation can have potentially damaging consequences for student mental health. Richardson, Elliott, and Roberts, (2017) surveyed 454 British undergraduate students across four time points using measures to assess loneliness and mental health. Results showed that, even after controlling for demographics and baseline mental health, greater loneliness in university students predicted increases in anxiety, stress, and depression.

### **2.1.3 Risk Factors Created by University Context**

Next to be discussed are risks that are created entirely by the university context, for example student debt and pressures to succeed academically. It could be argued that one central purpose of university is to prepare students for life beyond education, readying young people



for the real world. Sandstrom and Dunn, (2014) explored the sense of community afforded by universities and reported that, while such environments can offer some protective benefits to student mental health as they are surrounded by like-minded peers, the lack of exposure to alternative perspectives and the insular nature of campus life often leaves students ill-equipped to emerge into the world as fully-fledged adults. This can, in turn, lead young people feeling vulnerable and isolated – both of which are factors associated with reduced mental wellbeing (Joiner, 2007). This represented a double-edged outcome when weighing positives against negatives.

The financial burden of student debt was another significant risk factor highlighted by meta-analysis and reviews (Sheldon et al., 2021; Campbell et al., 2022). In addition to daily living costs, a substantial amount of long-term debt is incurred by tuition loans. Regarding the latter, the amount of debt is usually a direct result of the socioeconomic status of the student's family (Benner, Boyle & Sadler, 2016). This disparity created a considerable burden on students who must balance academic success with making ends meet.

The high cost of attending university has led to some believing that universities have increasingly shifting to a financial-centric approach, rather than one focused on learning and education. Shifting expectations of institutions mean that universities can be less inclined towards learning for the enjoyment and satisfaction of doing so. They are, instead, often viewed as businesses created for the purpose of making money (Khan, 2016). The focus remains on ensuring a degree is 'value for money' which is equated with higher earnings post degree – this places the intellectual development and growth of students secondary when compared to readiness for employment. This monetary focus leaves many students feeling disillusioned as they question the true value of their education, and as investigated by Wey (2015) this shift of perspective can trigger periods of self-doubts in the student population which manifests in increasing rates of depression and anxiety.

This leads into the risk factor that is the pressure to maintain academic excellence, which can trigger an enormously powerful fear of failure. Both external competition between peers and internal pressures towards perfection have been shown to contribute towards increasing rates of poor mental health, as studied by Levine, Milyavskaya, and Zuroff (2020). First-year university students were found to experience a downward-spiral of self-critical perfectionism which led to depressive episodes. Conversely, students higher in realistic self-confidence and resilience were better able to manage their expectations, and subsequently experienced fewer depressive symptoms.

#### **2.1.4 How Universities Responded**

Mental ill health has remained a longstanding concern for UK universities, and in the years before CV-19 many practical steps were taken by institutions, both to help maintain student wellbeing and to provide support when it is needed. While onsite counselling and wellbeing support have been long-term features of UK campus support services, concerns were raised about the long waiting times students experienced before being able to attend any formal appointments (Broglia, Millings & Barkham, 2018). As a result, additional external campaigns were funded to help with rising rates of poor student mental health. For example, the Universities UK 'step change' framework for mental health in higher education aimed to promote a whole-university approach to ensure that the mental wellbeing of students was consistent across all aspects of university life and embedded in policy, culture, and practice (Universities UK, 2020).

Universities also began to link more regularly with the National Health Service (NHS) to better integrate campus support with primary care (Quinn et al., 2009). This hoped to shorten waiting times when students were in need of professional services and simplify the process of applying for that support. Some universities also created wellbeing apps and volunteer

services (for example, Nightline) specifically for students to access help at all hours of the day or night. These options were more affordable owing to the use of volunteers to run those services, with a ‘for students, by students’ mentality driving much of this avenue of support development (Munn, 2017).

## **2.2 STUDENT MENTAL HEALTH DURING AND POST-PANDEMIC**

The following sections will explore the ways that university student mental health was impacted by the pandemic, both during and after periods of national lockdown and other safety measures. These will be discussed in terms of how they were experienced both prior to, and while attending university. Other impacts, including financial and positive ones, will be explored, followed by a discussion on how universities responded to the pandemic and how those responses relate to student mental health.

### **2.2.1 The Pandemic impact on Student Mental Health**

The CV-19 pandemic created arguably the largest disruption of education systems in recent history; it impacted nearly 1.6 billion learners across more than 200 countries (Hoelting, 2022), with closures of educational institutions having affected more than 94% of the world’s student population (Pokhrel & Chhetri, 2021). During the span of the pandemic, many researchers shared their studies on different forms of teaching and learning as many colleges and universities either discontinued or limited face-to-face learning. As a result of so much disrupted learning, there were fears that the 2020 cohort of students could be lost, with the potential for further impacts in the coming years as the impact of the shift towards remote learning develops. This highlights a need to research the ways such new learning methods have been experienced by students to help innovate and successfully implement alternative learning systems in the future. As part of the context setting of this doctoral work, a rapid, literature review was undertaken to explore how the initial institution response to CV-19

impacted student mental health. Key search terms used included covid-specific terms: ‘covid’, ‘cv-19’, ‘corona virus’, ‘pandemic’; population terms: ‘university students’, ‘higher education students’, ‘college students’, ‘undergraduate students’; and mental health terms: ‘mental health’, ‘mental wellbeing’, ‘mental health symptoms’. The years for inclusion were 2020 to 2023 in order to include the full breadth of the pandemic and up-to-date pieces of research.

The section below synthesises key findings from that literature. Firstly, learning pedagogy will be discussed as education provision changed drastically as a result of the pandemic. Such changing attitudes and methods towards learning intersect with mental health, where factors such as remote learning and reduced contact hours can exacerbate risks associated with loneliness and isolation.

Online learning platforms played a crucial role during the pandemic as they helped universities to continue operations during periods of campus closure and population-wide lockdown (Bahasoan et al., 2020). While adapting to the new changes, student responses needed to be explored and supported accordingly, with ongoing research being a key source of information to better inform those decisions. There can be no onsize-fits-all pedagogy for online learning as different subjects and individuals inevitably have different needs that require varying approaches to online study (Hollweck & Doucet 2020). By focusing on particularly vulnerable subsets of the student population, their specific needs can be highlighted and better supported.

Being a student in financial hardship and/or with prior or existing mental health difficulties constituted a double-whammy of vulnerability during the pandemic (Liu et al., 2020).

Research continues to emerge on how this cohort of vulnerable young people have experienced the pandemic, and how their prior or existing mental health difficulties, financial

context and changes to university provision intersected during this time. Tertiary students in the UK have been, and continue to be at the time of writing, in an unforeseen, turbulent, and constantly changing educational and social landscape, and there are global concerns about the impact of this on student mental health (Grubic, Badovinac, & Johri, 2020). The literature review undertaken shows how, throughout the pandemic, students were facing an increasingly uncertain future, where financial and health crises such as a lack of resources to complete their studies or fear of becoming seriously ill, along with the transition to online learning, may have affected their academic performance, social relationships, educational and employment plans, and expectations about the future. All these potential stressors could equate to a strain on each student's mental resilience and could result in reduced mental wellbeing.

When considering such pandemic literature, it was important to exercise some caution as almost none had pre-pandemic data from which to compare results, and study limitations such as relatively small sample sizes or narrow generalisability were acknowledged. Recent work by Paton et al (2023) highlighted and addressed these issues as their analysis showed a more nuanced picture that indicated how certain sub-sets of students' wellbeing deteriorated during covid – namely those reporting a disability or previous mental health diagnosis; this helped avoid the assumption that all students were the same.

Emerging statistics on the impact of CV-19 on mental health have indicated a trend towards poorer mental health. Pierce et al., (2020) performed a longitudinal probability sample survey in the UK, using the 12-item General Health Questionnaire (GHQ-12) to assess mental health prior to and during the pandemic. 17 452 responses were included for analysis. The prevalence of clinically significant mental health problems rose from 18.9% (N=3298) in 2018–19, to 27.3% (N=4764) in April 2020, one month into UK lockdown. More significantly in terms of the university student population, when comparing GHQ-12 scores

within individuals, increases in scores (indicative of poorer mental health) were greatest in 18–24-year-olds; the typical age group for those beginning university.

Fear, anxiety, and uncertainty were highlighted as symptomatic of a student population that faced unique challenges during the pandemic; Cohen, Hoyt, and Dull (2020) asked US university students (N=725, age 18-22) to describe their overall experience of the CV-19, with more than one-third of the sample agreeing (9.8%, 95% CI: 7.8%-12.2%) or somewhat agreeing (29.2%, 95% CI: 26.1%-32.7%) with the statement, “I am so anxious about COVID-19 that I can’t pay attention to anything else.”. This highlights the extent to which CV-19 occupied students’ thoughts at the time.

#### *2.2.1.1 Prior to University*

The impact of the pandemic could be felt even before students officially started their university education. Uncertainty and miscommunication surrounded the admissions process as the Department of Education struggled to react to the spreading virus (Watermeyer et al., 2021). The potential for deferred entry was also not a universal one, and this lack of a clear consensus added another layer of anxiety as students had additional circumstances to take into consideration when planning their choice of university; for example a student who needed to defer might have been prevented from doing so at their first choice, necessitating a change of direction and potentially missing out on their preferred university.

To further compound this uncertainty, potential university students were made to contend with doubt regarding altered grades and changing place offers (Universities UK, 2020). The government utilised an algorithm in conjunction with traditional teacher-based grading in an attempt to mitigate the impact of CV-19 on student exam performance. While sound in principle, in practice the large proportion (40%) of A-level grades downgraded by this algorithm tended to favour privately educated students in more advantaged areas (Adams,

Weale & Barr, 2020), which called into question issues of inequality across different areas of the country. The government would eventually make a u-turn over the use of algorithm-assisted grading, but by then a new cohort of university students had already experienced much increased stress and anxiety over A-level grades that were potentially unfair.

#### *2.2.1.2 Attending University*

The challenges and fundamental changes to university living has had a profound impact on student mental wellbeing during the period of the pandemic and beyond; studies showed increased anxiety over the prospect of extended virtual study (Fawaz & Samaha, 2021), and loss of sleep and depressive symptoms at the experience of university under lockdown (Marelli et al., 2020). These are vital as they represent key mental health outcomes attributable to the pandemic.

The shift to online learning was perhaps the most significant change that students experienced during lockdown. As some struggled to learn remotely, they feared the academic consequences of this change and experienced increased anxiety over anticipation of poor results (Wang et al., 2020). Additionally, the necessity for a strong internet connection was a concern for some university students from a lower income background who did not have reliable access to such facilities (Patel et al., 2020).

Additionally, the differences between online, hybrid, and blended learning were difficult to define for many students – with some institutions using multiple approaches simultaneously depending on the course in question (Lassoued, Alhendawi & Bashitialshaaer, 2020). A lack of an induction period of adjustment left students with no other option but to adapt quickly or fall behind, and for many they did not feel adequately supported enough to flourish in such an environment (Marler et al., 2021). Lecturers also possibly required additional training in order to orient themselves via this new platforms towards their students, as many were placed

outside their comfort zone in the new learning environment (Strielkowski, 2020). Pedagogy for face-to-face learning was arguably not suitable nor feasible for an online format owing to the addition of technological barriers and the fundamental shift in how lessons were delivered and how learning happened (Greenhow, Graham & Koehler, 2022). An adjustment period was needed for both the learner and the provider, which created an uncertain learning environment as both sides tried to adjust to what was quickly becoming a new normal in education (Hollweck & Doucet, 2020). This led to a key issue that potential anxiety could be triggered as a consequence of rapidly implemented and poorly supported teaching methods.

In terms of the financial aspect of university, many students have stated in interview studies (Lybeck, 2020; Coughlan, 2020) that they felt let down and ignored by higher university bodies who, in their view, placed profits before students. The high cost of a university degree did not appear to be good value when so much material was delivered online, sometimes pre-recorded, and so many facilities were unusable. Many students believed that they were paying more for less, and that institutions were not taking into account the reduced student experience when considering course fees, which in turn made them feel anxious that they would not be able to use their degrees to their full potential upon graduation – linking closely to the fear of failure mentioned previously (Coughlan, 2020). For those students who come from a less privileged background or who were the first in their family to attend higher education, this sense of financial injustice was especially pronounced (Trueblood et al., 2020). Similarly, in cases where access to disability services were reduced owing to facility closures, students with such issues as pre-existing mental health problems felt especially impacted as they were unable to readily access the support they needed to succeed (Chen & Lucock, 2022).

While necessary for the physical safety of staff and students, interventions towards safety that necessitated isolation amongst the student population had potential to further increase the



sense of loneliness for some students as social interaction was greatly reduced. A study by Evans et al. (2021) explored the impact of lockdown measures on university student mental health and wellbeing, using self-report data of 254 UK-based undergraduates at two-time points: 2019 (pre-pandemic) and 2020 (under lockdown conditions). Longitudinal analyses revealed a significant increase in depression symptoms ( $p < .001$ ) and a reduction in wellbeing ( $p < .001$ ) at lockdown, with reasons including students losing the ability to form vital friendships groups and relationships with staff members, and the increased sense of isolation at being unable to leave their residence.

Long periods of seclusion without break or means of communication with friends was reported to place great strain on the mental wellbeing of university students (Hamza et al., 2021), particularly in cases where the individual suffers with a pre-existing mental health condition such as depression or anxiety (Bland et al., 2021). For these students, depressive symptoms could increase as distractions and coping mechanisms were limited by their inability to leave the home, which could, in turn, lead to a sense of helplessness that further compounded their depression. Ganesan et al. (2021) studied the impact of lockdown-induced isolation on student mental health, finding that the increase in isolation had the potential to create a self-perpetuating cycle of depression where many students were unable to bring themselves out of the distressing spiral owing to circumstances beyond their control. Additional isolation-induced factors found to contribute were uncertainty, boredom, and fear of infection.

Those who have experienced poor mental health pre-pandemic were found to be more likely to experience negative psychological and physical health impacts during the pandemic (Daly, Sutin & Robinson, 2020), with young people of university age highlighted as particularly vulnerable. In a UK survey of 3077 members of the public during the first 6 weeks of the UK lockdown, young adults (aged 18-29) and people with pre-existing mental health problems,

experienced the greatest increase in depression, anxiety and feelings of loneliness (O'Connor et al., 2020). Furthermore, a worldwide survey of students reported that 83% of 2011 participants, aged 15-25, felt that the pandemic had worsened their pre-existing mental health conditions. Reasons cited include university closures, lack of routine, and lack of social interaction (YoungMinds, 2020).

Even with the efforts made to limit in-person contact and risk of infection, the very nature of university living often meant students were living in close proximity to one another, often in densely populated halls of residence with limited ability for effective social distancing and cleaning, leading to ideal conditions for disease transmission (Ahmed et al., 2020). A meta-analysis investigating the fear of covid in university students (Wang et al., 2022) covered a total of 16 studies with a sample size of 11,872. Results highlighted that the relatively close proximity of university accommodation significantly contributed to student anxiety via fear of contracting the virus and lack of sufficient knowledge of infection control. The analysis indicated that students did not feel that they had either the means or information to properly protect themselves, which was a contributor to poor mental health.

### *2.2.1.3 Financial Impacts*

In the UK, student fees are approximately £9250 per year, with government subsidised loans being available on a sliding scale according to household income. However, these loans are typically inadequate to cover most student living expenses (National Union of Students, 2021). Economic concerns quickly converged with psychological and health risks for students during the pandemic as most students found part-time work in industries where infection risk and associated anxiety were high, such as hospitality, retail, warehouses (Trueblood et al., 2020). This was significant as those students from lower income

backgrounds often had no choice but to work through the pandemic, increasing health anxiety through exposure to potential infection (Browning et al., 2021).

This conflict between economic stability and health safety led to issues highlighted by Cohen, Hoyt and Dull's (2020) study of the CV-19 experience of university students. They reported that students receiving financial aid were more concerned about CV-19's economic and emotional impacts than those who did not receive aid. This was due to concerns about limited finance to equip oneself to study from home, for example laptops, printers, and cameras. This unemployment risk was a significant one, as research by Watson (2020) showed that the majority of students employed in February 2020 were no longer employed by April, and among those still employed, most had seen their wages reduced.

This wealth inequality had a significant impact on university student mental health and learning. Studies found that students from lower-income backgrounds experienced greater stress, anxiety, and depression than their peers from higher-income backgrounds (Rudenstine et al., 2021). This was attributed to feelings of shame, stigma or inferiority due to their economic situation, and often led to lower self-esteem, poorer academic performance, and increased difficulty in forming meaningful relationships with peers (Mofatteh, 2021).

Furthermore, studies showed that students from lower-income backgrounds may not have had access to the same resources and support as their higher-income peers during the pandemic and beyond (Dolton, 2020). This could have included academic support such as private tutoring, or mental health support in private therapy. These resources represented important coping or support mechanisms throughout the pandemic, and lacking the resources – through no fault of their own – often meant that some students felt left behind or worse-off when compared to their peers (Fluharty & Fancourt, 2021). Work by Holt-White and Montacute (2020) explored the impact of CV-19 on student social mobility in terms of university

experiences and access to financial support through a series of surveys across the UK student population. Results indicated that applicants from working class backgrounds were twice as likely to have insufficient access to internet access, devices for learning or a suitable place to study, compared to those from middle class homes, with 30% of students reporting that they were less able to afford study because of the pandemic and 34% stating that they have lost a job or had reduced hours.

#### *2.2.1.4 Positive Impacts*

Despite this range of negative experiences and impacts of the pandemic on students, there were some positive outcomes as a result of the CV-19 pandemic. In some cases, as reported by *Guardian* writer Jenkins (2020) students living in shared housing reported feeling a heightened sense of camaraderie with their housemates; a sense of togetherness growing where a group of people were confronted with hardship and had to endure as a household unit. While these were anecdotal, the thought of camaraderie being enhanced by shared hardships does have empirical backing, as seen in a study by Santosa et al. (2020) who explored heightened camaraderie in response to CV-19 in healthcare workers.

Additionally, while the shift towards online learning was fraught with challenges, it could have broadened horizons for students living with disability who might not otherwise experience the full breadth of university education. Physical or mental disability may not be as large a barrier as it used to be as technology continues to advance and lectures can be attended from the comfort of home.

### **2.2.2 How Universities Responded**

During UK lockdowns, educational institutions, including universities, were required to ‘close their doors’ and to find alternative ways to deliver education and support students online. Although many schools re-opened when lockdowns were lifted, many UK universities

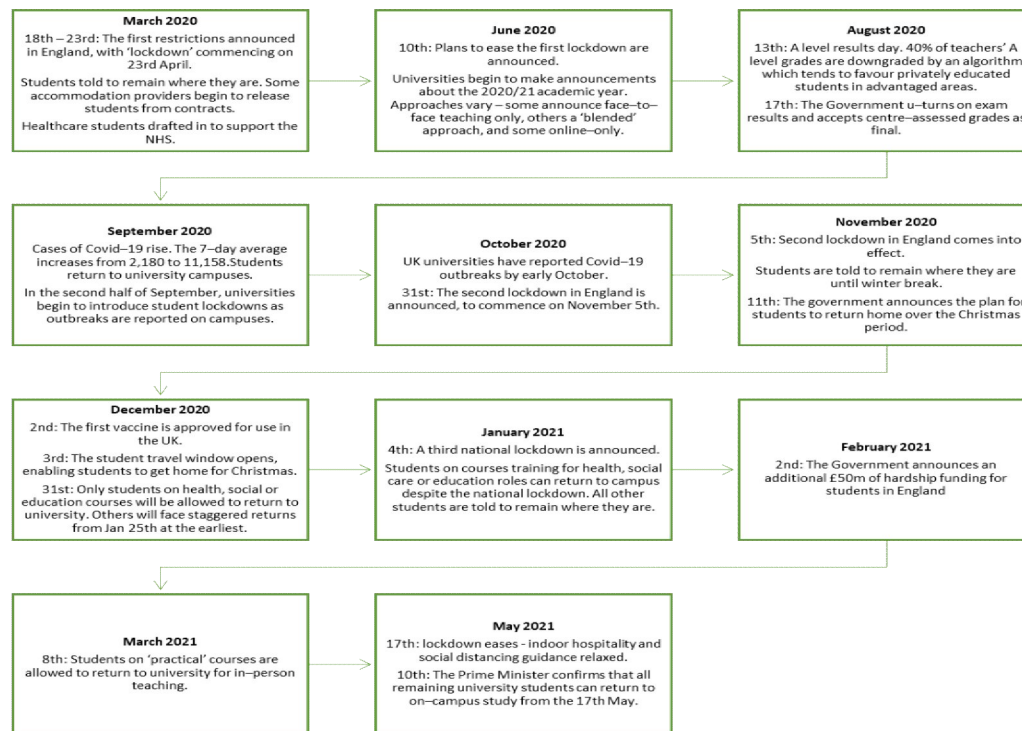
did not permit students back to campus and continued to deliver degrees remotely.

Anticipation of future pandemic waves was partly driving this, along with inadequate teaching spaces to permit social distancing in classes (Burns, Dagnall & Holt, 2020). Whilst some universities re-opened their campuses for the 2021-22 academic year in October 2021, the majority adopted a hybrid approach with lectures online and small group teaching in person, with masks and social distancing.

In 2020 through to late 2021, many UK universities were preparing for another full closure of campus in the spring of 2022 due to the emergence of another virus variation (Omicron) in a situation that is still developing throughout 2023. Figure 3 shows a timeline of events during key stages of the pandemic, with sources from UK Student Mind (Frampton & Smithies, 2021).

Geographical and financial inequalities permeated many institutional responses as no official UK government guidelines were provided to direct university learning. As will be described below, different institutions took different approaches to tackling the pandemic leading to an increased disparity in student experience depending on those responses.

Figure 3

*Timeline of University Events during UK Lockdown**2.2.2.1 Educational Provision*

Even prior to student start dates, some institutions made the decision to offer deferred entry, should circumstances make attending the anticipated start date impossible or risky (Universities UK, 2020). It was hoped that this approach would lessen the impact of lockdown on those about to begin their university journey by relaxing some of the immediate pressure to potentially relocate or refinance during the pandemic. Another response by some UK universities was to reduce tuition fees in acknowledgement of the disrupted learning environment that many students would encounter. This move served to highlight the concept of fairness as different universities took different stances on how to acknowledge the pandemic's impact on students' financial burdens.

Watermeyer et al. (2021) suggested that COVID-19 had ‘quickened the inevitability of technological change’ (p. 638) as university institutions shifted to either an online, blended, or hybrid learning model. Using data from interviews and self-administered, Guppy et al. (2022) focused on exploring the role of digital learning after the sudden pivot towards remote education. Through a series of questionnaires across six countries, data was collected across several key populations: college and university educators (n = 281), students (n = 4243), senior administrators (n = 15), and instructional design specialists (n = 43). Following will be an exploration of their discussion of new ways of learning.

As the name suggests, online learning aimed to teach students in a completely online environment with no in-person involvement. Of those questioned by Guppy et al. (2022), between two-thirds and three-quarters of faculty and students expected learning and teaching to become more online-focused in the future, drawing focus to the need to explore how this medium is experienced by the students it services. Live or pre-recorded classes were mostly conducted via online applications such as Google Meet and Zoom meetings, and students were also provided with virtual learning material and examinations.

Guppy et al. (2022) also highlighted in their findings that a strong majority of respondents in higher education anticipated the most growth in blended/hybrid forms of digital learning post-pandemic as a result of a fundamental shift in tertiary education. Blended learning was described as the combination of in-person learning with an online learning component. The physical presence of both the students and educators was usually required for traditional teaching methods, with digital aspects of learning made to supplement this in-person approach. Both this learning method and hybrid learning saw increasing popularity as the roadmap to ending lockdown neared its conclusion. In a similar vein, hybrid learning involves lecturers being conducted both offline and online classes for the students simultaneously, leaving the decision up to students on how they wanted to attend. Students

were provided with online learning materials and could attend lectures from anywhere they wished to, though the times of these lectures were dictated by course timetables.

In conjunction with these new teaching methods, many universities also adopted a lecture recording policy, meaning that most lectures would be available to watch online should students need to revisit virtual material. Universities were doing this pre-pandemic, however they were originally used for revision purposes and were, arguably, less suited to their new purpose of substituting for live lectures. Many universities have also embraced blended learning pre-pandemic. This asynchronous approach to make learning more flexible aimed to make accessing online material a better experience as students were able to decide when to review learning materials when under lockdown (Watermeyer et al., 2020). How successful this aim was remained in flux as Guppy et al. (2022) indicated that expectations regarding technology-mediated lectures post-pandemic were mixed among both students and learning providers, making it difficult to plan for a more online-based learning future.

#### *2.2.2.2 Support Provision*

Universities had already made changes to their provision of support owing to reported low levels of mental good health in the student population. These changes were put under increased strain by the pandemic, and further adaptations were necessary to keep up with an increasing demand for student support services. Lisiecka, Chimicz and Lewicka-Zelent (2023) performed an in-depth case study analysis of the ways in which universities made strides to create more avenues for virtual support. They found that many counselling and mentoring systems were overhauled to be accessed remotely, with appointments being made available online via mediums such as Zoom or Microsoft Teams. Additional online training was provided for student-facing support services to help ensure that provision would be effective.



The role of the Mental Health Advisor (MHAs) was also expanded across universities in response to the pandemic. Renewed interest in specialists in this field hoped to better evaluate how a student's mental health could impact their academic performance under the additional strain of the pandemic. MHAs were most often used to direct practical arrangements to suit the needs of each student, enabling them to use context-specific provision to help ease the impact of the pandemic on student mental health and achievement (Khajavi et al., 2021).

Another form of support highlighted throughout, and after, the pandemic are Mental Health Mentors (MHMs). They work with students in receipt of DSA (Disabled Students Allowance)-funded support to understand each student's unique mental health diagnosis and lived experience – using that professional understanding to enable students living with poor mental health to more positively manage their condition and academic commitments during such stressful periods as the pandemic. This specialist avenue of support also aimed to help students better understand the psychological processes behind their particular challenges, in the hope that greater understanding would foster better coping (Khajavi et al., 2021).

Next, published in 2020 and updated throughout the pandemic, the University Mental Health Charter was created by Student Minds in partnership with leading higher education bodies and thousands of staff and students (Hughes & Spanner, 2020). This framework aimed to provide a set of evidence-informed principles to help inform university support policy and practice. Specific responses to the pandemic included a new online approach to student risk assessment, helping universities to respond quickly and effectively to changing environments and needs, and improving accessibility of pre-existing support services.

### *2.2.2.3 Infrastructure Changes*

Lastly, universities made several key changes to their infrastructure in order to help mitigate the effects of the CV-19 pandemic. Chief among these contextual details was the decision to

either close, or significantly reduce the capacity of, strictly unnecessary or social facilities (such as libraries, unions). This was done to continue to limit in-person interaction during periods where on-campus learning was reintroduced. It was this approach which heralded the overwhelming shift to online learning as discussed above, however the social aspects of this shift will be explored here.

Many students placed great value on attending social gatherings in university spaces. First-years could especially benefit from such spaces that often provide them their first experience socialising in their new environment. This enabled them to begin forming important friendship groups that could support them throughout their university career. With most, if not all, of these opportunities shut down or severely limited, this left many first year students lacking the ability to gain that strong foundation of support that they might otherwise have enjoyed.

A study from Sweden by Elmer, Mepham, and Stadtfeld (2020) explored university student social interactions and mental health, comparing figures both before and during the CV-19 pandemic. Social networks were described as aspects of university living that involved interaction, friendship, peer support, and co-studying; mental health indicators were focused on signs of depression, anxiety, stress and loneliness. 212 undergraduate students who experienced the CV-19 lockdown were compared with an earlier cohort of 54 students that did not. Within-person comparison results found that interaction and co-studying had reduced during the pandemic, with more students studying in isolation. Additionally, all aspects of mental health included in the study (stress, depression, anxiety, and loneliness) were worse when compared to measures pre-pandemic. Additional exploratory analysis highlighted that several factors of isolation were associated with negative mental health outcomes, all of which were triggered by university spaces being shut down. These included isolation of social networks, isolation of emotional support, and the physical isolation of being kept in

one room. Such results indicate the importance of considering social contacts when discussing students' mental health, and highlight the need to explore deeper the ways that isolation impacts these young people.

The overarching themes of this literature review highlighted the fluctuating and unpredictable nature of attending university during the CV-10 pandemic. As rapid changes to both living and learning came into effect, potentially vulnerable students had to quickly adapt or face the prospect of being unable to achieve their academic goals. This context placed additional strain on pre-existing mental health experiences, which ultimately left many students facing an increasingly challenging first year at university.

### CHAPTER 3: LITERATURE REVIEW – THEORIES AND MODELS OF MENTAL HEALTH

This chapter discusses the context of mental health research as it applies to the present study, focusing on risk/protective factors of mental health, research surrounding how past experiences of mental health impacts current and future mental health, and particular theory around depression and anxiety. These key aspects of mental health will formulate the beginnings from which the present study will assist in exploring the lived experiences that formulate the majority of data. This review also allows for gaps in knowledge to be highlighted, following which the research questions and rationale for studying the effects of pandemics on mental health are presented.

Key terms in this thesis were ‘wellbeing’ and ‘mental health’. In research, they have been used in varied ways, and often interchangeably, despite the potential for demarcation of differences (Agteren & Iasiello, 2020). The World Health Organisation (WHO) described mental health as an integral and essential component of health more broadly, defining it as ‘a state of being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.’ (WHO, 2022, para 1).

Wellbeing can be defined as a when an individual experiences the presence of positive emotions and moods (such as happiness and joy), the absence of sustained and impairing negative emotions (like anxiety and depression), and feelings of satisfaction with life, fulfilment and positive functioning (Goodman, Doorley, & Kashdan, 2018). This definition of wellbeing was used in this thesis. Resilience plays a key role in the promotion of wellbeing as the way in which an individual copes with and manages challenging situations and events can have consequences on wellbeing. Resilience has often been associated with

the idea of ‘bouncing back’; where those with strong resilience can recover quickly from setbacks and emerging with improved wellbeing prior to the stressful event (Pooley & Cohen, 2010) and those who experience less resilience struggle to overcome those challenges and therefore experience reduced wellbeing (Keye & Pidgeon, 2013).

In terms of the present study, emotional and psychological wellbeing were of particular importance as the CV-19 pandemic had a demonstrable impact on these aspects of wellbeing for university students. Studies from across the world including Africa (Visser & Law-van Wyk, 2021), Asia (Cao, et al., 2020), and most relevant here, the UK (Vasileiou et al., 2019) have all highlighted that this period of disruption caused students to experience difficulties in coping with psychological challenges including triggered symptoms of anxiety and depression, and that their emotional states were negatively impacted through, for example, increased hopelessness and reduced self-esteem.

Mental health, by contrast, was defined in terms of specific symptomology that cause significant and persistent emotional distress or difficulties in daily functioning: the presence of such symptoms constituting a mental health problem (Iasiello & Van Agteren, 2020). The terms mental health condition and mental health disorder are often used interchangeably. According to the WHO (2022) the term mental disorder may be referred to as a mental health condition, where the latter is a broader term covering mental disorders, psychosocial disabilities and (other) mental states associated with significant distress, impairment in functioning, or risk of self-harm. In mental health research, a disorder is typically used as a more clinical descriptor; for example, a person’s mental health condition could be described as negative owing to an acute anxiety disorder (Kodal, et al., 2018). This was how these terms were used in the present study, where mental health condition refers to the person’s overall psychological and emotional state and a disorder implies a clinical diagnosis.

### 3.1 RISK VS PROTECTIVE MODELS OF MENTAL HEALTH

This section sets out dominant ways in which mental health is conceptualised in terms of a risk vs protective view. An overview will be presented, followed by a more in-depth discussion on the nature of both kinds of factors, and how they can be used to either promote or damage mental health. These concepts will then be related to the present study.

Explaining what causes poor mental health is complex, and most attempts have landed upon a risk vs protection model. Risk factors are defined as characteristics at the biological, psychological, social, or cultural level that precede, and are associated with, a high likelihood of negative outcomes (like a mental health condition). Protective factors are characteristics associated with a lower likelihood of a mental health condition, usually by reducing or buffering the impact of risk factors (Oliveros, Agulló-Tomás & Márquez-Álvarez, 2022).

Assumptions underpinning this conceptualisation were that: there are always risk and protective factors and that individuals experience both across their lifespan; that these are not static and can become more or less impactful across the lifespan; and that some risk and protective factors may 'weigh' more than others depending on the individual's circumstances (Oliveros, Agulló-Tomás & Márquez-Álvarez, 2022). Additionally, risk factors are not necessarily removed as the individual grows and develops; research has highlighted that cumulative adverse experiences can make this process of risk removal more difficult, as those risks are reinforced by repeated exposures (Arango et al., 2021). Some risk factors are also more likely to be lifelong than others, for example, certain childhood adversities such as neglect or abuse can be predictive of subsequent adult difficulties (Hughes et al., 2017). Moreover, the absence of protective factors can be a risk in and of itself as the individual does not have the resources to help mitigate the effects of poor mental health. The fundamental proposition of the risk/protective factor model is that a mental health condition is likely to emerge when risk factors exceed protective factors.

Much research sought to explore the specific risk and protective factors commonly associated with mental health. Arango et al.'s (2021) umbrella systematic review identified 142 risk and protection factors from 390 meta-analyses of individual studies exploring risk and protection factors of adult mental health. Risk factors included childhood adversities, low frequency of social contacts, job strain, and sleep disturbances. The majority of studies in their review explored risk factors as opposed to protective ones.

### **3.1.1 Risk Factors**

This section will explore at risk factors relevant to study's population, namely the risks that are associated with being of university age, on a lower income, and having past experiences of poor mental health.

To begin, age can be a risk factor in itself, as adolescence is a peak age for the onset of diagnoses, with up to 60% of certain mental health conditions, including anxiety and depression, first presenting during or before adolescence (Solmi et al., 2022). Similarly, age can be described as a risk factor because of developmental changes that occur at these vital periods in a young adult's life. Aging into young adulthood brings changes that can trigger poor mental health, such as the period of transition and increased social pressure (Lozano et al., 2013).

Erol et al. (2023) explored the risk factors associated with poor mental health in 881 first-year university students in Istanbul. One key finding was evidence of a "stress factor" (p 146) unique to the university environment; first-year students were found to be vulnerable to reduced mental health because of leaving home for the first time, needing to adapt to a new lifestyle, and academic work. These unique stressors were found to have contributed to high levels of depressive and anxious symptoms. Insomnia and general sleep disorder were also

identified in the study as the risk factor most associated with poor mental health in the study's population.

A similar study explored risk factors among university students in Austria. Said, Kypri and Bowman (2013) used a web-based cross-sectional survey to investigate the risk factors of 6,044 students. Participants reported feelings of depression (8%), anxiety (13%), eating disorders (14%), and harmful drinking (8%), while 30% reported at least one mental health condition. The groups associated with the highest rates of mental health conditions were females, students on low income, and homosexual or bisexual students. This study also highlighted gender, sexuality and income level as risk factors.

Such social, demographic, and contextual risk factors have also been highlighted during the pandemic, as isolation and loneliness resulting from lockdown measures and remote learning approaches were found to greatly increase a student's likelihood of developing a mental health disorder in US university populations (Holt-Lunstad, 2021). Isolation itself was explored as a risk factor, with many UK-based studies finding the significant, negative impact it can have on university student mental health (Bland et al., 2021; Lovell & Webber, 2023; Savage et al., 2020). Reasons for this include a lack of physical contact, lack of belonging, and a lack of any distractions or support for periods of mental distress.

Another important risk factor, particularly among vulnerable adolescents, is the presence of adverse life events. These events were described as significant changes in one's life such as leaving the family home for the first time without any recourse of social or financial support, or being made redundant (Said, Kypri & Bowman, 2013). This was particularly relevant to the present study as individuals from a lower-income background may not have those avenues of support from which to draw from – ultimately making the negative impact worse than those who are better off. During those events, an individual's fundamental protective



factors come into play to try to mitigate the impact of such negative changes (such as emotional awareness, support from family and friends) and in such cases where an individual may not have such protection, they may be more vulnerable to the impact of life events on their mental health (Carleton & Asmundson, 2012). Experiences of adversity, such as coming from a disadvantaged background – as is the case in the present study – or being discriminated against, have been shown to develop into trauma if the person believes they are alone in their experiences or excluded from their peers (Chang et al., 2016).

Another risk factor identified was that of wealth discrimination and income inequality. Much research has highlighted that coming from a disadvantaged background can increase a person's risk of developing poor mental health; results from the UK's Millennium Cohort Study (Gutman et al., 2015) indicated that young people in the poorest income bracket were 4.5 times more likely to experience severe mental health problems than those in the highest. This was due to several key factors. Firstly, individuals from a lower income family tended to access help services later than those who come from more privileged backgrounds, resulting in people not having the help when they were most in need and therefore suffering worse symptoms owing to delayed treatment (Burns, 2015). Lower income individuals also experienced wealth discrimination as some paid avenues of support were beyond their reach even when they do make attempts to access help (Saxena, et al., 2007). Within the university environment, having less disposable income could place students at higher risk as they faced comparison between themselves and their peers; the need to continue working through one's studies, the lack of disposable income for social events, and the use of outdated technology are some of the ways that the differences between those who have, and those who have not have been made more stark (Rudenstine, et al., 2023). This can expose the student to greater risk of developing poor mental health as researched has highlighted that they felt worse off

than other students around them, triggering a “poverty stigma” (Knifton & Inglis, 2020, pg. 193) that remains prevalent within universities.

Last to be explored is the past experience of poor mental health as a risk factor. The reoccurrence of mental health conditions has been the subject of much study, and evidence has suggested that individuals who experience a negative mental health condition once are more vulnerable to subsequent onsets (Segal, Pearson & Thase, 2003). More specifically, during the CV-19 pandemic several factors emerged that placed those individuals at greater risk, as highlighted by Mutlu and Anıl Yağcıoğlu (2021): lockdown had the potential to trigger relapses where the individual struggled to cope with resulting isolation, changes in the priority of healthcare services could divert resources from mental health services to CV-19 treatment, and the increased difficulty in adhering to treatment owing to lockdown measures were key aspects of this increased risk. These combine with other risk factors to create an overall heightened risk for mental health relapse for such individuals during the CV-19 pandemic.

### **3.1.2 Protective Factors**

Less studied than risk factors, protective factors can help prevent a mental health disorder from developing, even in the presence of risk. Research highlighted that they do this by potentially modifying the way in which individuals cope with the stressors they encounter and the innate risks they might hold (Rutter, 2007). It was important, therefore, to not imply that a person was deficient if they 'cannot cope', because coping is itself influenced by a whole range of factors outside of a person's control. Protective factors can include personal attributes that encourage beneficial coping and buffer negative experiences (Macaskill, 2013). These can include high self-esteem, high motivation, and self-compassion (Kotera, Conway & Van Gordon, 2019).

Relating to the present study population, meaningful and supportive relationships can offer protection against poor mental health in students. Haliwa et al. (2022) explored the experiences of 251 university students in the US during the pandemic to identify protective factors. Having a supportive family, strong friendship groups and a sense of togetherness were associated with lower levels of depression, and greater happiness and life satisfaction vs students who reported having less social support.

A similar study working to highlight risk/protective factors during the pandemic was conducted by Cobb et al. (2023). Their survey of 195 US undergraduate students focused more on environmental factors that would positively influence mental health outcomes. They showed that a positive physical (rather than virtual) learning environment and student-perceived academic support improved students' perceptions of their own mental health. Moreover, the physical academic setting positively predicted teacher academic support and explained a significant proportion of variance in teacher academic support scores. This suggested that student perceptions of teacher support was at least partially dependant on physically attending university.

In summary, research on risk vs protective factors for mental health proposes that each individual has their own unique set of risk and protective factors which precede and are associated with a higher and lower likelihood of negative outcomes respectively. These factors are unique to the individual, but there are some well-documented factors that are typically seen more than others. See Figure 4 for a summary of key factors as relates to university students.

Figure 4

*Summary of Mental Health Risk and Protective Factors Related to University Students*

Risk Factors	Protective Factors
<ul style="list-style-type: none"> <li>• Less social engagement</li> <li>• Past mental health condition</li> <li>• Lower SES</li> <li>• Difficulty accessing mental health treatment</li> <li>• Wealth discrimination</li> <li>• Fewer coping strategies</li> </ul>	<ul style="list-style-type: none"> <li>• High self-compassion</li> <li>• High self-esteem</li> <li>• Positive, physical work environment</li> <li>• Sense of togetherness and support (family, friends, etc.)</li> </ul>

Research has indicated that the groups most likely to have been negatively affected by the pandemic are people who were already experiencing mental health problems and living in poverty when compared to the general population as they experience more psychological distress, more financial hardship, more isolation, and greater overall risk (May, et al., 2021). This made the present study all the more important as it aimed to be attentive to the risk vs protection lens by which to understand how the same circumstance – a pandemic – could have differential impacts on student’s mental health. Underscored in this approach was that risks and protection are a mixture of properties of the individual and of their circumstances – proximal (family, friends) and distal (mental health service equity).

### **3.2 PAST EXPERIENCE OF POOR MENTAL HEALTH**

Highlighted above as a potential risk factor for mental health, the concept of past experiences of mental health and what that can mean for an individual’s future mental health will be discussed in more detail now owing to the significance this concept has to the present study. This doctoral work focused on students who reported a period of time in the past when they felt their mental health was poor. Several studies have indicated that individuals with

pervious experiences of poor mental health were more vulnerable to subsequent periods of poor mental health, particularly when their past mental health condition was depression and/or anxiety. A systematic review and meta-analysis by Jacobson and Newman (2017) investigated 66 longitudinal studies examining the prospective relationship between anxiety and depression at both symptom and disorder levels. Results suggested that anxiety symptoms predicted later depressive symptoms ( $r = .34$ ) and depressive symptoms predicted later anxiety symptoms ( $r = .31$ ). This highlighted that not only do anxious and depressive symptoms often co-occur, they were also highly correlated; one can leave an individual more vulnerable to the other at future time points.

Similarly, a longitudinal study by Fergusson, Boden, and Horwood (2007) examined the relationship between depressive symptoms at age 16–21y and later mental health and educational outcomes. Data was gathered from a 25-year study of a birth cohort of New Zealand children ( $n=982$ ), where outcome measures included DSM–IV symptom criteria for depression and anxiety disorders, achieving university degree or equivalent qualification, unemployment, and income at ages 21–25 years. Results showed significant ( $p<0.05$ ) associations between the frequency of depression at ages 16–21 years and all outcome measures. This highlighted that past experiences of poor mental health could not only impact a person's future mental health, but could also negatively impact their educational and employment outcomes in young adulthood. Given that university students occupy this age bracket and maintain such a focus on their academic environment, the potential for future knock-on effects was important to consider.

It was important to note, however, that the nature of mental health reoccurrence was not set in stone. Many individuals can, and do, recover their mental health and never reach clinical thresholds for a second time. Statistics from NHS England (2018) highlighted that 1.4 million people were referred for NHS talking therapies during 2016/17, with 49.3% of those

completing therapeutic treatment for anxiety or depression recovering from their condition during that one-year period. This figure rose slightly to 50.2% in 2023, with two-thirds of people showing a reliable improvement in their condition after finishing a course of treatment (Baker & Kirk-Wade, 2023). Recovery and improvement rates were, however, varied between social groups, with three groups being less likely to see positive outcomes:

1. People from lower socioeconomic areas were less likely to experience improvement or recovery than those from more affluent areas.
2. People with disabilities were less likely to experience improvement or recovery than those without.
3. People identifying as bisexual were less likely to experience improvement than people identifying as straight.

Among those who do recover, there was evidence to suggest that young people experienced greater thriving after having learned more about themselves and what they need in order to stay well. Nunes and Blue (2022) highlighted in their report on successful therapeutic approaches that this potential for flourishing in the aftermath of mental health challenges played a powerful role in the recovery of young people – and yet this positive outcome was reported on far less than more bleak outlooks. Initially explored by Rottenberg et al. (2018), there appeared to be a leaning towards more negative reporting of therapy outcomes within the psychological community that should be addressed. The majority of epidemiological literature suggested that the accepted view of poor mental health is that of a chronic, reoccurring, and lifelong condition that Rottenberg et al. (2018) argued is overstated. They suggested that there was a significant subset of young people that do recover and thrive after poor mental health, yet research on those people was comparatively rare. The current study aimed to bare this predisposition in mind throughout analysis, in an attempt to avoid this

apparent researcher bias towards negatively-skewed reporting and to pay attention to indicators, in the data, of student's strengths and assets.

### **3.2.1 Models of Past Mental Health**

Attempts have been made to explain this mechanism that can see poor mental health follow through an individual's lifespan. This section will summarise key models that was identified during the literature search.

#### *3.2.1.1 Diathesis-Stress Model*

This model, initially conceived by Monroe and Simons (1991) suggested that the interaction between genetic or biological vulnerabilities – diatheses – and environmental stressors can lead to the development of mental health. In brief, an individual could have a predisposition to poor mental health that could be triggered by increased stress or strain. More recently, Chang et al. (2016) showed that, in the case of college and university students, prior experiences of poor mental health can be considered a diathesis, which then interacted with the stressors of university living, to ultimately increase the likelihood of mental health problems reoccurring.

#### *3.2.1.2 Cognitive Vulnerability Model*

The cognitive vulnerability model (Ingram, Miranda, & Segal, 2006) suggested that individuals with negative thought patterns – such as those triggered by depressed or anxious periods – were more vulnerable to developing further mental health issues. Negative thought patterns, such as rumination or catastrophizing, could be both a symptom and predictor of poor mental health and can increase vulnerability to future poor mental health (Kertz et al., 2015).

A systematic review and meta-analysis of 51 studies by Bishop et al. (2022) supported this theory. Results suggested that negative thought patterns via maladaptive schemas related to feeling flawed, unlovable and socially excluded were most strongly connected to depression. Social isolation in particular demonstrated a high effect size;  $r = .50$ , 95% CI [.45, .54], and shame was highlighted as playing a significant role in the maintenance of depressive symptoms. In turn, those studies that explored social isolation among young adults (Waller et al., 2001; Oettingen et al., 2017) found that those who were more isolated and lonely experienced higher instances of rumination, poor self-esteem, and hopeless thoughts – therefore being more vulnerable to future mental health problems such as depression or anxiety.

### **3.3 THEORIES AND MODELS OF DEPRESSION/ANXIETY**

For this review, it was deemed to be most helpful to consider explanatory models for the most common mental health conditions affecting students. Given the high prevalence of anxiety and depression among university students and the impact these can have on their daily lives (Jenkins et al., 2021) it was decided to focus on those specific conditions.

Furthermore, an online self-report study of 2691 US undergraduate students by Lee, Jeong and Kim (2021) found that during the pandemic students showed moderate to severe anxiety (44%) and depression (36%). These levels were higher in than a nationwide sample of US undergraduate students assessed before the pandemic (Eisenberg & Lipson, 2019). This suggested that the prevalence of depression and anxiety amongst university students increased over the course of the pandemic and were therefore appropriate avenues for targeted attention.

Additionally, anxiety and depression have been cited as the most common mental health conditions in the UK general population (Bauer, Knapp & Parsonage, 2016), making such



research valuable even beyond the included participant pool. According to a House of Commons report dated March 13, 2023 by Baker and Kirk-Wade, around one in six adults (17%) surveyed met the criteria for diagnosis of anxiety and/or depression, with 18% of children aged 7 to 16 experiencing anxious and depressive symptoms in 2022, up from 12% in 2017. Generalised anxiety disorder was the most reported mental health condition (5.9%), followed by depressive episodes (3.3%), and the prevalence of both has increased by one-fifth since the last survey was carried out in 2007. and the prevalence of both has increased by one-fifth since the last survey was carried out in 2007.

The terms ‘depression’ and ‘low mood’ were often used in conjunction with one another, though differences in definition were important to highlight when reviewing literature. According to Bröer and Besseling (2017), low mood was defined as an emotional state characterised by sadness, anxiety, low self-esteem, tiredness, and frustration, and tended to lift after several days or weeks. Conversely, depression was viewed as a chronic low mood that persisted for a longer period of time where no cause is necessarily present (Horwitz, Wakefield & Lorenzo-Luaces, 2016). It could be defined as a clinical disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM–V; American Psychiatric Association, 2013) as a common and serious mood disorder where sufferers “experience persistent feelings of sadness and hopelessness and lose interest in activities they once enjoyed”. Additional physical symptoms can include chronic pain or issues with digestion, and for an individual to be diagnosed with clinical depression they must experience at least five of the following symptoms for at least two weeks, and at least one must be either (1) depressed mood or (2) loss of interest or pleasure:

1. Depressed mood most of the day, nearly every day.
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.

3. Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.
4. A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).
5. Fatigue or loss of energy nearly every day.
6. Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
7. Diminished ability to think or concentrate, or indecisiveness, nearly every day.
8. Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

There are many different theories of depressive symptoms largely focused on either biological or psychological determinants. Biological theories suggested that depression and/or anxiety may occur due to alterations in brain structure (Ferrari & Villa, 2017), the influence of genetics (Flint & Kendler, 2014), or the impact of neurochemistry (Pretorius, 2004). Psychological theories, meanwhile, focused on such areas spanning attachment theories (Spruit et al., 2020), cognitive and behavioural models (Henkel et al., 2002), sociocultural models (Dean et al., 2022) and stressful life events (Monroe, Anderson & Harkness, 2019). The following section sets out the most dominant perspectives in psychology; these will be brought to bear on the findings of this doctoral thesis in the key findings and discussion chapter, with a view to exploring the alignment of theory to findings, where poor alignments occur, and what new knowledge emerges from this analysis.

### **3.3.1 Theories and Models of Depression**

#### *3.3.1.1 Attachment Theories*

Attachment theories located the determinant of depression in deficits in early caregiver experiences, and the impact this has on a wide range of domains, from help-seeking to self-

esteem to interpersonal functioning. These theories suggested that a consistent, nurturing and responsive approach in key early relationships (usually parents) foster the development of emotional regulation and safety, security and trust in people and in oneself. Early key relationships which lack security could increase one's vulnerability to depression via insecure attachment, defined as a relationship that "contains elements of mistrust together with anxious or avoidant elements and lacks a secure base" (Kadir & Bifulco, 2013, p. 919), where security was defined as "a sense of safety, confidence, and freedom from apprehension" (APA, 2023, para 1). In an insecure attachment with primary caregivers, the child could be left without a way to manage overwhelming feelings and could find it difficult to know if people can be trusted to offer emotional safety. Insecure attachment could be considered a risk factor, and secure attachment a protective factor.

An association between insecure attachment and depressive symptoms has been consistently reported through the decades (Armsden et al., 1990; Roelofs et al., 2006; Chorot et al., 2017). The least secure attachment styles were associated with traumatic experiences during formative years, such as ACEs, which in turn could result in the appearance of depressive symptoms. Additionally, Blatt (2004) explored the concept of depression as relates to life experiences and identified two types of depression: (1) anaclitic depression, which stems from feelings of loneliness and abandonment; and (2) introjective depression, which comes from a sense of failure and worthlessness. A systematic review and meta-analysis on the impact of multiple ACEs on health by Hughes, Bellis and Hardcastle (2017) indicated that, of 32 included studies and a total of 253, 719 adult participants, the majority of individuals with ACEs experienced poor mental health outcomes that were associated with self-directed blame and/or problematic coping strategies such as drug or alcohol use. This argument was that depression originated from these early experiences as a result of the individual internalising

their experiences as being ultimately their fault, and their attempts to cope with those traumatic experiences.

### *3.3.1.2 Behavioural Models*

Behavioural models aimed to explain mental health as behaviour which has been learned, or failed to have been learned. These types of models proposed that depression occurred due to the lack of support for previously reinforced behaviours, an excess of avoidance behaviours, or the reduced effectiveness of positive reinforcements (Veale, 2008). For example, a university student experiencing covid-induced isolation would not receive the same level of positive reinforcement towards continuing their studies and maintaining motivation from family and/or friends that they would ordinarily due to the lack of physical contact.

Behavioural models further proposed that depression was mostly a learned phenomenon informed by negative interactions between the individual and their environment; for example, a university student with limited social/academic support would 'learn' depressive responses (Lee, Jeong, & Kim, 2021).

### *3.3.1.3 Cognitive Models*

The cognitive approach to understanding depression was largely underpinned by the suggestion that depression was characterized by an excess of negative thoughts and/or negative cognitive self-biases ("I'm not good enough"), and often by a lack of positive self-biases ("I can work this out"), as well as the use of maladaptive cognitive emotion regulation and coping strategies (drug or alcohol use) (LeMoult & Gotlib, 2019). Evidence also suggested that difficulty inhibiting and disengaging from negative thought could increase the use of poor emotion regulation strategies (such as rumination), decrease the use of adaptive emotion regulation strategies (like reflection), and impede emotional flexibility, defined as

the ability to appropriately adapt one's thoughts and feelings to their current situation (Bernstein, Heeren & McNally, 2019).

Specific cognitive models include the *Learned Helplessness Model* (Bangasser & Cuarenta, 2021), which related mood to a series of cognitive attributions: specific/global, internal/external, and stable/unstable. Global attribution implied that the negative event was contextually consistent rather than specific to a particular circumstance, such as "I'm useless at sports". Internal attribution was the thought that the aversive situations occur due to the individual rather than external circumstances, such as "I didn't try hard enough, so I failed". Stable attribution was the belief that difficult situations remain unchanging over time, such as "I always have bad luck with reading assignments". According to this model, individuals prone to depression attributed negative events to internal, stable and global factors and make external, unstable, and specific attributions for success.

The *Information Processing Model* (Beck & Clark, 2015) suggested that depression was caused by stressors that triggered the activation of a schema – a cognitive framework that help a person organise and interpret information – that connected and reinforced the depressed individual's experience with a negative mood. This potential distortion of reality was expressed in three areas, known as the cognitive triad: negative views about the self, the world, and the future as a result of their past experiences.

Both behavioural and cognitive models have helped to inform the therapeutic model of Cognitive Behavioural Therapy (CBT), which is a popular method of help for those experiencing depressive or anxious symptoms. It is a talking therapy based on the concept that one's behaviour and cognitive thoughts are interconnected, where negative thoughts and feelings can become overwhelming if left unexplored. CBT aims to provide practical ways to

improve a person's mental health by highlighting how to change negative thought patterns and behaviours into more positive ones (NHS England, 2023).

Past research has shown the benefits of CBT in terms of helping to improve symptoms of anxiety and depression in young adults; Dickson and Gullo (2015) applied an 8-week course of CBT to 48 students at a UK university, and assessed their progress using weekly self-report measures of anxiety and depression at the commencement of each CBT session. Results showed that students receiving CBT experienced significant decreases in anxiety and depression, and these effects remained after controlling for a range of potential covariates (primary problem or period of time experiencing symptoms). Such findings suggest CBT is effective in reducing anxiety and depressive symptoms in a 'real-world' university setting, and therefore supports the notion that both cognitive and behavioural models can play a significant role in improving mental health outcomes for those who are struggling.

#### *3.3.1.4 Interpersonal Model*

This model proposed that depression can arise from an individual's interpersonal functioning including unresolved grief, interpersonal disputes, and transition roles (Hames, Hagan & Joiner, 2013). Studies applying this model in a university environment have found that the social-cognitive variables (perceived burdensomeness of relationships, disconnectedness from others) mediated the relationship between depressive symptoms and maladaptive interpersonal behaviour, and that both social-cognition and maladaptive interpersonal behaviour mediated the effect of depressive symptoms in turn (Dueweke & Schwartz-Mette, 2018). In other words, where a person believes themselves to be a burden on others, or feels that they do not belong, their behaviour changes when in a group setting such that they fulfil those negative roles and they become more withdrawn. Those thoughts and behaviours then, in turn, result in the individual feeling more depressed.

This brief overview set out only some of the explanatory approaches to understanding depression. It highlighted that several key aspects of depression include factors relevant to university students living life under lockdown; for example, the significant connection found between stressful life events and depressive symptoms (Spence et al., 2022); the role of positive and dysfunctional thinking, negative self-biases, few positive self-biases, and maladaptive coping mechanisms (LeMoult & Gotlib, 2019). Understanding these theories was important when considering the experiences of students who may be experiencing symptoms of depression, as they can assist in explaining or exploring these symptoms further during more in-depth discussions.

### **3.3.2 Theories and Models of Anxiety**

According to the NHS (2023), anxiety is defined as a feeling of unease, worry or fear, which can be mild or severe. While many people will experience some form of anxiety over their lifetime, it is when a person is unable to stop or control their worries, and their fears begin to impact their daily living, that anxiety could be classed as significant. This was echoed in the official description of generalised anxiety disorder found in the DSM-V (APA, 2013) which included the individual experiencing the following symptoms:

1. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for more than 6 months.
2. Finding it difficult to control worrying.
3. The anxiety is associated with at least three of the following symptoms for at least 6 months:
  - a. Restlessness.
  - b. Being easily fatigued.
  - c. Difficulty concentrating or mind going blank.

- d. Irritability.
  - e. Muscle tension.
  - f. Sleep disturbance.
4. The anxiety causing clinically significant impairment to daily functioning.
- a. The disturbance is not attributable to the physiological effects of a substance.
  - b. The disturbance is not better explained by another medical disorder

### *3.3.2.1 Cognitive and Affective Mechanisms*

This theory argued that individuals with anxiety report greater perceived intensity of emotional experiences and increased sensitivity to negative stimuli (such as being reprimanded at work) than people who do not suffer with anxiety (Carleton & Asmundson, 2012), while also indicating greater difficulty in recovering from or coping with a negative mood state (Mennin et al., 2005). Those self-described as anxious also reported feeling more threatened by, and less in control of, their emotions when compared to non-anxious individuals (Llera & Newman, 2010). Previous studies have highlighted the importance of emotional regulation in reducing anxiety and improving mental wellness in undergraduate students (Malik & Perveen, 2021).

### *3.3.2.2 The Contrast Avoidance Model*

This model suggested that individuals with anxiety worry because they prefer to experience a sustained state of distress as a way to be emotionally prepared for the worst possible outcome to various events (Llera & Newman, 2010). That is, an individual with anxiety might prefer to be emotionally braced for negative events at all times to avoid feeling even greater upset due to their increased emotional sensitivity. In support of this theory, the impact of an emotional experience has been shown to be moderated by the state that precedes it; a negative



state is experienced as more negative if preceded by a positive state and less unpleasant if preceded by a negative state (Sakaki, Gorlick & Mather, 2011).

### *3.3.2.3 Environmental Model*

The development of anxiety has been associated with unexpected negative life events, mistreatment, and loss (Komischke-Konnerup et al., 2021). Such adverse events could lead people to feel anxious and insecure as life appeared much unpredictable where negative things can happen at any moment. Even a one-time negative life event (for example, an ACE or trauma) may lead individuals to become continuously anxious to prepare for other potentially unpredictable events.

### *3.3.2.4 Interpersonal Processes*

Research has suggested that interpersonal processes such as social interaction could play a key role in the onset or maintenance of anxiety through negatively-skewed interpretations of interpersonal behaviours (Abramowitz & Blakey, 2020). Individuals with anxiety were more sensitive to interpersonal threats than those without (Calleja & Rapee, 2020); further, anxious individuals reported bias toward perceiving others as attacking, ignoring, and controlling even when this was not that case (Erickson & Pincus, 2005). This hypervigilance and sensitivity maintained a negative affective state to protect the individual from a sudden and unexpected negative social shift – believing that it was better to always feel ready for what was viewed as an inevitable negative interpersonal event.

### *3.3.2.5 Fear Network Model*

This model represented a school of thought in anxiety research that emphasises the integral role that fear plays in both triggering and maintaining a person's heightened anxiety (Lai, 2019). It highlighted that fear can be both rational and irrational, and that it is the person's cognitive and behavioural responses to those fears that make them more or less anxious. By

having an intense cognitive focus on avoiding fear, those avoidant behaviours can reinforce the idea that a person is only safe if they are actively working to avoid that feared thing – this mutual reinforcement is the ‘fear network’. For example, someone suffering from extreme social anxiety might only believe themselves to be safe if they remained in their home as they experience the irrational fear that everyone outside wishes them harm; they are keeping themselves safe by avoiding social situations altogether.

This section highlighted several of the main attempts to theorise about the onset and nature of anxiety. It indicated that individuals with a predisposition towards anxious thoughts can view the world through a more negative lens than those without such thoughts, particularly in terms of social interaction which a more anxious person could seek to avoid. The environment was highlighted as another significant aspect of anxiety, where an individual who experienced challenging life events would be more anxious than those who had not. Given the experience of studying under covid, this aspect of anxiety was of particular importance going forward.

To conclude, this chapter explored theories and models of mental health as relates to vulnerable university students, focusing on the following specific aspects:

1. Depression and anxiety are among the most common symptoms of poor mental health, and are thus worthy of particular focus.
2. The risk vs protective factor model of mental health is a clear and robust effort to explain facets of poor mental health.
3. Past experiences of poor mental health are important to consider in terms of present and future mental health.

These literature reviews helped to inform the present study research focus and questions.

### **3.4 THE PRESENT STUDY RESEARCH QUESTIONS**

The present study intended to bring attention to university students who often fall between the cracks of youth and adult research, despite concerns about their mental health both pre- and during the pandemic (Ketchen et al., 2015; Thorley, 2017; Copeland et al., 2021). The aim of this study was to understand the lived pandemic experience of particularly vulnerable students, namely first year students who had past experiences of poor mental health and who were on a low income. For the purpose of this study, ‘past experiences of poor mental health’ was used to describe the self-reported experience of poor mental health (lasting between 3-12 weeks) that participants experienced prior to this study. This time period was chosen to describe past mental health context as previous studies into university student mental health highlighted one to three months as being among the most common length of symptoms self-reported in terms of depression (Ishida et al., 2020) and anxiety (Powers, Moshontz & Hoyle, 2020). The focus on first year students (approx. age 18) was due to their particular vulnerability during this life transition stage (Gore & Colten, 2017), and that, in September 2021, they were the first cohort of students to begin their tertiary education during a pandemic. Mature students were included as part of this exploration into the pandemic learning experience as, while their life stage was at different period to younger students, their alternative viewpoint on learning during this period would nonetheless be valuable in studying learning, mental health, and income inequality during the pandemic.

The present study addressed three main research questions:

1. How did the two vulnerabilities of low-income and a recent, self-reported experience of poor mental health individually and dynamically influence the experience of first-year students during the pandemic in the UK?
2. How did these vulnerabilities, and the experience of the pandemic, impact student engagement and learning in their first year?

3. What can be learned from these experiences within the context of a pandemic to better support vulnerable students in general (beyond a pandemic)?

These key questions aimed to examine lived experience for a number of reasons. First, investigating the impact of the pandemic on vulnerable students could contribute to an understanding of student mental health as a whole, and the ways that institutions and mental health services can work towards mitigating the legacy of the pandemic. Second, as university education is unlikely to return to its pre-pandemic traditional form for some time, if ever, higher education institutes and associated professionals must have a good understanding of whether this new form of education exacerbates inequalities by disproportionately affecting some student groups compared to others (Burki, 2020).

Whilst the impact of the pandemic on adolescent mental health and educational attainment has been examined (such as Azevedo et al., 2021 and Erol, et al., 2023), less is known about pandemic-related mental health experiences, and its impact, on students in tertiary education. Additionally, the strain that difficult times can place on vulnerable students has been seen throughout the pandemic, and lessons learned can be used to help mitigate the impact of other similar events. For example, rising costs of living in the UK can bring a similar strain on mental health – more stress, anxiety, and isolation (Williams & Dienes, 2022), and fear over finances (Hill & Webber, 2022) as in the pandemic. The present study aimed to examine what could be learned about student mental health from such impactful moments in time as so many negative – and some positive – responses have emerged from the pandemic. By exploring these further, new insights could be learned about student mental health, and potential ways to support young adults living with poor mental health going forwards beyond the context of the pandemic identified.

Additionally, studying factors as isolation under the pandemic could be extrapolated to other student contexts; components of the pandemic experience could be found in students who have extenuating circumstances that prevent them from having the traditional university experience, such as international students or those who suffer with chronic health conditions. For these students, aspects of the pandemic such as isolation, loneliness, and uncertainty are a part of their academic life beyond the impact of CV-19 (Diehl et al., 2018). By exploring the pandemic – a unique circumstance that pulls many other students into isolation, loneliness, etc. – the present study highlighted the potential to better understand the experience of other students whose struggles might otherwise go unnoticed or unacknowledged. In a similar vein, remote learning is a universal component contributing to isolation beyond the pandemic– one that universities are embracing moving forwards as hybrid approaches continue to be adapted (Abdullah et al., 2022). For this reason as well, it was vital that the present study aid in understanding how such learning is experienced by those students who might struggle more than the average; those first-year students from low- income backgrounds, with previous experience of poor mental health. These research aims underpinned the present study, and were supported by the literature reviews presented previously in both the pandemic context and university responses, and the theoretical backgrounds of poor mental health including risk and protective factors, depression, and anxiety.

## **CHAPTER 4: METHODOLOGY RATIONALE AND PROCEDURE**

Chapter 4 presents the study methodology and methods, and their rationale. This includes justification of the longitudinal and mixed-methods approach, ethical considerations including the specific use of a safety plan, and data collection procedures. The data analysis strategy is also described.

### **4.1 METHODOLOGY RATIONALE: STUDY DESIGN**

The methods are outlined fully below, but in brief, this was an exploratory, mixed methods study involving (i) three qualitative semi-structured interviews with university students conducted over one year (T1, 2 and 3) analysed via Interpretative Phenomenological Analysis (IPA); (ii) qualitative safety plan completed by all participants prior to interview, discussing where they could reach out to for support if the need arose; (iii) qualitative diary entries set one month apart, exploring the participant's mood, wellbeing, and any significant events that had occurred in between time points; (iiii) quantitative data gathered from the GP-CORE measure at the same three time points as the interviews.

#### **4.1.1 Longitudinal Qualitative Research (LQR)**

This doctoral research responded to the call from O'Connor et al. (2020) for qualitative, longitudinal research to detail the long-term psychological impacts of the pandemic. The nature of a pandemic was longitudinal as the virus changed throughout the initial pandemic stages and beyond. LQR focuses on the way experiences change over a set period of time (Corden & Millar, 2007) which made it an ideal approach to choose. As well as exploring what change has happened, LQR seeks to interpret how and why change happens within a given context (Tomanović, 2003). The context for this thesis nested within the CV-19 pandemic. More variants emerged that necessitated dynamic responses from countries, institutions and people. There is not yet an end to the pandemic, and as of September 2022

the WHO Director-General Ghebreyesus responded to the developing virus by saying "We are not there yet. But the end is in sight", further describing it as a marathon rather than a sprint (Mishra, 2022). This highlighted the ever-changing temporal roadmap of the pandemic, and why it was suitable to explore its psychosocial impact using longitudinal methods.

As time is a core component of LQR, this orientation provided a unique way to understand the relationships among experiences, time, and change that would not have been possible with snapshot methods (McCoy, 2017). LQR not only allows for the identification of time-based change (Hermanowicz, 2013) but also enables a deep dive into how individuals interpret and respond to those changes in themselves and the world around them (Hopwood, Bleidorn & Wright, 2022). Because of this, Holland et al. (2006) have suggested that LQR is well suited to studies of transitions and adaptations – both of which were applicable when considering the experience of the pandemic for first-year university students which brought together the transitional nature of entering adulthood, and the need to adapt to ever-changing rules and lockdowns. This approach made sense within the context of this study, as within the context of human experience, the passing of time and resulting changes become inseparably linked (Holland, Thomson & Henderson 2006) – people's lives are a series of experiences across time, leading to longitudinal research being a sound approach in exploring these life events.

Just as time is contextual, change is also contextual and can be best understood through an individual's perspective of living between past and present moments (Farr & Nizza, 2019). Participants' reinterpretations of previously described events or interactions also represent a form of change, which was of particular interest in this thesis study as the inclusion of diary entries facilitated reflection on prior events, and safety plans drew on past experiences of support. As highlighted by Calman, Brunton and Molassiotis (2013), events that seemed significant at one time point may change with the perspective of time and

additional experiences. By capturing unique moments in experience across three different time points, this thesis study granted the opportunity for deeper reflection – both by participants and researcher throughout the study’s course, and potential future research that could expand on what has been learned.

A longitudinal approach recognised the very likely change over time for students, in response to both the changing context for CV-19 nationally, and in their institutions and households. By using a longitudinal approach, this study served as an important step to assess experience over time, recognising that change may continue to occur for the student participants, in terms of both their experiences and in how the past is made sense of, after this study’s final data collection point.

There was precedent for LQR methods being used in terms of exploring the impact of CV-19 on the general population, making it a suitable choice for the thesis study; Maison et al. (2021) performed a series of interviews with 20 participants across 6 time points in Poland to explore how the pandemic had impacted the public’s way of life. Their use of LQR methods was successful in generating new insights, specifically five key challenges resulting from the pandemic, which were: reduced contact with people, restrictions on travel, change in active lifestyle, boredom and monotony, and uncertainty about the future. These findings were among the first to emerge as the pandemic restrictions became part of public life, and therefore provided useful, new knowledge upon which to base the present study. This is particularly relevant as their study aimed to “capture the perception of the challenges and their changes that arise as the pandemic develops” (pg. 17); considering the longitudinal nature of the present study and its exploration into how participants’ responses to challenge changed over time, the success of Maison et al.’s (2021) work in generating new insights via LQR suggested that this approach could be effectively deployed to study the impact of the pandemic.



#### 4.1.1.1 LQR Best Practice

It is important to highlight the approach to best practice in LQR going forward, as they represent the cornerstone of the thesis study. Following is a description of key areas which were considered and actioned.

Firstly, the specific aims of LQR differ from other research methods, and these were considered throughout the design process of the thesis study. According to Saldaña (2021), core questions of LQR aims are: ‘how did this change?’ – Represented by asking how the participant experience as a university student under lockdown changed – ‘how is this different?’ – Asking how these lockdown experiences are different from one another – ‘why did this change?’ – Exploring whether specific experiences triggered change, the passing of time, or something else entirely – and/or ‘what remains the same?’ – Across participants and time points, it was important to study what (if anything) was constant, as well as what was different.

The sample size of LQR was also an important consideration as participant attrition was anticipated with a method that requires such a time commitment. For example, individuals may lose interest, or their circumstances may change over the course of study. The thesis study took cues from prior LQR works (Polit & Beck, 2017; Schmidt et al., 2019) that made recommendations for best practice; they suggest that such long term, qualitative studies should include no less than 10-12 participants, with more being included where themes are likely to grow throughout the study period towards the overarching aim of understanding the depth of an individual’s experience and how this is made sense of.

Aspects of data collection and analysis were also considered, as LQR is particularly labour-intensive and time consuming (Nevedal, Ayalon & Briller, 2019). Accordingly the analytical strategy was planned in advance, with clear objectives set to make the process as smooth as

possible. Similarly, early identification of data collection methods, namely interviews, surveys, and diaries, was important in ensuring that the research proceeded smoothly. Data triangulation via participant feedback during the final interview was also planned, as it allowed the researcher to explore the overall process (Saldaña, 2021).

Lastly, considering the correct analytical approach was a vital approach for using LQR, that is, whether to be deductive or inductive. Given the large volume of data associated with the method (Salter et al., 2014), the coding and familiarisation of data was given particular attention in order to offer a strong basis for analysis. While this is important for all qualitative research, given the longitudinal nature of the present thesis, it was arguably even more so here in order to maintain coherence of data as time progressed.

#### **4.1.1.2 LQR Limitations**

As with all methodologies, LQR methods can have limitations. Nevedal, Ayalon and Briller's (2019) identified some limitations, following a review of LQR across 71 LQR articles. These were acknowledged and discussed at the design stage of the present study.

1. **Resource Intensive:** LQR requires a great deal of resources in terms of participant commitment, researcher time, and financial contributions to the project. Efforts were made to mitigate against loss of participants due to demands on them through the use of payment. A consideration of the value for this balanced ethical issues (not too much to be seen as coercion) and financial issues (what was in your budget) before deciding on this approach. In terms of researcher resources, if the researcher felt overwhelmed, there were avenues of support to reach out to, such as supervisors or student support services. Careful planning of the study timeline and an appropriate sample size in line with available resources was also a key part of mitigating risk.

2. Lack of Guidelines: LQR lacks a specific set of process guidelines on when data analysis should begin/end or how many time points should be used. To build on what has worked well before, this study design was developed from published LQR studies which produced insightful data, using similar approaches and selected similar methods which were successfully implemented and yielded insightful results. This was described above via the *best practice* explanation.
3. Participant Attrition: This may result in missing data, which was taken into account when designing the study. Some participant drop-off was expected and accounted for, meaning that even with missing data rich analysis could still be performed. Other longitudinal studies that took places over a year such as Gustavson et al. (2012) and Kothe and Ling (2019) had attrition rates of 17% and 25% respectively, therefore a similar figure was targeted in the thesis study.

While not an exhaustive list of LQR limitations, these represent the key aspects that were considered during the design process.

#### **4.1.2 Time Points**

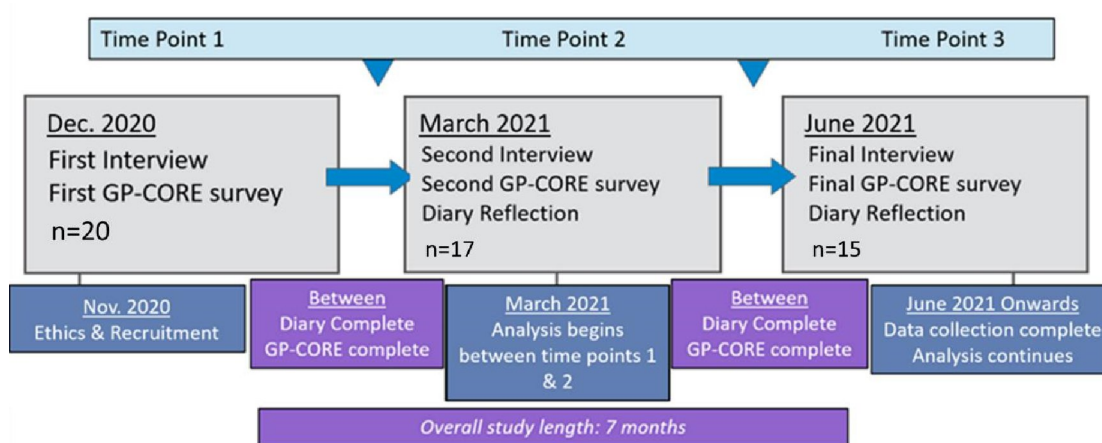
This section explains the rationale for selecting each time point for data collection, as well as the national and university-relevant pandemic context at each time point.

Each period was situated at the end of the university term (December 2020, March 2021, and June 2021). This was to make participation easier for first-year students who would otherwise be in the midst of university work or exams. Adding additional tasks such as interviews and surveys could have arguably led to an increase in stress which, aside from potentially impacting on the participant's interview data, could have negatively impacted their mental health. The time points also allowed for the impact of the pandemic to be experienced throughout the term time where any potential disruption would be most keenly felt, given the

many changes to lockdown rules, regulations and institutional responses that occurred throughout the academic year. Each interview took place at three separate time points, as shown in Figure 5 which shows the overall flow of data collection procedure.

Figure 5

*Data Collection Process*



*Note:* n=number of participants

*4.1.2.1 Time Point One: December 2020*

This cohort experienced sudden school closures in March 2020 - a dramatic and distressing end to the school education that already seen much disruption. The UK government's decision in August 2020 to change assessment of this year's GCSE and A-level marks resulted in grades being approximated via algorithm as opposed to be national test. Teachers' predicted grades were acknowledged to some degree, but 36% of exam results were downgraded by one from teachers' predictions and 3% were downgraded twice (Hazell, 2020).

Subsequent steps to correct the discrepancy between teachers' predicted grades and actual grades saw some grades restored to expectations, though the uncertainty over such a process

offered yet further impacts on young people's mental health, with over two-thirds of young people aged 18-24 reporting reduced mental wellbeing as a result of academic performance and uncertainty in a Mind (2020) survey.

Uncertainty and delays in exam results consequently led to delays in university offers and offer acceptance. As some universities reduced their requirements and others did not, a disparity was created with the institutional response to the lockdown. This left some students struggling to receive placement offers, and a greater proportion of university applicants accessed the Universities and Colleges Admissions Service (UCAS) clearing system in 2020 than the year before (UCAS, 2020). As a result of so many students accessing the UCAS system, crashes were reported frequently throughout August (BBC News, 2020) – once again adding stress and frustration to the process.

New first year students had already experienced disruption to schooling and confusion over grades and therefore their places on courses. Many were therefore already starting with likely heightened stress. They also arrived at a time where restrictions remained in place and most learning activity was online. The nature of the university experience was also greatly altered by the introduction of online learning. Lectures that would normally be in-person were conducted over internal video communication.

#### *4.1.2.2 Time Point Two: March 2021*

Between T1 and T2, national UK lockdown had fluctuated between the introduction of a tier system that saw different parts of the country in different stages of lockdown, to a relaxation of rules over a short period during Christmas time, to the new year and subsequent tightening of rules once again. On January 5th 2021, another national lockdown was instigated, with the curbing of social gatherings and the closing of all non-essential shops in the UK once again coming into force (PM Press Release, 2021).

High fees for university courses and accommodation continued throughout this period (Brown, 2021), as many businesses remained closed. Job opportunities also remained fewer during this time. Many students were locked-down within their accommodation buildings or rooms (Holt-Lunstad, 2021). With no in-person lectures to attend, for many the only point of contact with other people was through the lens of a webcam. Students also began to receive more module grades and an increased workload as the academic year entered the middle stages which brought additional stressors to an already challenging time.

#### *4.1.2.3 Time Point Three: June 2021*

During this period, the government-led Vaccine Taskforce had started the procurement of vaccines, with the NHS dispensing them all across the country. This rapid response helped to put the UK in a strong position, as the country vaccinated more of its population than any other in Europe (Open Government Access, 2021). With regard to the student population specifically, they had a high uptake rate of the vaccine as highlighted by a study from the University of York (Wiggins, 2021) which found 90% of 18,699 student responses were either partially or fully vaccinated.

In spite of this success, however, cases and hospitalisations continued to rise throughout this period, with an expected rise set to continue throughout the reopening process. This was largely due to the emergence of the then-new Delta variant, which was estimated to be 40-80% more transmissible than the previously dominant Alpha variant (WHO, 2021).

The government announced that the fourth and final stage of the easing of lockdown would not happen on June 21st 2021 as initially planned, in part due to the Delta variant, with a new target set for July 2021. Some changes were, however, made from June 21st – specific conditions of visiting venues was left up to the individual premises, with limitations varying

depending on size. Throughout this gradual reopening, students were still urged to work from home, meaning many universities continued to use remote or hybrid learning technology.

#### **4.1.3 Data Collection Tools: Mixed Methods**

This study combined interview data with data from a standardised measure of mental wellbeing – the GP-CORE. This section briefly explains why mixed methods were adopted, and how the qualitative and quantitative data could best be considered to address the research question. It was acknowledged that this was not the only avenue to incorporate mixed methods approaches, but this method was selected on the basis of it being the most appropriate – as will be discussed below.

A mixed-methods study can be defined as an approach that combine quantitative and qualitative data collection and analysis in one study in order to address a wider range of questions than one method alone would allow (O’Cathain, Murphy & Nicholl, 2007), and they typically utilise standardised measures and qualitative interviews as key methods (Almeida, 2018). Mixed-methods research has also been recently applied across a wide range of psychological disciplines, such as educational (McCrudden, Marchand & Schutz, 2019), clinical (De Smet, et al., 2020), sports (Ryba et al., 2022), and health (Johnson et al., 2021). This range of application highlighted the flexibility allowed by using this method.

A review of psychology and health research within England revealed an increase in the proportion of studies classified as mixed methods from 17% in the mid-1990s to 30% in the early 2000s (O’Cathain, Murphy & Nicholl, 2007). Accordingly, there were many different reasons and ways to deploy mixed methods approaches in psychological research, for example it could be used as a means to explore data from different perspectives as a strategy to help offset bias (Fusch, Fusch & Ness, 2018), or else for the integration of findings across

different data source, ultimately producing gestalt findings that can be greater than the sum of its parts (Bazeley, 2018; Guetterman, Molina-Azorin & Fetters, 2020).

Similarly, according to Fetters and Molina-Azorin's (2017) exploration into appropriate mixed-methods design, the way in which quantitative and qualitative methods are interwoven can allow for a meaningful explanation into the research topic at hand. Other researchers also argued that studies using of a mixed methods approach allowed for a deeper, broader understanding of the phenomenon than studies that did not utilize both a quantitative and qualitative approach (Creswell, 2013).

Although qualitative and quantitative methods represent different paradigms, mixed-method epistemology has often been based on a foundation of pragmatism – the idea of using what will work effectively to achieve the best results possible. (Guyon, et al., 2018). Using pragmatism within this study allowed researchers to address the considerations of both qualitative and quantitative methods (Maxcy, 2003).

## **4.2 METHODOLOGICAL PROCEDURE**

This section will detail the practical procedure that was undertaken to generate participant data, including discussion on the analytical approach.

### **4.2.1 Ethics**

Ethical approval was gained from the University of Leeds Faculty of Medicine & Health Research Ethics Committee (approval number PSYC-147, date of approval 23/11/2020; see Appendix A).

The study was informed by the British Psychological Society (BPS) Code of Ethics and Conduct (2018) which was a vital resource when considering such details. Mental health can be, by its nature, a deeply personal and often difficult topic to discuss, and appropriate respect



was given to the individuals who chose to participate. Great consideration was given in relation to the potential for participant distress in and after the interviews. Efforts were made to ensure the participation process remained as comfortable as possible while including the four central principals of the BPS ethical code: respect, competence, responsibility, and integrity (BPS, 2018).

As part of the core value of respect in the BPS code of ethics, “issues of power and self-determination” (BPS, 2018, pg. 6) were recognised as the study aimed to support participant control and autonomy by giving participants the power to choose their preferred method and time of interview; participants could choose if they preferred a text-based or video (camera on or off) interview. Text-based meant using only the typing space on Teams, without the use of cameras or microphones. Further detail on interview structure are under *Procedure*.

Ensuring that the researcher was prepared for the interview and potential participant distress was a key part of the ethical process, as the BPS code (2018) states: “Members value the continuing development and maintenance of high standards of competence in their professional work and the importance of working within the recognised limits of their knowledge” (pg. 6). The head researcher – myself – was experienced in conducting semi-structured, qualitative interviews – as were the supervisory team.

Managing the researchers’ own safety through frequent meetings with the supervision team, and by ensuring that the researcher was aware of other support available throughout study, such as health and wellbeing services.

Researcher integrity was also considered throughout the process of the study design; given the potentially personal and difficult disclosures participants presented in a study situated around mental health it was vital that the approach focused on the “accurate unbiased representation” (BPS, 2018, pg. 7) of each participant. They were able to share their

experiences without worry that their words would be misconstrued as “openness and clarity” (BPS, 2018, pg. 7) were promoted throughout researcher-participant contact.

Participants also remained as informed as possible from recruitment to post-interview; the opportunity for confidential questions and answers was offered at multiple points and information sheets were given to participants prior to interview to detail the purpose and rationale behind the study. This was done to help participants make an informed decision about whether or not to take part, and to make it clear what taking part involved.

The design of the safety plan aligned with the BPS Code of Conduct in terms of ethical guidance on safeguarding participants. Responsibility is a core tenant of the ethical guidelines, to quote the policy directly: “Awareness of responsibility ensures [...] duty towards others is always paramount.” (BPS, 2018, pg. 7). The safety plan allowed for a direct line of responsibility between the researcher and participant, as the researcher’s duty of care remained at the forefront of the research.

The option for breaks was highlighted at the start of any interview, with prompting for breaks being given in the case of any signs of distress. Participants were assured that they were under no obligation to share more than was comfortable, and that any question could be refused without any explanation. This aligned with the BPS ethical concept of “the importance of compassion” (pg. 6) as participant comfort was also at the forefront of the researcher’s mind.

An approved protocol for managing disclosures was also put in place to help reassure both researcher and participant of their safety; information would remain confidential unless the researcher had grounds to believe that the participant was a potential danger to themselves or others, at which point supervision team members would be informed, and further authorities be contacted if necessary.

Post-interview the participant was offered information regarding mental health support at their university should it be wanted, to once again mitigate any potential distress caused by the interview.

Data management was a key aspect of the study in terms of ensuring participant data was secure. All forms of data were saved in secure university databases, which were password protected and only accessed via university laptops.

While not an exhaustive list of all ethical considerations in the study, they were the most pertinent. Figure 6 is a reflective box on the ethical process post-data collection. It details my thoughts on the overall process, and how I hoped to ensure a safe, secure environment for all participants.

Figure 6

*Reflective Box on Ethical Practices*

The process of looking back over my ethical practices has made me consider the BPS code all the more, particularly the key concepts of empathy, sympathy, and compassion to participants. I always try, even outside of my professional life, to be an empathetic person and I think this served me well in carrying that attitude into this academic work. The whole process of adapting and changing to remote interviews was interesting as well, since both the participants and I were experiencing similar things; we both had to quickly change our work routines to fit the new world around us. This again, helped me with my empathy throughout the interview process. In terms of the safety plan, I feel that it was sufficient for the task – though looking back I wonder if it was necessarily appropriate to ask participants about a place they could go, given that much of the world was locked down. All participants completed it with no comments on that question, however, so I believe it was sound in the end. The whole concept of 'safety' was something that this study made me think about in much greater detail: the remote nature of the work meant that safety measures needed to be adapted to suit the new environment. I feel that the study design was good at keeping everyone (myself included) both mentally and physically safe.

*4.2.1.1 Safety Plan*

Safety plans are described as tools that help individuals to make sense of and understand their thoughts and behaviours in relation to poor mental health (Iveson, 2017). Often used to help

those experiencing suicidal thoughts, their aim was to allow people to think about the support they already have in place and what they could do to help when feeling distressed (Vivyan & Chellie, 2011). They have seen great utility among mental health charities as a resource for service users who are in need of a safety net during times of difficulty; see Figure 7 for an extract from the Every Life Matters (2022) safety plan template, where service users were asked to write down strategies, people and other options that were already available to keep them safe when in distress.

Figure 7

*Example Sections from Every Life Matters' (2020) Safety Plan*

The image shows a safety plan template with four sections, each with a distinct icon and a large empty space for writing:

- Lifting my mood:** Represented by a pink exclamation mark icon.
- My informal support:** Represented by a green question mark icon.
- My coping strategies:** Represented by an orange person icon.
- Professional support:** Represented by a red telephone icon.

Research has shown that when individuals experience mental stress, they can often struggle to reach out in search of help (Zalsman, et al., 2016), and can have difficulty accessing what limited evidence-based interventions are available (Yip, 2011). This warranted a focus on specific intervention (SPIs) to help overcome these barriers when individuals are in distress (Melvin et al., 2019).

Empirical research evaluating safety planning interventions (SPIs) is a growing field, and a building body of evidence supported their use such that SPIs have been identified as ‘best practice’ by the US Suicide Prevention Resource Centre (Melvin et al., 2019). While the

thesis study was not focused strictly on suicidal ideation, high levels of stress and potential risk of poor mental health were key factors in participant inclusion, thus the inclusion of such research was appropriate when considering method choice.

A recent systematic review performed by Ferguson, et al. (2022) sought to determine the effectiveness of SPIs among the adult population. Among the 26 studies that were included, most SPIs were delivered in-person, however some explored internet-based interventions which was the method of delivery for the thesis study. Primary measures of exploration included depression, hopelessness, and suicidal ideation – all of which were relevant to the thesis study aims. Evidence by the review found decreases in depression and hopelessness, along with reductions in hospitalizations and improvements in treatment-seeking behaviour, suggesting overall that SPIs are a feasible intervention to use in such cases. Also highlighted was the flexibility in SPI as improvements were found regardless of delivery (face-to-face or online), modality (whether digital or paper-based), or facilitation (self-administered or guided). While this study explored SPIs as a stand-alone interventions, rather than as safety nets for research participants, the utility in terms of managing safety during periods of stress nonetheless made it suitable for use.

Given that the thesis study shared many of these qualities – online, digital, where the SPI would be self-administered – the positive results indicated that it could be a practical tool to help participants feel secure. Ferguson et al.'s (2022) review also directly addressed the SPI suitability for use during the CV-19 pandemic, stating that “the COVID-19 pandemic has seen a greater reliance on tele-health and the SPI with its adaptability is well-suited to being delivered via this digital modality.” (pg. 1030).

For the purposes of the thesis study, the SPI was developed as a four-item tool (explained below) asking participants to detail existing support in their life, from which additional

knowledge could be gleaned about where students go to for support, and what support means to them. As participants were – by the study’s design – vulnerable to poor mental health, this was especially important to help encourage personal agency, such was the intention of the safety plan. Many participants could find it difficult to visualise the help they can receive until being asked directly (Ryan, Mulholland & Agoston, 2014). By encouraging that conversation, participants could potentially realise that they have more emotional and/or personal support strategies than they believed before. A key aspect of the safety plan was to bring participants to this conscious awareness of the safety options they had so that they would be 'on their mind' post interview if needed.

Following will be a brief explanation behind each question, and the ethical issues raised.

*Item 1: What works to help me cope with how I feel? For example, distraction or relaxation – exercise, watching TV/You tube, meditation*

Personalised and effective coping mechanisms are important tools for that person’s ability to manage challenges in the future. This question aimed to bring these to mind. The underlying assumption was that writing down a plan for coping with distress increases the chances of executing that plan, as is shown in studies of ‘if-then’ approaches in psychology (Dechesne & Ahajjaj, 2021). This question allowed the incorporation of suggestions that were financially viable for young adults dependant on maintenance loans; inexpensive coping measures that can be accessed from the safety of one’s home meant that support would be accessible to all.

*Item 2: Which people or places help me feel better? For example, friend, library, coffee shop: be specific about what and where*

An assumption in the plan was that listing forms of support is itself helpful in that perceived social support can be as important as actual social support (Haber et al., 2007). This question aimed to remind participants of the support, and perceived support, that they could receive

from other people – family, friends, colleagues, etc., even under lockdown. In terms of places, this was partially aspirational – participants could look forward to times when they could visit places they enjoyed. This was a reaffirmation that those places are still there, and that the isolation is not the end of everything.

*Item 3: Who can help me when I am feeling down? For example, if I was to say how I feel, who would I want to help (mum, partner, friend): be specific*

Similar to the previous question, this was more specific and encouraged the participant to focus on their relationships with other people, as opposed to other places.

*Item 4: Which professionals or organisations can help me when I am feeling down? For example, any healthcare professionals involved in my care, crisis text or phone line: list names and numbers.*

In case the participant did not feel they had any personal sources of support, one safety plan question prompted consideration of formal sources of support. As participants were already aware of their own mental health, it was important to acknowledge any professional involvement in mental health services that they might have experienced. Understanding that such professionals and organisations were there to be accessed can help participants to reach out where they otherwise might struggle in silence. Having a list of numbers to look to in times of crisis can be much more accessible than needing to search online for solutions. Prior preparation from potential struggles is always more beneficial than reacting as and when.

Overall, while simple in its execution, the safety plan was anticipated to be a useful tool managing potential distress. It allowed the researcher to point towards those personalised coping and support options should the participant appear to be in distress during or after an interview. Participants completed the safety plan – sent via email to their indicated email address – prior to the first interview contact, once consent was given.

### 4.2.2 Sample

At T1, 20 participants were recruited for the study. Due to attrition, this was reduced to 17 at T2, and 15 at T3. 16 lived in university accommodation, 3 lived with family, and 1 lived in privately-rented accommodation.

#### 4.2.2.1 Inclusion criteria

The inclusion criteria for the study were that participants: (1) be a first-year university student at a UK university; (2) self-report as having experienced a period (between 3-12 weeks) of poor mental health since March 2020, compared to their usual levels of mental well-being, constituting impacts on their mental health prior to starting university; (3) be entitled to the full UK student maintenance loan; (4) be able to take part in an interview in English; (5) feel well enough to take part.

As per Keyes (2002), this study conceptualised 'poor mental health' as part of a continuum from flourishing through to mental health disorder. The term 'poor mental health' was used but not defined in recruitment material as it is the subjective experience of feeling one's mental health is poor compared to usual that mattered (as per Peters, 2010). Participants with a mental health diagnosis or receiving ongoing professional support were excluded for ethical and safety reasons, that is, the doctoral student was not clinically trained. Although these were conceived of as potentially vulnerable students because of their mental health experiences and circumstances, it was important to hold a strength-based perspective of these individuals throughout the study (Proyer et al., 2015). As much as participants had experienced impacts on their mental health they were just as likely to have many personal strengths that helped them cope throughout their lives. For example, these individuals were able to achieve grades needed to attend university – something often difficult in itself for young people from low-income households.



Some participants did report involvement with mental health services in the past, and clarification was sought as to whether they were currently undertaking professional support. Prior service involvement was not a barrier to entry – only that they were not in treatment at the time of study. If a student has disclosed worsening mental health over the course of study, they would have first been directed to explore their safety plan (see section 5.3.2) in an attempt to help their worsening MH. Should symptoms have continued to increase in severity, the researcher would have reported concerns to the supervisory team, and potentially involved MH support services after further discussion with the participant. Over the course of the study, six participants (30%) reported that they had approached support services – in some cases as a result of their participation. These individuals were not removed from the participant pool for several reasons. Firstly, the research followed closely the ethical approval of the present study, which did not include removing individuals from the study should they begin accessing support. Additionally, the participants' intention to take part in a long-term study signalled that it was potentially of help to them, therefore a decision was made to support their agency – it is a very different thing to exclude someone prior to recruitment vs removing them once they had opened up to the researcher. This would not have been in the spirit of the present study, where part of its focus was to help improve mental health outcomes for vulnerable young people.

On the other end of the risk spectrum, it was important to differentiate levels of mental health impact that would be normal or expected for first-year university students compared to a prolonged worsening of stress or something that pushed students' experiences into the realm of 'poor mental health'. This differential was largely guided by the DSM-V definitions of depression and anxiety (APA, 2013) which provided a clear baseline of what constitutes a significant raise in mental health symptoms. Some clear distinction among both definitions was that (i) the individual's symptoms of stress would impact their regular daily functioning

and (ii) that the individual's experience of symptoms would persist for at least six months (APA, 2013). In both cases, regular levels of stress would not be expected to reach those thresholds, as typical university stress is episodic in nature, being triggered during significant life moments such as exams, and passing once that period was over (Zvauya et al., 2017). These feelings typically pass. Further, the GP-CORE scores helped to classify participant mental health experiences in terms of severity – expected university stressors were considered in the initial generation of the method (Cooke et al., 2004), making it a valuable resource in ensuring an accurate representation of poor mental health experiences.

Entitlement of the full UK student maintenance loan was the criteria for 'low-income'. Maintenance loans are provided by the UK government to assist in student living costs (rent, bills, food, and so on). To be eligible for this study, students had to be in the lowest household income bracket of £25,000 per year or less, leading to yearly loan of £9,488 if living away from home (Student Finance England, SFE, 2020). This approach to categorise low-income was decided upon as it avoided the need to ask potentially invasive questions during the recruitment process; it was important that the participant not feel judged as poor, or lacking, or other negative stereotypes associated with low socioeconomic status (SES) groups. In terms of speaking about such issues during the interview process, the researcher followed this line of thought in avoiding negative language around wealth inequality – focusing on how the individual had been coping or managing, and asking how their overall finances were, as opposed to skewing questions towards the negative, i.e. "what does your financial situation look like now?" rather than "how are you coping with fewer finances?". It was also important for the researcher to draw focus to what the participant had, rather than what they did not, in order to maintain a positive relationship and keep the student more positive.

The participation of local areas (POLAR) is an indicator of university participation by local area, is a key measure used in contextual admissions in the UK to indicate how likely young people from different areas are to participate in higher education (Office for Students, 2022). It classifies local areas into five groups based on the proportion of young people who enter higher education aged 18 or 19 years old. This could have been an alternative way to measure participant wealth disparity versus the general university population, however, according to findings highlighted in a report on measuring disadvantage by the Sutton Trust (Jerrim, 2021), POLAR is not suited to measure socio-economic disadvantage, and is poorly correlated with low family-income (correlation = 0.22). Additionally, as POLAR focuses on the likelihood of low-income individuals attending university, it was less suited to the present study where all participants had already begun their studies.

Jerrim's (2021) report also highlighted the potential for discrimination within the POLAR system. Grouping individuals together by geographical location takes away much of nuance and personal experiences of these young people, which is especially important for marginalised groups such as those considered to be 'working class'. A stigma continues to exist around working class students attending university, as a recent thematic analysis exploration into such students' lived experiences by Harrison, Hulme and Fox (2022) found that they can experience bullying as a result of their upbringing, and a sense of being different compared to everyone else at their university. Given that the present study wanted to give voice to these marginalised students, it was vital to make every effort to ensure that participants did not feel like an 'other'. By using a national and well-known system of student benefits like SFE, it was hoped that this would be limited, as government statistics (Open Government, 2023) indicated that over 1.2 million UK university students took out a loan – highlighting that they were by no means alone in needing additional support, even if not all required the full amount.

#### *4.2.2.2 Diversity and representation*

Initial recruitment was open to any first-year student in the UK through opportunistic sampling. It was proposed initially to aim for a balance of genders/ethnicity in order to explore as many different viewpoints as possible, however it was ultimately decided that to limit participation in this way would be a detriment to the study overall. Given the length and commitment needed, it was more important to reach as many potential participants as possible to complete the study. There were additional pragmatic and logistical reasons for this approach, as all recruitment had to occur within a short time frame in order for the interviews to begin at the first time point – this meant that the researcher did not have the benefit of time to purposively sample for more diversity across key demographics.

Additionally, it was felt to be against the guiding principles of the study – to explore poor mental health and potentially generate ways to improve it – to refuse someone willing to discuss their story as a result of their gender or ethnicity; for example, if the number of males had been exceeded, it would have been inappropriate to refuse the next applicant assuming all eligibility criteria were met.

Both UK and international students were eligible for the study, which again was made so as not to limit those who wanted to share their experiences. The impact of covid has also been felt across the world, and to discuss the particular impact of an international student attending a UK university would offer a unique insight that would otherwise go unheard.

### **4.2.3 Data Collection Tools**

#### *4.2.3.1 Semi- Structured Interviews*

The semi-structured interview is described as an exploratory interview method that is focused on a core topic to provide a general structure to the questions asked. It also allows for discovery, with space to follow topical tangents as the conversation unfolds (Magaldi &

Berler, 2020). They were selected as the means of qualitative data collection because of this unique flexibility in regards to each individual participant's experience, which would each offer a different viewpoint into the CV-19 pandemic.

Additionally, since other methods would be included in the thesis study – diaries, GP-CORE – it would have been a detriment to the overall dataset to be unable to use it during questioning. Had the interview approach been a purely structured one, there would have been no room to ask participant-specific questions about events which emerged via these other methods (Brinkmann, 2014).

There are criticisms surrounding the semi-structured interview method, chiefly in regards to the risk of researcher pollution; the idea that a researcher can shape the data in any way they wish (Adhabi & Anozie, 2017). While it was true that the interpretation of data was ultimately at the researcher's discretion, the thesis study took steps to mitigate the risk of potential bias. Chief among which was the inclusion of a secondary analyst at the coding and theme generation stages. This approach has been used in prior qualitative work and has been found to be consistent with the analysis process; Rodham, Fox and Doran (2015) worked to explore analytical trustworthiness and the process of reaching consensus in qualitative, IPA-based research. A key aspect of their findings was that through “engaging in a shared analysis and “stimulating discussion” (pg. 59), researchers could improve the trustworthiness of their findings through limiting researcher bias and engaging in alternative viewpoints. This view is further supported by Kallio et al. (2016) who suggested that by having the same interview data analysed by multiple viewpoints, the potential for research pollution is reduced as no singular individual held all decision-making ability (Kallio et al., 2016).

Additionally lies the concern that participants may give limited, or otherwise self-edited, answers to provide the researcher with what they perceive to be the ‘right’ response

(Schmidt, Haberkamp & Schmidt, 2011). Research into qualitative methods has shown, however, that semi-structured approaches actually allowed the interviewees a unique degree of freedom to explain their thoughts and highlight areas or experiences of particular interest (Kallio, et al., 2016). It is argued that the potential for limiting answers is associated with researcher competence in the semi-structured interview delivery (Newcomer, Hatry & Wholey, 2015), as participant openness and willingness to give honest answers is impacted by the interview environment (Adhabi & Anozie, 2017). Given that the lead researcher had experience in delivering this method, it was decided that this risk would be as limited as possible.

Owing to the nature of the CV-19 pandemic at the points of interviewing, it was necessary to offer remote interviews for the safety of both researcher and participant. Reducing the need to travel and potential exposure were paramount concerns throughout the research process. The option to interview via telephone or online were therefore utilised. These approaches not only mitigated the risk of covid exposure, but also allowed students to fit the interview more easily around often busy schedules, and both time and location could be almost entirely flexible around what the participant found most comfortable. Such approaches aimed to afford the participant a good degree of anonymity and sense of security. See Figure 8 for a reflexive box on the process of deciding a medium for interviews.

Figure 8

*Reflexive box on the researcher's approach to interview methods*

As an autistic researcher myself, I have struggled with my own experiences of poor mental health. Deciding on how to conduct these interviews was a matter that brought a lot of initial anxiety. I wanted to do the best that I could in terms of getting rich data, but I was also aware of my own limitations my social anxiety is significant to such an extent that I can find it difficult to speak with people face-to-face. I always anticipated that this could have been a barrier towards my thesis, but finding online interview methods had it possible for me to properly engage with participants in a way that I could manage. Without this online medium, I would have likely struggled to have conducted as many interviews as I did.

I adapted the methods slightly in that I was open with participants; explaining that, assuming I had their permission to do so, there may be times that I would need to turn off my camera during interviews in order for it to continue. I am very grateful to all participants, as not one had any problems with this approach – again, I feel that this helped to form a good rapport as some experiences of anxiety could be more easily shared and understood.

I also had very good support in terms of my supervision team, all of whom were aware of my problems, and were always happy to listen to any concerns I might have had. I have also frequently used the university mental health support services in the past, which was another avenue of support I was glad to have if I needed it.

Being interviewed can also be cathartic for participants, as La Rooy, Lamb and Pipe (2009) highlighted when they explored the benefits and risks of the longitudinal interview method. They found that through repeated discussion of thoughts, feelings, and experiences, participants benefited from the discussions as they helped to come to terms with the subject matter.

A recent critique into remote qualitative approaches in the wake of CV-19 by Saarijärvi and Bratt (2021) suggested that remote interviews were more inclusive as people can participate regardless of location, with aspects such as travel cost and distance being negated. Given the present study's focus on low income backgrounds, the removal of travel costs was especially important. Additionally, research indicated that individuals going through times of reduced mental wellbeing were more likely to be open and honest in an environment in which they feel comfortable (Waheed et al., 2017); that the participant can be wherever they like during the interview was helpful in promoting this comfort – and therefore more open responses.

The ethical issue of accessibility was key during the design process of the study; remote interviews as a whole widened the proverbial net of participation to include those who would not be able to attend a face to face meeting. Reasons for this are numerous, from concerns over the cost of transport, to childcare during the interview, and not feeling comfortable

travelling to meet a stranger (Gruber et al., 2021). The present study having offered a choice to use written lines of communication (such as via chat function in online ‘meetings’) went one step further however, as for some individuals it remained difficult to speak in a face-to-face setting even when it was virtual. Anxiety over speaking can be a significant barrier to participation, as individuals may have felt additional judgement based on their personal appearance at the time of interview – or indeed their surroundings where the interview was conducted online (Weller, 2017). This can be particularly true in cases where research is focused on mental health (Abolfotouh et al., 2019). It was hoped that by allowing participants to contribute via the chat function, it would relieve some pressure and fear of judgement, and with the freedom to look however they feel most comfortable within the safety of their own home. Because of this, there was no requirement to turn the camera on for interviews.

There is arguably something fleeting about the spoken word in that once it is said, it is gone from the immediate situation unless recalled later; this can lead to participants sometimes feeling unsure about what they have already said or not said, and a potential worry that their words are correctly heard. Use of the written word helped greatly in terms of the participant being about to take physical ownership of their responses; their words were visible and present, and could be easily drawn from.

It was not only for participants that this method was useful, as the researcher also felt the benefits of improved accessibility. Participants and researchers who struggle with physical speech for a variety of reasons would normally be unable to take part in such qualitative interviews, but having the option of a text-based approach once again served to broaden the reach and inclusivity of such important work.

#### *4.2.3.2 Diary Entries*



While some participant attrition was anticipated, light touch diary prompts were included to foster retention and to support the interview focus. They also added further richness to the qualitative data pool by including exploration of any particular events or feelings that were highlighted during the study period.

It has been argued that diaries are an ideal instrument in LQR as they provide a dated, concurrent record of interpretations, experiences and events in a way that other qualitative methods do not (Bytheway, 2012). The data a diary offers can be interpreted in two ways: as the individual's construction of personal and social experiences, or as a source of information about unfolding sequences of events (Snelgrove, 2014). Both avenues of interpretation held relevance to the thesis study as firstly, the core aim was to explore the lived experience of participants, and secondly, as the pandemic evolved it was important to understand how events – such as government announcements – unfolded through the eyes of the participants.

Diaries also provided material for a triangulated approach by, for example, generating questions that might be asked during subsequent interviews. Studies such as McCullough, Bono and Root (2007) have used this method to help inform interview questions; a topic or specific event mentioned in a diary entry can be called upon during interview to glean more insights about the participant's experience.

Reflections on the diary method by Day and Thatcher (2009) went into great detail on how participants themselves view the method, and how it might have benefited them as well as the research itself. They highlighted that diaries allowed some participants to include accounts of sensitive or private experiences that would otherwise not be easily discussed during interviews as for many people it is easier to write something down than to speak out loud.

Further data by Day and Thatcher (2009) highlighted the importance of maintaining positive contact and rapport between the researcher and participant; when asked about the process of

writing diary entries, all participants commented that they felt encouraged and valued in writing about their experiences when contacted by the researcher:

*“I guess it was just that it made you think about how important what you were writing was. Like someone wanted to know about what you were going through [...] and cared about what you were writing.” (pg. 250).*

Given the sensitive nature of the research topic, this good relationship and participant sense of value was important to establish. By reassuring participants that their views and experiences were appreciated, the richness and honesty of responses would be improved when compared to a three-month period of silence between researcher-participant contacts.

The diaries were a series of monthly prompts to fill in a short set of 4 questions (see Table 1) detailing any significant events that have positively or negatively impacted their resilience/mental health. These questions were generated after initial suggestions were compared with similar work using qualitative diary entries studying mental wellbeing over time. Linton et al. (2021) found that using layman language, relaxed tones, and inviting – rather than demanding – questions were important aspects to consider when using electronic diary entries for university students. These main attributes were kept in mind as the diary questions were finalised.

Table 1

*A List of Prompts from Diary Entries*

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Diary Questions

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1. How have you been feeling over the past month or so?
  - 1a. How have you been feeling since your last diary entry?
2. Please tell me about any challenges you’ve faced, and how you think you've managed with them (this can be good or bad).

3. Has anything affected your wellbeing? This includes anything related to covid, lockdowns, university in general.

4. Is there anything else you think would be helpful for us to understand?

4a. This will be the final diary entry for this study.... Thinking back through your time at university, is there anything you'd like to highlight about your experience of mental health during this past year? Almost as a closing statement?

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*Note:* 1a was asked at T2&3 only instead of 1; 4a was asked at T3 instead of 4

#### 4.2.3.3 GP-CORE Scores

The GP-CORE itself is a 14-item (see Table 2) self-report measure created for non-clinical populations. It focuses on lower-intensity symptomology, which made it a suitable choice of measure for a non-clinical population as was in the thesis study. The creation of the GP-CORE stemmed initially from a project by the University Quality of Life and Learning Project (Cooke et al., 2004), focusing on the psychological well-being of full-time university students, which again highlights its utility in the current study.

Uniquely against other similar measures, over half the items in the GP-CORE are positively keyed which has shown to improve accessibility to student participants (Evans et al., 2005); focusing more on positive responses yields greater responses than more negatively keyed items. Further analyses by Evans et al. (2005) showed that the GP-CORE had good reliability in terms of distinguishing between clinical and non-clinical populations, which was appropriate for a study that aimed to explore a non-clinical population.

The GP-CORE has also seen frequent use across multiple mental health studies in the university student population, seeing positive results across different countries and cultural backgrounds. For example, it has been used to explore poor mental health in university students in South Africa (Fakroodeen, 2020), China (Zhang et al., 2020), and the UK (Collin, O'Selmo & Whitehead, 2020) – this list is not exhaustive, and serves to highlight the

methodological aptitude of the approach as it is applicable across cultural barriers and norms. Given the rigor of this method, it was decided that a secondary quantitative measure would not be used as the GP-CORE has demonstrable use in the target population. Additionally, it was important to maintain the integrity of the initial study proposal, which weighed its focus on the qualitative aspect of mixed methods, which drove the majority of analysis.

Table 2

*GP-CORE Score Items*

Item	Item # in GP-CORE	Item # in CORE-OM	Positive wording	Hi/Low intensity	Domain-cluster
I have felt tense anxious or nervous	1	2		Lo	Problems-anxiety
I have felt I have someone to turn to when things go wrong	2	3	+	Lo	Functioning-close
I have felt OK about myself	3	4	+	Lo	Subjective well being
I have felt able to cope when things go wrong	4	7	+	Hi	Functioning-general
I have been troubled by aches, pains or other physical symptoms	5	8		Lo	Problems-physical
I have been happy with the things I have done	6	12	+	Lo	Functioning-general
I have had difficulty getting to sleep or staying asleep	7	18		Lo	Problems-physical
I have felt warmth or affection for someone	8	19	+	Lo	Functioning-close
I have been able to do most things I needed to	9	21	+	Lo	Functioning-general
I have felt criticised by other people	10	25		Lo	Functioning-social
I have felt unhappy	11	27		Lo	Problems-depression
I have been irritable when with other people	12	29		Lo	Functioning-social
I have felt optimistic about my future	13	31	+	Lo	Subjective well being
I have achieved the things I wanted to	14	32	+	Hi	Functioning-general

The GP-CORE was chosen with a view that it would have a number of roles in the analysis.

First, it was administered in order to provide a reliably comparable measure of the mental health symptomatology of the sample and how that changed over time. Second, having a quantitative measure of mental health symptomatology allowed the researcher to analyse qualitative experience within the context of each time point's level of symptomatology.

Third, it was anticipated that particularly interesting or divergent GP-CORE scores could direct analytic attention to certain cases in the sample. This approach was advocated by Dawadi, Shrestha and Giri (2021), who wrote extensively about the use of mixed-methods. They suggested that a key rationale for using standardised measures with interviews was “to develop more effective and refined conclusions by using the results from one method (qualitative or quantitative) to inform or shape the use of another method (qualitative or quantitative)” (pg. 25). It was planned that, if a participant had a particularly extreme score,

either low or high compared to the rest of the sample, their experience could warrant deeper investigation to understand experiences divergent from the group 'norm'. Exploring what in particular might have caused those scores had the potential to yield a deeper understanding of the overall experience.

In terms of what qualifies as a high or low score, the present study adjusted the CORE-10 severity scale (O'Reilly et al., 2016) for the number of items used in the GP-CORE measure. The CORE-10 was the original measure from which the GP-CORE was derived, making the adjustment a sound approach. The resulting scale is as follows: Healthy (0-9), Low (10-18), Mild (19-27), Moderate (28-36), Moderate-to-Severe (37-45), and Severe (46 and above), where 56 was the highest possible score. It was acknowledged that other approaches could have been used to ascribe severity to participants, such as quintiles or through group means, however it was important to the researcher to acknowledge the roots of the GP-CORE score during analysis. Additionally, whilst the CORE-10 is a clinical measure and the GP-CORE not, prior work has used a similar method with good results; Cann et al. (2010) scaled the GP-CORE score for use in measuring the mental health beliefs during a period of disruption to be used within applied research settings.

#### **4.2.4 Procedure**

Participants were recruited through social media posts in September-October 2021, as they began their first year of university education remotely. They were invited to contact the researcher if they wished to find out more or to sign-up for the study, with monetary incentives set at £25 after first interview (with all necessary information obtained) and £30 after final two (T2 and T3).

Once participants made contact, and information sheet was shared via email (see Appendix B) which gave an outline of the study aims and what was involved, with the opportunity to

ask any questions being raised. Following this step, participants completed consent forms (see Appendix C) prior to any data collection – as part of informed consent, participants agreed to video and audio recording of interviews. Participants were then instructed to complete their safety plan.

Interviews were booked at a date and time convenient to the participant. The GP-CORE questionnaire was sent via an email survey link to the participant one week prior to interview to give enough time for it to be completed beforehand. This was repeated at each time point. Diary entry forms were sent via email attachment at the beginning of each month following completion of the first interview.

Three semi-structured interviews were conducted in December 2020, March 2021, and June 2021 by the doctoral student via Microsoft Teams. It was anticipated that interviews would last approximately one hour. Interviews began by rechecking consent and outlining the interview schedule to ensure participants were comfortable to commence.

Interviews explored four main areas as discussed below, with example questions given. The interviews were semi-structured in nature, therefore most questions were formed according to participant responses at the time.

1. How their mental health was impacted by the pandemic.

One of the core aims of this study was to explore the lives of individuals with prior experience of poor mental health. By asking questions related to the way they responded to the pandemic, the researcher was able to identify potential changes in mental health that were specific to the pandemic.

*This study has asked people to come forward who have experienced poor mental health – can you describe this to me?*

Asking participants their own opinion on their own mental health laid the groundwork for future questions; how individuals view themselves can shape their experiences.

*How have you been feeling since starting university?*

As the university environment was integral to the study, it was important to maintain focus there.

*Have the covid restrictions made an impact on your wellbeing?*

Similar to above; maintaining focus on covid-specific responses was a key aspect of the study.

*I noticed in your GP-CORE survey, you rated \_\_\_\_ particularly high/low. Could you tell me more about that?*

*\*Second interview onwards\* In your diary you talked about \_\_\_\_\_. Can you talk me through what happened and how you felt?*

The above two questions utilised other data collection methods to inform interview questions that would be unique to the participant. It allowed the participant themselves to identify topics they wanted to discuss, or situations that were particularly important.

*\*Second interview onwards\* Can you tell me about any changes, between now and last term? Do you feel any better or worse, or about the same?*

The longitudinal aspect of the study was one of the central elements making it unique. Such questions allowed the researcher to properly explore the temporal changes and experiences of participants.

2. How their financial situation was impacted by the pandemic, and what that means for university.

Inclusion criteria for the study included that participants be from a low income background – in receipt of the full student maintenance loan. Asking questions about how this subset of potential vulnerability impacted them allowed for a more complete picture of each participant to emerge.

*Do you think your financial context is shaping what's happening?*

*Would it be okay to talk about your finances a little bit? How are you finding money at the moment?*

Both above questions drew attention to the financial situation of participants. It was important to ask such things in a caring manner, as monetary issues could have been a difficult topic for participants to freely discuss. Asking specific permission first was therefore included.

*\*Second interview onwards\* Has your financial situation changed at all since we last spoke?*

This questions addressed the longitudinal aspect of the study as related to finances.

### 3. How they managed with university education during the pandemic.

As the university environment under lockdown provided the context for study, it was necessary to draw focus to university living in order to explore the impact that was had on mental health and resilience.

*Can you tell me about a normal day for you, as a university student during the pandemic?*

By asking participants to delve into their daily routine, insights of their way of thinking and responding to experiences could organically come to light. Starting with a broad overview also allowed the researcher to focus in on any specific areas that emerged as particularly interesting or unique.

*How have you found online learning?*



Another somewhat broad question that gave space for the participant to freely think about their own experiences within the bounds of online learning – which was a major component of covid lockdown and how learning was impacted.

*What's on your mind most when you think about your time at university? What's been hard or easier?*

Participant responses to similar situations were unique to the individual; asking for their opinion on what has been easier or harder gave them space for reflection which was a rich source of data. Additionally, by not always focusing on the negatives, the risk of biased responses was reduced and it gave potential for the participant to find the interview process easier; talking about good experiences was typically easier than bad.

*How has your mental health impacted your time at university?*

As much as university impacts mental health, the opposite is also true. The question allowed for an exploration into that aspect of the student experience.

#### 4. How they had coped during the pandemic.

Resilience and coping were additional aspect of the study aims. The word 'resilience' emerged as something that few participants actively used or thought about – vocabulary focused much more on 'coping' and 'managing', therefore questions were adjusted to use these more relatable terms.

*How would you say you're coping with everything that's happening right now?*

*Can you tell me about a situation that's got you down, or made you feel more positive?*

Both questions allowed participants to explore either positive or negative experiences to avoid steering responses toward any particular outcome. It was important to acknowledge

that there could be some potential coping benefits as well as risks, so questions were purposefully left open ended.

*What could make things more manageable?*

There was potential for the study to highlight avenues for improvement in subsequent university years, should events similar to the pandemic continue to occur.

*\*Final interview\* Looking back between now, at the end of the year and when we first started talking at the beginning, how do you think you've coped overall?*

This was among the final questions asked of participants. It explored the overarching experience across the whole academic year, and how it shaped the individual's coping. By asking a person to think back to a specific point in time, it allowed them the chance to reflect on personal differences between those times.

At the interview's end, participants were reminded of their safety plan and asked whether they felt well settled to exit the interview. Any resulting questions were answered and the participant was thanked for their time before the recording was ended with the interview concluding. Payment was sent upon completion of the first and final interviews. In the case of those final interview, more time was taken to explore how the overall process of participation had been for the student.

#### **4.2.5 Data Preparation**

For text-based interviews, data was copied onto a word document in a format suitable for analysis. Video calls and automatically generated transcriptions from MS Teams were downloaded via Microsoft Stream and deleted from online storage. Transcription was improved to playscript standard (Gibson & Hugh-Jones, 2012) and data was anonymised. The

mean interview length was 76.05 minutes. Diary entries and safety plans were also saved to word documents for analysis.

#### **4.2.6 Analysis Protocol and Questions**

Large volumes of data had to be effectively managed and analysed in order for the present study's use of LQR to be successful; however a lack of clear instruction on how to do this has led to many researchers being uncertain of what to do with the data they have gathered. To begin meeting this challenge, it was important to establish the current state of play in terms of LQR analysis. Authors of such work have usually performed thematic analysis (Hardicre et al., 2017), a narrative approach (Fadyl et al., 2016), or coded data against an existing taxonomy (Daker-White et al., 2018).

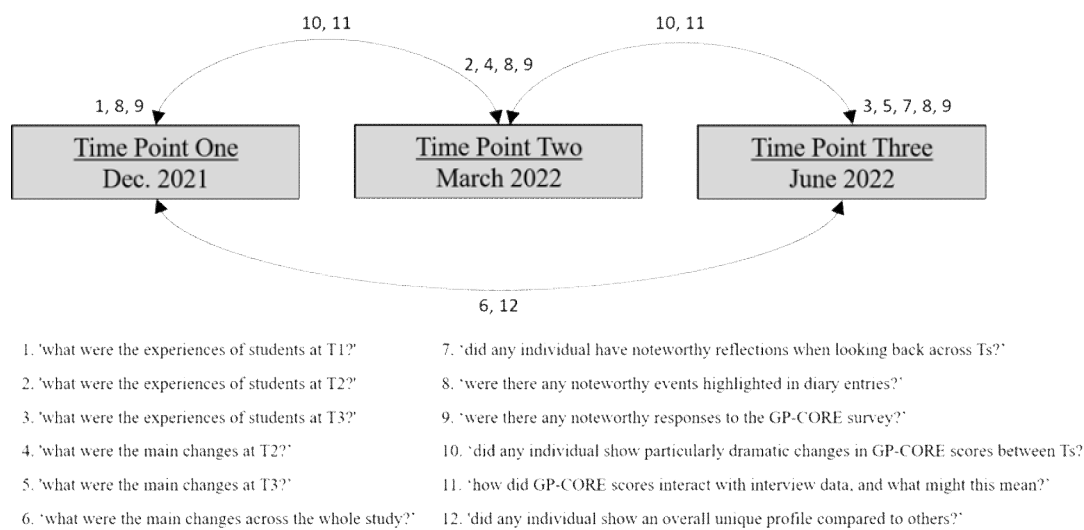
Researchers working in the health LQR sphere who have published their analytic strategy tended to have, across all data sources, undertaken a thematic or constant comparison analysis. One such example is Patel et al.'s (2016) parallel-serial memoing, which allowed a consensus to develop across different researchers in the same team as different interpretations were drawn together to form a coherent analytical strategy over time. Exploring the shared viewpoints of different researchers allowed for deep avenues of interpretation, and the chance for new themes to emerge through ongoing discussion.

An alternative approach focused on using a narrative style analytic approach using 'case sets' whereby at stage one each set of interviews (on a participant-by-participant basis) were analysed individually (Fadyl et al., 2016). The following stage would see these individual case set interpretations being brought together and analysed as a whole narrative, with the intent to ascertain any key commonalities or differences between each participant's longitudinal experiences. See Figure 9 for a list of analytical questions used to explore the overall narrative of participants in the present study.

In studying LQR analysis methods, the overarching challenge was in the bringing together of so much data without losing richness. The thesis study had, in total, 52 transcribed interviews to analyse across three time points, with accompanying diary entries and quantitative measures.

Figure 9

*Analytical Questions mapped along Time Points*



*Note:* T=Time point

*4.2.6.1 Analysis Protocol: Qualitative Data*

We utilised IPA, a systematic, idiographic approach to the analysis of rich, lived experience data, including the meaning that participants give to those experiences (Smith, Flowers & Larkin, 2021; Smith & Osborn, 2007). Analysis progressed from individual cases to exploration of similarities and differences in themes across the dataset.

IPA was selected as longitudinal designs align well with the epistemological and ontological fundamentals of the analysis method (Smith, Flowers & Larkin, 2021). Rather than focusing

on specific events and snapshots of participants' lives, IPA is typically used to delve into subjective meaning and personal understanding of lived experiences – this lends itself to examination of events over time as temporal contexts shape those experiences and determine the way participants view them (Miller, Chan & Farmer, 2018). This made IPA a natural choice for the thesis study as experiences over time was a key cornerstone.

IPA differentiates itself from other qualitative analysis methods through its idiographic focus on individual meaning-making within the study context (Eatough & Smith, 2017). IPA does not seek to establish a generalizable truth, which melds well with the LQR orientation in that they both assume an ontological understanding of lived experiences as subjective and ever-changing (Snelgrove, 2014). In terms of theoretical underpinnings of change and what that means for the individual, Mosley et al. (2020) described personal experiences as being interpretative events on behalf of both participant and researcher, which once again is strongly associated with the IPA approach chosen for this study. The process of change was paramount throughout the analysis process, which linked well with the underpinnings of IPA.

In a more theoretical rationale, there is a frequent argument made that LQR remains paradoxically atheoretical in its stance, and that it lacks defined philosophical foundations (Tuthill et al., 2020). By utilising the comparatively strong hermeneutical and phenomenological underpinnings of IPA, it helped to afford greater reliability to a method that otherwise can be viewed as unfocused (Neale, 2020). Fittingly, the philosophical underpinnings of IPA consistently converge on the idea of time and temporal context, with the idea that such contexts carry unique experiences and insights that could not be best explored by any other medium (Farr & Nizza, 2019).

Additionally, IPA is focused on exploring the content and complexities of individual meanings, which involves analysing commonalities and differences within an individual's

experience (Eatough & Smith 2017). In order to recognize these features, it could be argued that the IPA researcher is actively looking for the presence or absence of change. Defined as the process of making or becoming different (Robb, 2002), elements of change appear in the concepts of differing or similar experiences as both are defined by the passing of time and individual reflection of their meaning.

The analysis team included the primary researcher (CH), a support analyst (CSS) who was an experienced mental health support worker in university settings, a third experienced qualitative analyst (SHJ) and a further independent supervisor (EJS). A team approach is common in IPA studies and can create a supportive unit to enrich the analytic process and be an early form of accountability and sense checking in the analysis process (Guest & MacQueen, 2008).

Analysis for diary entries and safety plan data utilised content analysis, highlighting specific quotes in order to draw focus to specific instances that were significant to the participant. The primary researcher was responsible for analysis by exploring the data gathered and extracting quotes that were pertinent to the research questions, comparing participant responses to one another and in the context of the time point they were experiencing at the time. See figure 10 for reflexive thoughts on the analysis process.

Figure 10

*Reflexive thoughts on the process of analysis*

As I look back on the analytical process, I realise that I shared a lot of personal experiences with the participants that I had spent so long speaking to. I was also student attending my first year (of PhD study) and I was also experiencing the isolation of the pandemic whilst having to manage additional circumstances that made it more difficult for me than my peers. Participants in the study had to structure their remote learning around financial commitments, and I had to structure mine around the caring commitments I had at the time. My schedule was a nocturnal one, being on-call for caring between the hours of 7pm-7am, which put me in a good position to empathise with these students who felt especially isolated from their peers and who felt very much alone. They were feelings I was familiar with, and I believe it made me more intune with their experiences as a result.

The analysis for interview data followed five steps, based on Miller, Chan and Farmer (2018). The driving analytic question was ‘what are the lived experiences of students in relation to mental health and financial strain?’ but all aspects of the data were coded for completeness (see Appendix D for a selection of coded interview transcript extracts). To aid in analysis, a short reflexive piece on how the interview proceeded (see Appendix E), and a pen portrait summarising the participants’ experience (see Appendix F) were written for each participant.

Step 1: CH met with CSS to align their analytic approach. Key analytical questions were posed at this stage, with the potential to amend them as the study continued.

Step 2: This stage involves reading and re-reading the manuscript and open-coding segments of text, i.e. assigning descriptive labels (codes) which capture either semantic (such as difficulty budgeting) or latent (such as shadows of anxiety) (Dunbar & Forster, 2009). CH randomly selected 5 of 20 interviews for collaborative analysis (synchronous analysis of the data). Agreements were made between CH and CSS on open-coding and they then generated candidate themes for these five participants.

Step 3: Participants’ 1-5 candidate themes from Step 2 were discussed with SHJ and EJS which led to minor refinements.

Step 4: Analysis by CH and CSS then continued semi-independently for the remaining 15 transcripts; one researcher acted as primary coder on a transcript with the other acting as secondary. The secondary analyst sense checked the primary coding and discussed with the primary coder any missed coding or alternative ways of coding. At this stage, a final list of themes was generated after input from the supervisory team and when consensus was achieved, with connections highlighted between each theme per participant.

Step 5: The above steps were repeated with the next transcripts. Once themes were generated for different transcripts, patterns were explored across each of them in order to develop a master set of superordinate themes (Dunbar & Forster, 2009).

#### *4.2.6.2 Analysis Protocol: Quantitative Data*

For the purposes of the thesis study it was decided that paired samples t-tests would be used to explore any statistical differences between GP-CORE scores. This approach was chosen over similar ones such as ANOVA because paired samples t-tests are used in mental health to great effect (Geirdal, Nerdrum & Bonsaksen, 2019), as well as CV-19 research (López Steinmetz, et al., 2022). Additionally, t-tests have been used within longitudinal work within institutions that bare comparison to the structure of universities to explore changes over time, which places them in a stronger methodological position than other alternatives (Hassett & Paavilainen-Mäntymäki, 2013). Likewise, when considering the methods against the analytical process, t-tests were found to offer a strong link to the discussion of theory within a thesis discussion (Hopwood, Bleidorn & Wright, 2022), and they have also been used in numerous GP-CORE studies to enhance findings within mental health research (Falkenström, 2010), some of which was based online (Fincham, Mavor & Dritschel, 2023). Given that the present study shared similarities with such pre-existing pieces of research, and the positive links to analysis and theory, using t-tests was deemed most appropriate over other statistical options. Statistical results were not Bonferroni corrected for two key reasons highlighted in Nakagawa's (2004) book on statistical methodology: firstly, applying Bonferroni corrections is not always appropriate where the statistical outputs of a study are not the central focus, as issues of low statistical power are not as relevant to supplementary data; and secondly, such corrections can lead to publication bias where researchers are less likely to publish work due to the strength or direction of findings. It would arguably go against the core purpose of this



study to invite such bias, as it was important for the focus to remain on the lived experience aspect of the study – not to lose the richness of qualitative data in the midst of quantitative.

This concludes the rationale and procedure chapter of the present study. It aimed to highlight key aspects of ethical and methodological considerations that took place throughout the design and implementation of this research, which was based on many supporting academic papers.

## CHAPTER 5: MIXED METHODS RESULTS

Descriptive statistics will be presented in this chapter, including participant demographics across three time points. The quantitative data will then be reported on via GP-CORE scores and paired samples t-test statistical results, followed by qualitative data collected through diary entries and safety plans.

### 5.1 PARTICIPANTS

Participant demographics are presented in Table 3, which detail descriptive statistics and participant numbers across three time points. Participant attrition rate was 15% (n=3) at T2, and 25% (n=5) at T3 which compared favourably to studies investigating attrition in longitudinal studies such as Gustavson et al. (2012) and Kothe and Ling (2019), who had attrition rates of 17% and 25% respectively. In terms of diversity, the sample was comprised of majority (55%) White/British female participants, which is the most common demographic of university students according to data from Higher Education Statistics Agency (HESA, 2022); in this, the present study was representative of the university population. Additionally, 20% (n=4) of participants entering the study at T1 were Asian, which further reflects on the university population during the 2020 academic year where 12.2% of new undergraduate students were Asian (HESA, 2022).

It was acknowledged that no Black/Black British students took part, however given the long-term commitment the study required, and the focus on poor mental health, the aim of seeking participants was always intended to draw as many potential participants as possible as opposed to imposing targets of ethnicity, which could have resulted in turning otherwise-eligible students away who wanted to share their experiences. In terms of sexuality, 30% (n=6) of participants identified as either homosexual, bisexual, or other which offered a more

diverse participant pool when compared to the number of university students who self-identify as non-heterosexual; 3.3-7.5% according to 2020 intake statistics (UCAS, 2021).

In terms of geographical data, 60% of participants came from Leeds – making it the most common location – followed by 15% from Bristol and 10% from London. Wolverhampton, Salford and Bristol each had one participant (5% each). A higher rate of participation from Leeds, Bristol, and London could have been the result of CV-19 research being more visible in those locations; for example, Leeds gained renewed national and international funding from the UK Research and Innovation (UKRI) and National Institute for Health and Care Research (NIHR) during the initial pandemic, including a £3.4 million grant into researching the long term impacts of covid (Leeds Research and Innovation Service, 2021). Similarly, as of 2023, London boasts over 4000 published articles on covid research including impacts on university students (University College London, 2023), and in 2022 Bristol University began heading an international research effort into the biological effects of covid (Simonetti et al. 2022). This high rate of visibility of covid research could have made students more aware of and willing to engage with other, similar, research.

Table 3

*Participant Demographics and Time Point Data*

		Time Point		
Characteristic		One	Two	Three
Gender	Male	5	4	2
	Female	15	14	14
	Non-binary	0	0	0
Sexual Identity	Heterosexual	14	12	11
	Homosexual	2	2	1

	Bisexual	3	3	3
	Other	1	1	1
Ethnicity	White/White British	14	13	11
	Asian/Asian British	4	3	3
	Black/Black British	0	0	0
	Other	2	2	2
Location	Leeds	12	11	10
	London	2	2	2
	Wolverhampton	1	0	0
	Salford	1	1	0
	Bristol	3	3	3
	Lincoln	1	1	1
Number of Participants		20	17	15

## 5.2 QUANTITATIVE DATA

Table 4 shows participant GP-CORE scores across the three time points. Three paired-samples t-tests were conducted to compare participant GP-CORE scores between T1 and T2, T2 and T3, and T1 and T3. This approach was chosen over repeated-measures ANOVA as paired-samples t-tests are cited as a valid measure where the independent variable is time – as was the case for this study (Lakens, 2017; Mishra et al., 2019). It has also seen frequent use in similar works including mental health research (Hassett & Paavilainen-Mäntymäki, 2013), longitudinal methods ((Falkenström, 2010), and covid-specific work (López Steinmetz, et al., 2022).

Table 4

*GP-CORE Scores*

Participant	GP-CORE Score		
	Time Point		
	One	Two	Three
B662	34	43	40
D678	24	30	NA
M388	30	30	27
H345	27	36	NA
G554	32	36	28
A135	30	39	NA
S256	29	42	34
J213	35	39	33
S621	38	42	41
M918	32	30	34
H422	18	21	22
F573	37	NA	NA
B456	17	22	23
M993	30	34	33
H063	26	17	20
M240	23	26	20
G997	23	18	14
S947	13	NA	NA
N859	30	21	19

B852	30	40	38
Mean Scores	26.75	31.44	28.53

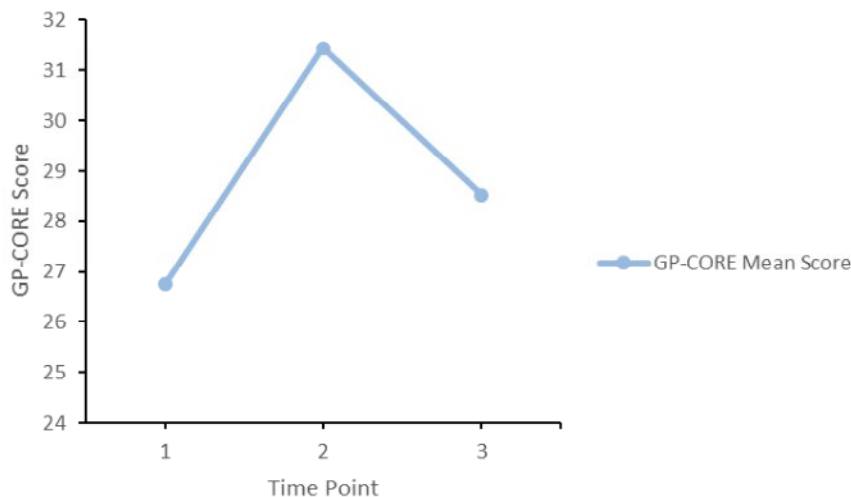
The table highlights descriptive statistics for GP-CORE scores between T1 (M=26.75, SD=6.623), T2 (M=31.44, SD=8.827) and T3 (M=28.53, SD=8.450).

There was a significant difference in the GP-CORE scores between T1 and T2):  $t(17)=-2.196$ ,  $p=.042$ . Significant difference was also found between T2 and T3 conditions:  $t(14)=2.457$ ,  $p=.028$ . This indicates that students got worse, then slightly less bad over time.

There was not a significant difference in the GP-CORE scores between T1 and T3:  $t(14)=.044$ ,  $p=.965$ . See figure 11 for a graphical representation of the data.

Figure 11

*Line graph indicating GP-CORE mean scores at each time point*



These results show that within the sample, GP-CORE scores were significantly lower between T1 and T2, and significantly higher between T2 and T3. When measured against the

GP-CORE classification of severity, scores can be described as moderate at T1, moderate-to-severe at T2, and mild at T3.

Using this data, the general trends were highlighted, and certain participants were identified for additional focus at the point of analysis owing to their particularly high or low scores. For these scores, a higher number would indicate greater severity according to the GP-CORE scale generated for the present study. The severity scale for the present study was as follows: Healthy (0-9), Low (10-18), Mild (19-27), Moderate (28-36), Moderate-to-Severe (37-45), and Severe (46 and above). See Figure 12 for the severity scale scores by time point.

Figure 12

*GP-CORE severity scale by time point*



T1 data tells us that most students who participated had moderate levels of mental health symptomology (50%). This aligned with their reported experience in interviews where they recounted the significant impacts of the opening stages of the pandemic where they were first adjusting to living under lockdown.

T2 data tells us most participants' severity level increased from moderate to moderate-to-severe, with 30% of participants reporting moderate-to-severe severity. This echoed the qualitative findings that highlighted this middle stage to be the most difficult; lockdown

measures had been fully implemented by this stage, and students had experienced several months of quarantine that negatively impacted their mental health symptoms.

Lastly, T3 shows that 30% of surveyed students moved to a mild classification, in a shift towards a more positive state of mental health. Interviews at this stage supported this as participants largely reported relief that a route towards easing lockdown had been planned, and an increased sense of hope as there was a visible end to their isolation and loneliness.

Next, as examples of scores that were outside these trends, at T1 Arati (female, F) had the highest score of 38, placing her in the moderate-to-severe category. Likewise participants Grace (F), Becca (F), and Connor (male, M) were seen to go against the trend of improved GP-CORE scores at T3. This directed further investigation to explore if the qualitative data could shed light on why their mental health symptoms grew worse when the overall trend showed improvement.

### **5.3 QUALITATIVE DATA**

Qualitative data is recorded below via use to diary entries and safety plans. These allowed for additional insights to be gleaned as to the experience of students living with poor mental health through the pandemic by including discussion of specific sources of support or significant events that occurred during the study period. They were also used as grounds to pursue certain enquiries further when analysing interview data.

#### **5.3.1 Diary Entries**

Diary entries were used to offer participants a means to prepare for interviews, and to allow them to explore their experiences in between time points. See Appendix G for an example of a completed diary. Some common thoughts and feelings were identified, as well as specific moments highlighted as particularly impactful.



### 5.3.1.1 Loss of motivation (n=15)

Throughout all time points, the majority of participants described feelings of low motivation or struggling to maintain motivation in their diary entries. Miranda (F, T1) wrote that she *'struggled with motivating myself to get out of bed'*. She was not alone in feeling that way; others detailed how they struggled to face getting up in good time, and in some cases this led to a direct impact on their daily living: *'Everything feels so bland, overwhelming, sad, and pointless. I have no motivation as there is nothing to get up for. I am experiencing extreme fatigue which is also getting in the way with daily life'* Annie (F, T2).

That many participants found the thought of interacting with the world around them overwhelming and more than they could manage was a sign of how low their mental wellbeing was as a result of the unique circumstance they found themselves in. Such motivation struggles highlighted these students' view of a repetitive and dull world that they found difficult to cope with: *'Boredom has been a significant challenge, as well as motivation, whereby everything seems pointless and repetitive, which has slightly affected my ability to complete work and do essential everyday tasks e.g. grocery shopping, washing etc.'* Esme (F, T2).

This lack of motivation impinged on students' ability to learn as increased symptoms of stress and anxiety over feelings of not having done enough created a self-fulfilling cycle of low motivation and low mood: *'I have been finding it difficult to be productive and get things done. This includes University work and revision, and also other things like wanting to learn new skills, reading educational books and exercising. I feel that I have been struggling to find the energy and motivation to do so, while finding it hard and have failed to do so, so far.'*

John (M, T1). Low motivation sapped the desire of participants, both in terms of academic learning and personal activities. Feelings of failure, and worrying about future failure, left

some students paralysed and feeling all the more anxious as expectations and pressure piled up.

### 5.3.1.2 Mental health as turbulent and confusing (n=12)

Through all time points, but particularly T1 and T2, participants highlighted several instances of their mental health fluctuating from day to day, often with no apparent reason. This led to many participants experiencing bouts of confusion and uncertainty over their own feelings, as they never knew what the next day would bring in terms of their mood: *'I feel that my mental wellbeing fluctuates during the day and weeks, sometimes feeling happy and others not so much. I never really know how I'll feel one day or the next.'* John (M, T2)

Some described their mood as turbulent as they struggled to manage their unpredictable frame of mind. When prompted to talk about how he'd been feeling over the assessment period, Leroy (M, T1) said that he felt *'turbulent'* and that *'each day feels completely unrelated to the previous, and can be anything from amazing to awful without any warning.'* This lack of warning made it difficult for him to plan activities such as university work or relaxation, as he was at the mercy of his unpredictable mood that could sometimes see him struggle to do anything productive.

A similar experience was reported by Margot (F, T2), who talked about her confusion over her behaviour and mood: *'I have felt quite confused with my own behaviour. I think I allowed myself too much hysteria and infantility recently.'* For her, the unpredictability crossed from her feelings into her actions as she discussed being increasingly more dependent on her parents owing to these strange emerging feelings of being like a child again.

In terms of the impact that these fluctuating moods had on participants, Rose (F, T3) encapsulated the experience of many participants as she explained how she was left feeling at the final stage of the present study. She said: *'my mental health fluctuates between 'good'*

and 'bad' [...] After over a year of lockdown it isn't something I have necessarily gotten used to and it still impacts me in many ways. I would say I have felt a lot more lonely [...] I also would say it has made me feel quite unmotivated and tired'. This highlights how confused emotions can have an impact on a wide range of factors, from feeling isolated and lonely, to facing increased struggles with motivation and sleep. It also shows how consequences of the lockdown are long-term, given that Rose was experiencing these thought and feelings for over a year.

### 5.3.1.3 Sleep issues (n=10)

Through all time points students wrote that they struggled to recover or recuperate from demanding periods such as exams owing to issues with either too little or too much sleep; an issue that is not limited to the pandemic environment. A particular cause highlighted was that so much screen time interfered with students' sense of routine, placing additional demands on concentration as they worked from home and struggled to 'switch off': *'It's like I've been operating on a sleep deficit every night and cumulated into me being exhausted [...] In the past week, where I've been on my laptop for 4/5 hours a day for lectures alone, plus hours I spent on homework and more reading around a topic. And then my downtime is affected by that as well as it would usually be on my phone, on social media – but now it's like I can't turn my brain off from work.'* Arati (F, T2).

Lack of sleep can then makes mental health worse as – especially in situations where the student has prior exposure to mental illness – exhaustion triggers an increase in depressive symptoms: *'The pressure to succeed in gaining places on courses for next year [...] has caused me to overwork and consequently I am exhausted all the time, whilst also being unable to sleep due to anxiety [...] I always feel worse after as well, so tired and my mood just drops, I can't get my head out of itself.'* Esme (F, T3).

While these students found themselves struggling to sleep, others found themselves to be sleeping too much which resulted in a similar effect of feeling overwhelmed and exhausted. Quantity of sleep does not necessarily equate to quality sleep, as several students in the present study experienced: *'When I do have periods of extreme stress, it makes me extremely tired which leads to me sleeping a lot. I think that's my way of dealing with the stress, but I don't think it's a good thing because I end up pushing back uni work a lot of the time (which makes the stress a bit worse).'*' Jay (F, T2). This shows that students can try to cope with their academic stress by sleeping to avoid the anxiety; however this could be maladaptive as it ultimately made circumstances worse via procrastination and workloads gradually piling up until they seemed insurmountable.

These diary entries assisted in informing interview analysis as they provided potential key areas to focus on. For example, as many participants discussed motivational issues in these entries, particular attention was given to repeat mentioned in interviews – from there a more in-depth analysis of the different problems impacting motivation, and what that meant for the participant, was undertaken. Other such factors highlighted throughout diary entries include sleep issues, experiencing loneliness and isolation, fluctuating mood, and the impact of mental health on learning.

### **5.3.2 Safety Plans**

Exploration of safety plan responses was considered within the context of each question asked, as detailed below, this is followed by a discussion of additional insights provided by the safety plan. The plan was emailed to participants to be completed prior to the first interview at T1.

#### *5.3.2.1 What works to help me cope with how I feel?*

The majority of respondents described their main method of managing to be distraction and/or escapism. The chief focus seemed to be the aim of having a break from negative thoughts for even a little while, with many creative outlets helping participants to distance themselves from their struggles with mental health and slow their thoughts down to be more manageable: *'Cross stitching, watching YouTube, walking the dog, taking a shower, playing video games. Both to distract and slow my mind down.'* Miranda (F). Other reported activities included drawing, writing, reading fiction books, and scrapbooking.

#### 5.3.2.2 Which people or places help me feel better?

Most participants focused on the place aspect of this question, with the majority writing about how their main aim was to get away from the environment where they worked, often hoping for solitude and quiet to help their minds shut down from the stress of university and be *'at peace'* Miranda (F). Half of respondents (10) also detailed that they felt better after walking in nature, with the inclusion of water and rivers being an extra source of relaxation: *'Walking anywhere with water helps me relax.'* Rex (M).

#### 5.3.2.3 Who can help me when I am feeling down?

The most common responses were family (14) and friends (16). However, several participants had the caveat that they would limit their discussion of mental health with close family and friends owing to feeling guilty or concerned about over-sharing or bringing the mood down: *'I am afraid of sharing some of my anxieties because I don't want to slip into nagging or talking too much about those depressing thoughts'* Margot (F). Additionally, participants seemed to highlight that they would go to family for comfort, and friends for distraction – using different sources of support depending on their needs: *'I'd talk to my partner, just to vent the reasons why and receive comfort. Either this, or I'd talk to my best friend to vent and distract'* Miranda (F).

It is important to acknowledge those who did not fall into this majority approach of going to family and friends as those participants could offer unique experiences and insights.

Examples include Arati (F), who was estranged from her family under difficult circumstances and dependant on partner for support, and Zuri (M) who highlighted that he had not been able to make any friends at university and had a poor relationship with family. These kinds of students could be particularly vulnerable to poor mental health as the usual avenues of support are not available to them.

Last to note here is the inclusion of pets in this category. Nearly a quarter of participants (4) wrote that they went to their pets as a source of comfort, either talking to them or walking with them. Reasons for this included that their dogs – all were dogs in this case – seem to listen to their worries without talking back, and they did not judge them for whatever it is they shared: *'I [...] tend to go and pet my dog and talk to him if I'm home as that's very calming because he never judges me and he doesn't talk back.'* Grace (F).

#### 5.3.2.4 Which professionals or organisations can help me when I am feeling down?

In total, 17 participants wrote that they had accessed some kind of mental health support service in the past and would do so again if the need arose. These encompassed professional services such as local GPs, online CBT, and private counselling, charities including Samaritans and Shout, and, in 10 cases, university-provided services like student counselling or mental health mentors.

Uniquely, Jay (F) highlighted a particular student website hosting software provided free from her university that was *'helpful for monitoring my mental health and inputting diary entries (provided for free through university)'*. That diary entries are used to good effect in at least one university lends a positive lean to the previous method used in the present study – the potential for the process of participation to be helpful.

Only one participant stated that she had not accessed support in the past. Becca (F) was firm in her response that she did not want to categorise herself as '*someone with bad mental health*', and that this was the main reason for her not having accessed professional support. At the time she also had little interest in pursuing any mental health provision. However, by the present study's conclusion, she had reached out to her local GP for help and advice – so the views in these safety plans can be subject to change as the individual also changes.

Overall these plans tell us that the majority of participants look towards family and friends as key sources of social support during difficult periods, while walking – particularly in nature or green spaces – helped participants to feel less stressed. The ability to do both was negatively impacted by the lockdown, given restrictions on social interaction and outdoor activities. Mental health support had been accessed previously by most students who took part in the study through, for example, contact with a GP or mental health charities.

University mental health support had been utilised by several participants, mostly via specialist mentors and counselling sessions. It was the intention that these safety plans be referred to in the case where a participant appeared to be in particular distress during an interview, however throughout the course of study this was never required.

#### *5.3.2.5 Additional Insights*

The most common source of support repeated across most participants was that of family and friends – and given the well-reported links between relationships and mental health, this is arguably not surprising. Places and organisations were much more varied in their responses, with some participants unsure of any specific places to go that would necessarily help them. This tells us that participants in this study perceived safety and mental health support through the lens of their experiences with other people, rather than places or through self-help

measures, and assisted the researcher in broadening thematic findings to incorporate these aspects.

This is of particular importance to note as most help for mental health focuses on self-help where the onus is placed on the individual to guide themselves through processes such as CBT or positive thought. Given that participants in this study found more safety and help potential with other people as opposed to being by themselves, it could be argued that there is a disconnect between this push towards self-help when it might not always be appropriate. People have a natural tendency to go to other people for support, not places or strategies, (Umberson & Karas-Montez, 2010), and positive interactions with other people can promote many health benefits both physically and mentally. Even in the midst of a pandemic, this desire for social interaction and support remained strong, and given this knowledge it is perhaps no surprise that university counselling services were so overwhelmed – people want to interact with other people, no matter the push towards self-help and strategies.

Safety plans also allowed the researcher to focus on specific individuals who might warrant further attention during the analysis phase, for example in order to look at participants who were doing the either the best or worst at the end of the study. Participants Isha (F) and Margot (F) scored lowest on their GP-CORE scores at the end point of study (14 and 19 respectively) which inspired further exploration into their safety plans. Both placed friends/partners in terms of support on their safety plans, and both experienced personal growth in terms of learning how to socialise more within their ability, and without feeling guilty over needing that support to begin with. Comparatively, when examining those participants with the highest third time point GP-Core scores, Lili (F, 40) and Arati (F, 41), their reported sources of support in the safety plan omit mention of either friends or family – in Lili's case she had no social connections in terms of friendship, and Arati had been estranged from her family for a number of years. This highlights potential insights that can be



gleaned from using a safety plan; when examined in conjunction with other measures, researchers can delve yet deeper into the participant experience, making safety plans a useful and effective resource to broaden research contexts – as was the case in the present study.

The data gathered from these mixed methods approaches has been rich and varied, providing a powerful context for the interview data that comprised the main bulk of data. The blending of quantitative and qualitative data allowed for a more in-depth exploration of both sets of data, and this rich data was a positive outcome from the initial decision to utilise this approach.

## CHAPTER 6: MAIN EMPIRICAL STUDY – TIME POINT ONE

This chapter will explore the themes that emerged during T1 interviews. It will be split into two sections; first, an analysis detailing the themes and sub-themes; and second, a discussion on those themes, situated within literature and theory.

### 6.1 TIME POINT ONE ANALYSIS

At Time Point 1 (December, 2020), participants were 20 university students attending university in the UK. All participants self-reported as having experienced poor mental health for between 3-12 weeks prior to interview, compared to their usual level of well-being, and all were entitled to the full UK student maintenance loan. There were different experiences of living circumstances in the cohort where the majority of students were living in university accommodation, whereas some had remained in the family home. Prior to discussing themes, see Figure 13 for a reflexive exercise in detailing how the analytical process was experienced by the researcher, and how assumptions were challenged throughout.

Figure 13

*Reflexive box on the researcher's analytical approach, and how it changed over time*

As I look over the first major step in analysing participant interviews, I think back to some assumptions that I held when beginning this process. My background as a person who has struggled with poor mental health her entire life made me very receptive to the idea that my struggles would be shared by other students in a similar position; as a very anxious person, I found that not being forced into social situations on-campus was a reprieve as it allowed me to keep focus on my work – however when speaking with participants, many experienced anxiety in a different way. Some were anxious about missing out on those interactions that they would gain a lot of benefit from, in what was the opposite of my own experience. This surprised me, and made me rethink my approach to be more inclusive of other anxious thought processes – in turn, I believe this made me appreciate these alternative experiences all the more because they were different to my own.

My personal experiences guided my analysis towards what was familiar to me, which is ironic looking back, as the idea that people gravitate towards familiar things during times of challenge was one that emerged throughout the course of this project – and I myself was an unconscious follower of that. By exposing myself to other people's experiences in a way that I would never engage with otherwise, it allowed me to broaden my horizons, and to be more inclusive and aware of other perspectives. Ultimately, I believe this personal growth benefitted the analysis as I was able to better appreciate personal differences and allow more themes to emerge.

Presented below are analytic outcomes in the form of themes and sub-themes that represent the mental health experiences of participants. These include: (i) *Trapped With Too Much Time and Too Many Thoughts*, (ii) *The Challenge of Liminality*, and (iii) *Conflict of Health vs Wealth*. See Table 5 for theme mapping across participants. In general, the pandemic appeared to have a multi-faceted impact on participants' mental health, and in turn, their mental health influenced how they responded to the pandemic. Negative internal and external factors appeared to dynamically intensify each other, meaning the overall experience of participants was extremely challenging.

Table 5  
*Participant (n=20) Characteristics and Theme Mapping*

ID	Gender	Superordinate Theme Presented		
		Trapped With Too Much Time, Too Many Thoughts	Challenges of Liminality	Conflict of Health vs Wealth
F573	Male	✓	✓	✗
S621	Female	✓	✓	✓
B662	Female	✓	✓	✓
D678	Female	✓	✓	✓
M388	Female	✗	✓	✓
G554	Male	✓	✓	✓
H065	Female	✓	✓	✗
N859	Female	✓	✓	✗
H349	Female	✓	✓	✗
R852	Female	✓	✓	✓
B456	Female	✓	✓	✓
M918	Male	✓	✗	✓
J213	Female	✗	✓	✓
S974	Female	✓	✓	✗

S256	Male	✓	✓	✓
M240	Female	✓	✘	✓
H422	Female	✓	✓	✓
G997	Female	✓	✓	✓
M993	Female	✓	✓	✘
A135	Male	✓	✓	✓
Total		18	18	14

Note: ✓=theme present; ✘=theme not present

### 6.1.1 Theme 1: Trapped With Too Much Time and Too Many Thoughts

Where students lived in university accommodation, being alone and unable to leave their room, students found that their usual coping mechanisms were not available, and they had few ways of distracting themselves from the often overwhelming sense of *Feeling Isolated, Lonely and Forgotten (sub-theme 1a)*. As the lockdown kept students within their student accommodation, they were unable to do what normally helps their mental health, leading to a sense of *sliding back (sub-theme 1b)* into negative ways of thinking. Additionally, participants struggled with being *sapped of drive (sub-theme 1c)* to their environment; being in the same, uninspiring place on a daily basis made it difficult to summon motivation for challenging work, which intensified challenges to their mental health.

#### 6.1.1.1 Sub-theme 1a: *Feeling Isolated, Lonely and Forgotten*

A frequent experience was that of loneliness and isolation as a result of lockdowns, blending with the sense of having being forgotten about by the institutions who were expected to support them, with some students finding it especially difficult to cope with the lack of social energy and support that they would otherwise access: “*I'm a very sociable person so it's very essential for me to stay in touch with people [...] And this year I've been almost completely deprived of that*” (#Margot, F). Margot highlights how significant an issue this lack of social

interaction was for someone like her, who might otherwise thrive on the social environment that the covid-free university experience would have offered. That she feels 'deprived' highlights the sense of loss of these potential social interactions, and her sense of isolation and loneliness at being unable to interact with other people.

Isolation in particular was distressing for all participants as they felt caught in a cycle of sadness and loneliness. Many felt that the world around them, including their university institute and the UK government, had forgotten them, and this led to losing confidence in themselves and in their ability to learn and succeed at university. Some felt 'left alone' with their spiralling negative thoughts, without the distraction or help of people nearby: *"I tend to... to just be like... over thinking, I'm thinking about stuff over and over again. Especially when I'm all by myself."* (Isha, F). Isha went on to say that this over-thinking when alone causes her to feel a sense of *"not wanting to do anything."* and *"feeling physically crap"*. Such feelings had a knock-on effect on her motivation as her isolated thoughts became difficult for her to manage, as well as manifesting in said physical feelings of negativity.

The isolation also caused many students to feel disconnected from a university community and felt stuck by the lack of reinforcing feedback about their abilities as a student; both a lack of social contacts (such as friends) and educational contacts (for example, lecturers) left them feeling more isolated as they were left to try and manage university resources and workload alone:

*"I've felt lonely as I haven't been able to see or make friends. It feels like everything is on hold and I'm not making progress because the outcome of my time studying and engaging with university resources online is intangible... I feel like I've been forgotten. The feeling of not being able to make a friend is really isolating."* (Miranda, F).

Miranda encapsulates the overarching qualities of this theme in her experience where she describes the loneliness that being forgotten – from her perspective – has caused. The sense that she is trapped and ‘on hold’, unable to progress because of things beyond her control, resonated with many other participants who shared similar views. She also highlighted the ‘intangible’ nature of online learning, where the added distance between herself, her peers and lecturers only heighten these feelings of isolation, loneliness, and the sense of being forgotten. She lacked the ability to connect with other people on her course owing to how separated she was, and she was not alone in talking about how it felt she was unable to make friends and form important social connections under such conditions. For example *“I feel that the lack of social interaction, even though I didn't have a lot beforehand, has had an impact. Going from a little to almost none[...] It feels quite isolating I guess, apart from my household, I can't see anyone physically.”* (John, M), here John highlights the additional challenges to social interaction he faced; for him the isolation was even more pronounced as it was already reduced pre-pandemic owing to his social anxiety. He anticipated the struggle of going from ‘a little to almost none’ as being a significant source of worry for him.

#### *6.1.1.2 Sub-theme 1b: Trapped and Sliding Back*

Worsening mental health was reported by most participants, often via the metaphor of ‘sliding back’. This suggested that their pre-pandemic climb to recovery had been voided or reduced as some regressed into their previous difficulties or old habits. One participant explained how *“not being able to live at all right now”* (Leroy, M) meant a *“slide back into all of the issues I used to have”*. For him, his struggles with depressive and anxious thoughts returned under lockdown, in turn making him feel as though he had let himself down by thinking such things again. He explained that feeling trapped led him to feeling as though he couldn’t access his usual coping mechanisms, and that those factors were a major contributor to this ‘sliding back’: *“the biggest things that helped me get better and stay better after I had*

*been ill before I haven't been able to do". This had knock on effects on his ability to study as his slide back "into all the negative ways I was thinking before [...] destroyed any motivation I've had." (Leroy, M).*

Others talked about the impact of being prevented from managing their anxiety through social challenge. Lockdown gave them a reason to not leave their home, meaning their avoidance behaviours went unchallenged: *"to be honest I think I always looked for reasons to not leave the house so covid 19 was a good excuse." (Fawn, F).* Thoughts of social re-engaging became harder the longer they went without social contact as they became more used to not having to interact with their peers. While this provided short-term relief, there was a lingering sense of knowing that these lockdown practices wouldn't last forever, and that knowledge that they would have to eventually face their anxieties only added to the weight of unwanted thoughts that was already difficult to bear: *"I know I'll have to face it [social interaction] eventually so that's always there, but I really try not to think about that." (Fawn, F).*

For others, unhelpful habits resurfaced as mental health worries grew stronger and they were prevented from enacting their usual coping mechanisms. For example, one participant began to obsess over their weight as they were prevented from going to the gym in what was a resurfacing of an eating disorder that he had better control of pre-lockdown: *"[I] did gymnastics and swimming since I was a kid. But I can't do any of that, and gained weight [...] and really hate it, so I stopped eating anything apart from dinner now." (Rex, M).* Rex found it difficult to continue on his path to recovery when his means of support were denied him, and the trapped nature of the lockdown meant that those thoughts had no outlet other than those old habits of reducing his eating. In this way, his experience highlights how mental health symptoms can have a direct impact on physical health and wellbeing.

### 6.1.1.3 Sub-theme 1c: Sapped of Drive

Being trapped in the same small space made motivation a challenge for many, and they felt a lack of purpose to getting up and working. Most student accommodation involved one small room with a bed and desk and a communal kitchen and washroom; living, eating, sleeping and working in the same place was not a healthy environment for mental health, nor academic engagement and productivity: *“doing lectures and assignments etc. all in my one tiny bedroom hasn't been great [...] I feel like I never really have the chance to enjoy [...] the day because I'll be holed up in my room”* (#Opal F). The lack of daily distinctiveness and structure affected energy, focus and motivation as there was no change to the physical environment students had to exist in. The forced isolation also impacted their sense of belonging and feeling like a student as they never had the opportunity to engage in the usual student activities; never getting to enjoy their day and being stuck in the same surroundings. The lack of physical separation between these separate spaces – living and working – made it difficult for participants to get into either mind-set as lines were blurred between purposes. That lack of routine was exacerbated by the fact that university work was also not timebound, and the lack of synchronous teaching left students with no way to support cohesive structure throughout their days. For many participants this led to struggles in managing motivation for academic work:

*“Because I'm not walking into uni, I have no motivation to do work. I pretty much stay in this one room all the time. I sleep, I work, I hang out. So when I get up and do work... it's mindless, I'm just sitting through the lecture... It's all pre-recorded. I could watch it at midnight if I wanted... it's quite hard 'cause there's no motivation to work, but that's all I have to do.”*  
(Grace, F).



The sameness of Grace's surroundings caused her to feel that she was simply going through the motions of her university course and that nothing she did mattered. The lack of direct engagement with her lectures left her feeling distance and unmotivated as she didn't have a separate space within which to work; accessing lectures from her bedroom did not give the right environment that was conducive to learning – both in terms of a physical space, but also social in that asynchronous teaching removed the element of interaction, and so many times she felt she “*did the bare minimum to get by*” (Grace, F) because it was all she could bring herself to complete – not through lack of wanting to or lack of ability.

The reduction in drive and motivation also had a significant effect on the mood of many participants, as highlighted in the following quote:

*“its [being unable to go out] especially destroyed any motivation I've had in general. Then this also really impacted my relationship with my partner and I feel like got me into some really negative thought patterns, being stuck in the same place together every day for months, its ended up with me thinking very horrible things and just starting to dislike someone that I should love because of being stuck in the same room all day every day”* (Rex, M).

For Rex, his fall in motivation caused his thoughts to turn extremely negative, and his being trapped in the same place with the same people placed great strain on his normally positive relationships. Not only was he sapped of his drive to complete academic work and do leisure activities, he was also sapped for drive to put work into his romantic relationships, which would have usually been a great source of comfort and coping.

Being isolated from social and academic guidance also affected participant confidence, which in turn sapped their motivation to work: “*I get up to do this thing but think I'm going to do it wrong. Or, I don't know how to do it and I think, yeah, and then it turns into, like, more lower*

*mood.” (Isha, F). Participants would try to find the wherewithal to work, and would set aside tasks to do, only to feel that they were unable to do a good job owing to their being trapped within their home and unable to access any support. Lacking confidence made students like Isha feel demotivated from trying at all as it was easier to not try and not be able to fail, rather than to try and risk failing: “if I try really hard and mess it up then I know I’ll feel rubbish about it. So it’s better to just put it off” (Isha, F).*

This sense of being static and without drive and confidence cut through many other aspects of the student experience, as their low mood and anxiety about finances were additional burdens which made self-motivation more difficult: *“Staying at home to save money and not being able to have the stereotypical “uni experience” has put me down quite a lot [...] Makes it hard to want to do anything when I know I can’t afford anything.” (Jay, F).* These feelings were shared by several participants who felt they lacked funds to be able to access opportunities that others could, and as a result they found their drive diminish as there was nothing they could do to change their financial situation.

Students experienced a range of external factors that influenced their ability to self-motivate. Without the engagement or structure normally provided by university institutions, it is arguably inappropriate to judge these students as lacking internal motivation – they have had circumstances placed upon them that made it more difficult for them to feel driven towards learning that no other cohort has experienced.

### **6.1.2 Theme 2: The Challenge of Liminality**

Liminality is the process of change between one state and another, and can describe the psychological process of transitioning across life stages or rites of passage. It involves experiences of being in limbo or in transition between old and new identities, including adolescent to student to adult. Many participants talked about difficulties related to two core

liminalities, namely feeling *In-between Child and Adult Mentalities* (sub-theme 2a) and being *Denied Space* (sub-theme 2b) that were made more pronounced throughout their experience of lockdown. This transitional period was drawn into sharp focus during the pandemic as students experienced a loss of calibration in terms of what was expected of them.

#### *6.1.2.1 Sub-theme 2a: In-between Child and Adult Mentalities*

Given that this period was often the first time participants lived away from their family home, the disruption caused by the pandemic left many students exhausted as they struggled in-between their child and adult identities and associated mind-sets. These terms are used to loosely capture a sense of being young and in need of care versus feeling independent and able to cope. Students spoke about wanting to “*go home and have someone take care of [them]*” (Margot, F) as a form of a reprieve from having to continuously be an adult as they didn’t feel they had the resources to take care of themselves; they felt that they “*weren’t ready*” (Margot, F) for such a large change in their lives, but had no other option as lockdown kept them away from their parental home and support network. Yet, simultaneously, participants had expectations about being self-reliant and responsible, but the pandemic made this more difficult than they anticipated as they were forced to be more self-reliant in uniquely challenging circumstances; financial worries contributed to this feeling as the pandemic impact on job/wage security left students with no alternative than to ask parents for support - but this was anxiety-provoking for some: “*I’ve been worried my mum and dad don’t have enough money, so I hate asking them for help*” (Annie F) and made them feel as though they had failed in the pursuit of their own independence.

This period of life represented a difficult time where the participants were neither fully an adult nor child, occupying an awkward mid-point where the desire for independence clashed with the need for support and care. Overall, the lack of space needed to be an adult left these

students in an uncomfortable middle ground where they were expected to begin adulthood, without the stability and resources to do so. That there was nothing they could do to help resolve this situation imposed upon them by lockdown only made those feelings worse:

*“I feel like a very lazy and demotivated person at the moment and it's just like I'm just trying to power through and wait for me to fly home ... I'm 20 and probably shouldn't say that I want someone to take care of me, but I just want to come home... it just feels like I've had a lot of responsibilities lately, and if someone could take [them] away from me... it would be so nice.”*

*(Margot, F).*

Here, Margot encapsulates the overall sense of feeling lost and desperate on this difficult path to adulthood; she feels similarly to other participants in that she struggled to come to terms with that fact that she was a legal adult, and yet also wanted the comfort and support of family. Her use of the ‘fly home’ metaphor really draws focus to how desperate she was to quickly return to that place of safety and comfort. It highlights the juxtapose of wishing to be independent, but being overwhelmed by the effort and simultaneously wanting to be taken care of.

#### *6.1.2.2 Sub-theme 2b: Denied Space*

Studenthood as a liminal psychological space occurred in the transitional space of university campuses and towns. The majority of participants had ventured to new cities and campuses, but much of that space was shutdown which led to feelings of disorientation, with a sense that nothing was moving and their lives were static. They felt awkward and disconnected from their course, their peers, and the world around them, only able to watch things unfold as “*helpless passengers*” (Margot, F). These experiences were deeply unsettling and participants found it hard to tolerate this sense of unreality which sapped motivation and

affected their mood in a negative way. Some responded with feelings of “*bad anxiety*” to the extent that they “*get headaches and feel a constant tension around [their] head*” (Zuri, M); others found that they “*[got] stressed more easily*” (Jay, F) and that they had “*no motivation to work*” (Grace, F).

The level of disconnectedness between student and university – as both a place and a community – intensified the feelings of isolation as well as making it harder to access support. A sense of not making any progress was common among participants as they lacked any way to share a physical space with other students to calibrate their progress and performance. The stuckness of this liminal space contributes to a sense that “*nothing [was] really happening*” (Leroy, M), when they should be experiencing a transition to greater educational confidence. This stuckness was disorientating, and even frightening, for some students:

*“I think it’s the online that’s making me feel disconnected. I’m a university student but I’ve never actually been on campus, or met my lecturers or other students. It feels like nothing is really happening and like I’m just watching it, so I can’t get involved or really get behind actually being at university. Because I’m not there.” (Leroy, M).*

Being so separate from both the campus space and peers was difficult for many participants to overcome as they lacked a cohesive sense of togetherness that being in a cohort might normally have brought. They were left feeling disconnected, with a sense of there being a chasm between their expectations of being a student and the reality of feeling not connected as a student; occupying a difficult space where they didn’t feel like the university student they should have been.

### **6.1.3 Theme 3: Conflict of Health vs Wealth**

Financial strain during the pandemic made student life extremely challenging for most participants. The ever-present worry over money led to *More Risk and More Danger* (sub-theme 3a) as students had no choice but to risk infection to earn a living by continuing to work in what jobs were available. This caused a great deal of *Comparison to other students* (subtheme 3b) who did not have those concerns, resulting in *Feelings of frustration and helplessness* (subtheme 3c) at the perceived unfairness of the situation.

#### 6.1.3.1 Sub-theme 3a: *More Risk, More Danger*

Job opportunities for students was severely curtailed for the thesis student sample. They talked about their work hours being drastically reduced – if not cut entirely – or employment made impossible due to lockdown in hospitality and other sectors. Most participants could not rely on parents or guardians for financial assistance owing to their lower SES background, and had no option but to put their health at risk by going to work, given the lack of opportunities that were available: *“I’ve always worried about money [...] even with covid I don’t really have a choice because if I don’t work I don’t get to really eat or do anything.”* (Esme, F). A further issue arose in that participants did not have a financial safety net; their work was not simply for pocket money, but for subsistence money. Again, this highlights the lack of options that these students faced.

What was unique about students with prior mental health struggles was that anxious thoughts were often in conflict with this; participants felt anxious about going out, but also about staying in. The thought of putting family at risk (for those students who had returned home) was always weighed against the reality of needing a living wage, and this put great strain on many participants’ mental health:

*“If I want more hours they would have to be in person. So there is this balance between putting myself and my family at risk of getting covid... It*

*definitely makes me more anxious as I have to weigh my decisions to go out against my safety to do so, etc. My anxiety is definitely linked to wanting to keep family safe, but also wanting to support myself.” (Rina, F).*

#### *6.1.3.2 Sub-theme 3b: Compared to Other Students*

Many participants compared themselves to their peers – whether those on their course or in student accommodation – and felt a strong sense of injustice and under-appreciation at the difficulties they were facing. An ‘us and them’ mentality formed where students from more privileged backgrounds were observed to not have to worry about food or rent, which led to a great deal of frustration from participants who were struggling: *“full-time work and uni has taken a bit of a toll [...] I get a bit stressed, like I can get really snappy.” (Becca, F).*

Participants made these assumptions about the inequalities as another consequence of little socialising with peers, and this constant comparison from their unfair circumstances also led to a heavier burden on participant mental health as they struggled to manage these feelings by themselves, experiencing an increased feeling of marginalisation and otherness as they were surrounded by peers who could not understand their point of view or additional struggles they faced:

*“Literally not one person I’ve made friends with the uni has a job... either because their parents are funding everything... They’re like, ‘Oh my God, you work?’ And I’m like, ‘Yeah’ like, surely that’s something that people do, but people are like, ‘Why you working again?’ And it’s because they just don’t get it.” (Becca, F).*

Such distance in circumstance added to the struggle of isolation, which in turn made some participants’ mental health suffer as they didn’t feel they had anyone to talk to who could

understand them: . Their financial circumstance put them at odds with other students they lived and/or worked with, which made the overall university experience much more difficult:

*“I feel very poor and... it feels like everyone else has money 'cause most people are like [...] their mum's or parents are just paying for their rent [...]I know that no one would get it if I said anything 'cause it totally different for them.” (Annie, F).*

### 6.1.3.3 Sub-theme 3c: Feeling Frustrated and Helpless

Many participants spoke at length about the high cost of their course. Their low income combined with long work hours urged them to reflect on how much they were paying, and the question of whether it was ultimately worth it, leading to an additional stressor on their mental health: *“It's like that saying, you don't live to work. You work to live. It feels like I'm living to work at the moment and I'm like, is it even worth it?” (Becca, F).* Most participants thought it was unfair that they were paying the usual fees, but could only access online material, and were only being taught remotely: *“I am paying £9000 a year for what feels like YouTube videos” (Grace, F).*

This also led to feelings of hopelessness, and an overwhelming sense that there was nothing these students could do to help their financial situation, which only added to their pre-existing vulnerability to poor mental health. The clash of how much students were paying and the delivery of online material also caused frustration: *“Having a large workload from university was something I expected, but personally I'm not great at learning online and I was really hoping for something better, like for the cost as well...which I think added to the general work stress” (Jay, F).*

Given that these students had pre-existing experiences of poor mental health, feeling down or prone to more critical/negative thoughts, the strong emotions of disappointment, frustration,



worry, etc. were very difficult to process. Moreover, some students spoke about occasions where they had tried to seek help from lecturers, only for the response to be wholly inadequate and upsetting:

*“I said to the lecturer, [...] can you please direct me to some online resources that can help with this? [She said] YouTube it. I just found it so insulting [...] I get angry just thinking about it because here I've come to you, said I'm struggling. I need support and all you're saying is go find that support yourself elsewhere [...] I'm not paying £9000 a year for that. Like I'm getting into debt for this.” (Arati, F).*

Given that these students were already experiencing a sense of otherness due to their financial circumstances, the additional stressor of potentially unsympathetic authority figures added to the strain on their mental health.

## **6.2 TIME POINT ONE DISCUSSION**

T1 found that first-year UK university students with prior experience of poor mental health, and living under financial strain, experienced multifaceted and intersecting difficulties during the first wave of the covid pandemic. In particular, it highlighted how being isolated in an unchanging, confined space led to a re-surfacing of many of their pre-existing mental health experiences, and made university life difficult. In particular, students who lacked social support within their isolated world, and for whom their usual coping strategies (such as going to church or the gym) were not possible, found life under lockdown hard. Many students felt they had ‘slid back’ into old, negative thoughts and emotion, largely because they lacked distraction from their negative thoughts. This sliding back is not to be viewed as a negative on the participants’ part, however, as they were doing their best in uniquely challenging circumstances. In line with previous research into productivity and one’s environment (Basit,

Hermina & Al Kautsar, 2018) the present study highlighted how such preoccupations with one's thoughts can intensify in an isolated, unchanging environment. Having structure as well as space for time out, relaxation, enjoyable activities and a sense of safety are protective of mental health (Gilbert et al., 2008). Without these, participants found it difficult to manage their vulnerabilities to impairing negative thoughts and mood, and to rally the mental drive and focus for work when pitted against solitude and lockdown. This was highlighted in chapter 4 with the GP-CORE score from Arati (F); at 38, it placed her in the severe symptomology category. She discussed in detail about her struggles with a lack of routine and motivation, and the cascading effect these had on her mental health. Moreover she attributed much of this to the increasing sense of isolation that she experienced during this time, further emphasising just how damaging this period was for vulnerable students.

This isolation led to the concept of participants feelings as though they were 'left alone', which is multi-faceted; there is an internal element to this sensation, including things such as spiralling negativity and lack of motivation (Pasion et al., 2020), but also a social/external element which explores, for example, the participants' lack of access to a sounding board, that is – other students, to keep their negative thoughts in check or to test how others respond to them (Evans & Fisher, 2022). Throughout psychological research into social support and mental health, one of the most prevailing and repeated findings is that people struggling with poor mental health find it helpful to know that they are not the one feeling the way that they do (Young & Campbell, 2014; Gerino et al., 2017; Grubic, Badovinac & Johri, 2020), but this is dependent on the individual having access to a frame of reference that allows them to know this. Given that the participants in the study lacked much meaningful social interaction and were unable, in many cases, to form new friendship groups, it is unlikely that they had this frame of reference. Some participants did discuss the notion of online support via social media, however this was found to be impersonal, and did not help them feel more connected

with other people as they had hoped. This highlights how the isolation triggered by lockdown measures can create new barriers for students already struggling with mental health. Having no frame of reference or any other students to compare experiences with only makes the sense of being 'left alone' more pronounced than under more normal circumstances.

While some participants found the lockdown to be a reprieve, the longer anxiety and low mood goes unchallenged, the more detrimental the impact on the individual in the short-and long-term in terms of their social confidence (Kodal et al., 2018). The end of lockdowns do not necessarily mean the end of reduced social interaction. Many countries and campuses retain some distancing and remote teaching, and many are considering a long-term hybrid model of delivery which will mean more time studying alone than in lecture halls. This means that students who struggle with isolation could continue to struggle even after the initial lockdown stages have officially ended.

There is an argument however, that this hybrid model of learning must grow and develop as the overall concept of learning has been forever-changed by the pandemic (Wut et al., 2022); many universities have since adopted this new way of learning, and there is scope to improve the system as research into the topic continues to grow. Such existing studies (Joshi et al., 2020; Manea, Macavei & Pribeanu, 2021) have shown potential benefits to hybrid learning that many students remain unaware of, e.g. where students do not live on campus or have other travel needs, the lack of expenditure on public transport, which would be particularly relevant to participants of the present student who come from a low income background. Reducing or eliminating this source of financial burden could make a difference for those students struggling to work and live on less. As students remain largely unaware of the potential for a positive side to hybrid learning (Bouilheres et al., 2020), more efforts could be made to improve knowledge of these approaches. Additionally, some students thrive more when able to access good quality asynchronous learning resources (Fisher, Perényi &

Birdthistle, 2021). As highlighted in this study, many students feel great anxiety at the prospect of social interaction which in turn makes it difficult for them to fully immerse themselves in the learning experience; were they to be more informed on the benefits of hybrid learning, the remote portions of their course may act as a buffer wherein conversations held online are easier than those held in-person. Relationships could begin remotely where the student feels less anxious, and continue in-person where the initial – and often most difficult – contact has already been made. As participants reported difficulty with managing time and motivation when learning was asynchronous, there is an arguable need to design structure into hybrid learning.

This increased anxiety beyond lockdown is echoed in findings by the Office of National Statistics (ONS, 2020), who found more than two-thirds of adults in the UK (69%) reported feeling somewhat or very worried about the effect lockdown was having on their lives, with the most common issues being worry about the future (63%), feeling stressed or anxious (56%) and feeling bored (49%). This survey was conducted via a random sample of 2500 households selected from the Annual Population Survey, of which 1,224 individuals responded. In order to achieve appropriate validity, results were also weighted to be a nationally representative sample for Great Britain; first adjusting for non-response and attrition, then calibrated to satisfy population distributions considering gender, age, region, tenure, and highest qualification. These three wellbeing issues are exacerbated by living in isolation where such worries are able to flourish (Vasileiou, 2019). Anxieties related to lockdown are likely to persist in future years, making the overall impact all the more pronounced.

The present study also highlighted how the anticipated experience of young people coming together for a shared purpose (such as studying together in a library, or socialising) was lost to this cohort, along with the potential benefits this might have afforded, such as developing a

sense of camaraderie and group culture (Loy & Ancher, 2013), improvements in knowledge acquisition and application (McVicar et al., 2006), and broader social skills, such as team-working (Franklin, 2010). The mental health benefits of such group cooperation were also lost, as important social contacts and friendship groups were unable to be properly formed. This was a particularly difficult factor for Marot (F), who spoke at length about her longing for a more real connection with her peers that was being denied; with a GP-CORE score of 30, her symptomology of depression and anxiety was rather moderate-to-severe, and this aspect of her experience played a major role in that score.

While some degree of worry is understandably widespread, more severe mental ill health is being experienced by some groups. The Institute of Fiscal Studies' analysis of longitudinal data from the Understanding Society study found that, taking account of pre-pandemic trajectories, mental health has worsened substantially (by 8.1% on average) as a result of the pandemic (Banks & Xu, 2020). Groups have not been equally impacted; young adults and women – groups with worse mental health pre-pandemic – have been hit hardest.

University students also experienced liminality during the COVID-19 pandemic in a variety of ways. The sudden shift to virtual learning has created a limbo-like state for many students, where traditional structures of learning and socializing have been disrupted. Additionally, the economic and social uncertainty caused by the pandemic has left students feeling uncertain about their future, creating a sense of being suspended between two worlds. Many students are also living in a state of limbo between a home life and their university life, as they may be living at home while trying to continue their studies remotely. The pandemic has also disrupted the traditional milestones of university life, such induction ceremonies and end-of-year celebrations, which can create a sense of limbo and uncertainty for students.

Liminality represents a threshold between different periods of life, and these “threshold concepts” (Rattray, 2016, pg. 67) have often been used as a lens through which to explore student experience. Meyer and Land (2005) state that the conceptual space of students attending higher education, particularly where circumstances are abnormal or troublesome, are “akin to states of liminality” in which students may find themselves “stuck” (pg. 377).

This thesis study brought new insight here by highlighting the unique nature of a dual-liminality during this period. Both university life and the pandemic are periods of ‘in-between’ and change - namely between being a child and adult and between freedom and full lockdown. Such non-physical liminal spaces leave people feeling uncomfortable and less able to flourish (Perez-Murcia, 2019) making starting university during a pandemic a perfect storm of transition and disruption.

Additional discoveries were made regarding the concept of liminality within an extreme circumstance such as a pandemic as this state of being stuck is over-emphasised during a state of lockdown where the student is unable to live freely. How well a student can navigate these thresholds of adulthood depends largely on the resources at their disposal; a person who has already struggled through poor mental health would arguably have fewer cognitive resources with which to manage the trials of liminality than those who have not, having already exhausted much energy coping with their mental health (Son et al., 2020). Similarly, financial hardships can greatly increase the burden of liminality on students, as people from poorer households lack the funding to access certain assistance such as therapy, and have additional worries over everyday expenses (Montacute & Holt-White, 2020). While most universities in the UK do provide some form of free counselling, for participants this was not enough to make any meaningful progress towards improving their mental health. When examined against quantitative data, these financial concerns follow throughout the student experience; for example, in the case of Esme (F), her GP-CORE score of 35 was the second

highest at this time point and classed as severe symptomology. For her, finances were something that she described always having to worry about even before the pandemic, and the additional burden placed on her monetary resources during lockdown had a detrimental effect on her mood, resulting in such a high score.

The experiences detailed in this study show how unsettling and difficult this period was for first year students in the UK, as their motivation and mood were greatly diminished. What should have been a period of personal growth and confidence was instead a time of languishing and worry as students felt stuck in their environment – both physically and psychologically. This loss of confidence has the potential for long-lasting impact, as experiences in young adulthood can have cascading effects on future years. For example, Trzesniewski et al. (2006) found that lower self-esteem during adolescence (19 years old) can predict negative outcomes in adulthood, including limiting economic prospects. This, in turn, draws attention to the financial struggles that these students were already facing – a potentially vicious circle of poor mental health resulting in less income, which in turn leads to worse mental health (Silva, Loureiro & Cardoso, 2016).

Findings show that students receiving the full student loan often compared themselves to peers in terms of finances, and that this comparison seemed to increase the burden they felt. Given that university is already a competitive space where students vie for grades and opportunities, adding a wealth disparity can exacerbate a sense of inequality that is already felt in higher education (Browman et al., 2019). While the covid pandemic has doubtlessly impacted all students, there has been disproportionate effects on those on low-incomes (Montacute & Holt-White, 2020). Students not under financial strain may have fewer worries about navigating illness vs earning.

This issue has been further compounded by the perceived unfairness of university costs. Many participants felt that fees were not amended in line with the altered educational provision during the pandemic, with students perceiving themselves to be getting a much diminished provision compared to previous cohorts. They questioned whether attending university was a wise choice and this had a detrimental effect on their mental health. Their worry grew over mounting debt that felt very real, echoing findings from (Beal, Borg & Stranahan, 2019), and the lack of confidence that their investment will pay dividends in their adult life (Cook, Watson & Webb, 2019) made the lockdown even harder to cope with.

Hence, the intersecting burdens of isolation, liminal states and financial strain appeared to affect mental health by creating the perfect environment for pre-existing mental health conditions to flourish. Isolation can keep students prisoners with their own thoughts and feelings, which often spiral out of control without any external energy to counteract them. The data showed that these spiralling negative states can, in turn, make it more difficult in the pandemic to navigate the threshold between being a child and an adult, and having the additional worry of financial instability left students with fewer coping resources.

T1 represented the first stage of the present study, and set the benchmark for each participant's experiences throughout their opening months at university. Characterised by overwhelming negative thoughts, feelings of wealth inequality and less self-worth, this was a challenging time for all participants as they were adjusting to their new living and learning environments – which were not what most had been expecting.



## CHAPTER 7: MAIN EMPIRICAL STUDY – TIME POINT TWO

This chapter will explore the themes and sub-themes that emerged during T2. It will be split into two sections; first, an analysis describing the themes and sub-themes; and second, a discussion on those themes both in isolation and when considered alongside T1.

### 7.1 TIME POINT TWO ANALYSIS

Analytic outcomes for time point two (February/March, 2021) are presented below in the form of themes and sub-themes that highlight the key mental health aspects and the way they intersect with learning across all participant experiences, namely (i) *Reality Sinking In*, (ii) *Help Me, Help Myself*, and (iii) *I'm My Own Worst Enemy* (see Table 6 for themes per participant).

Table 6

*Participant (n=18) Characteristics and Theme Mapping*

ID	Gender	Superordinate Theme Presented		
		Reality Sinking In	Help Me, Help Myself	I'm My Own Worst Enemy
S621	Female	✓	✓	✓
B662	Female	✓	✓	✓
D678	Female	✓	✗	✓
M388	Female	✓	✓	✓
G554	Male	✗	✓	✓
H065	Female	✓	✓	✓
N859	Female	✓	✓	✗
H349	Female	✓	✓	✓
R852	Female	✓	✓	✗
B456	Female	✗	✓	✓
M918	Male	✓	✓	✓
J213	Female	✓	✓	✓

S256	Male	✓	✓	✘
M240	Female	✘	✓	✓
H422	Female	✓	✓	✓
G997	Female	✘	✘	✓
M993	Female	✓	✘	✓
A135	Male	✓	✘	✓
Total		14	15	15

Note: ✓=theme present; ✘=theme not present

### 7.1.1 Theme 1: Reality Sinking In

The majority of participants spoke of their experiences in having the reality of their situation – living and working under covid conditions – start to truly sink in. Whereas previously there might have been hope or expectations that the lockdown measures would be short-term, there was now an overarching feeling of ‘*Acceptance*’ and the ‘*Push/Pull*’ (*subtheme 1a*) sensations surrounding it. This acceptance allowed for more reflection on the world around them, causing students to begin to ‘*Realise how fragile things were*’ (*subtheme 1b*) as the events unfolding around them appeared increasingly tumultuous and unpredictable. This fragility and uncertainty caused many to develop a more despairing outlook where they believed that nothing they did would make any difference; a ‘*Reinforced Helplessness/Hopelessness*’ (*subtheme 1c*) that lead to many struggling to cope.

#### 7.1.1.1 Subtheme 1a: The Push/Pull of Acceptance

The push and pull of acceptance refers to the differing experiences participants had when being confronted with the reality (as they saw it) of lockdown and restrictions being more of a long-term part of life. While some participants reported negative experiences (as outlined below), some participants had a positive view of acceptance in that through reaching this point and accepting what they could not change, their mood, thoughts, and feelings stabilised

somewhat as they were able to stop some of their initial anxiety over the regulations: *“I think I have adapted by this point. I don't really feel upset or anxious anymore because I've realised there's nothing I can do to change the entire pandemic situation for the better, except following the rules and regulations.”* (Margot, F).

This process of adaptation was signalled by many participants with a drop in anxiety and having a strategy in place to help mitigate whatever challenges lie ahead; for Margot, she spoke of focusing on following the rules set out for her by her university in order to put her energy into other, more beneficial efforts. She spoke of doing *“a lot of work on my resilience, adaptation skills and changed my life circumstances as much as I could to still live my life to the fullest”* which demonstrates her intention to overcome challenges that in time point one she described as *“heart-breaking”* and *“impossible”*. In terms of the techniques she used to reach this state, her personal 'realisation' that *“many students manage to stay resilient regardless of this [mental health challenges through covid]”*. When Margot perceived herself to not be so alone, to be part of a community trying to be resilient, she found the strength she needed to enact positive change – including finding *“alternative income sources”* that helped her economic anxieties as well.

A similar experience was felt by Opal, who described the process of learning to accept that life will be different beyond the boundaries of the pandemic, and accepting that she will have to adapt as circumstances change: *“I'm at a point now where I've accepted that things are going to be different once covid blows over (although it's taken me time to get to that point) and I just kind of want to get it over and done with”* (Opal, F). This represents a positive shift in cognition from time point one, where she described her experience as *“emotionally exhausting”*. For her, acceptance has led her to have more resources to devote to other things as she no longer stresses so much about things beyond her control; in her own words *“I can*

*focus on other things I need to do, prioritise more than what I could do [before finding acceptance]” (Opal, F).*

Such a positive experience was not shared by everyone; throughout the interviews an undercurrent of despair and futility was present in the perceived lack of choice that acceptance of reality seemed to enforce. For some, the uncertainty did not end with the lifting of restrictions; they simply wanted their worries to stop and did not know how else to manage their emotions other than to accept them: *“Some things I’ve accepted I can’t control and it’s definitely a weight off my shoulders but at the same time I never had any other option but to accept it. So thinking about it at all was a bit pointless.” (Grace, F).* For these students, acceptance was more an inevitable necessity with some small benefit, as opposed to an empowering realisation as they experienced an increased anxiety brought on by a seemingly futile battle to overcome. Fawn talked about how, for her, acceptance brought with it a sense of hopelessness and a lack of agency over what was happening; rather than feeling empowered, she felt very much the opposite: *“I’m stuck right in the middle with no way out. I’ve just got to accept that I can’t do anything, and that really hurts [...] I feel really hopeless” (Fawn, F).* This experience was likely triggered owing to her vulnerability to poor mental health; her usual levels of high anxiety were made worse by a lack of agency, which added to her sense of helplessness.

#### *7.1.1.2 Subtheme 1b: I’ve realised how fragile things are*

As time under the covid lockdown and restrictions continued, it was the perception of most participants that the world around them was extremely fragile, in terms of both their university student living and their personal living. The nature of uncertainty, and the state of flux within which participants found themselves, were key aspects of this experience as their entire world felt changeable at any given moment. There was a persistent sense of their

everyday life (in terms of well-being and education) being precariously balanced, with an anxiety that the smallest thing could disrupt that balance of just about coping and throw their lives into further chaos:

*“It [...] feels like everything is overwhelmed so I don’t want to tip the boat over [...] everything looks so precarious and on edge that anything could just make it fall down and start all over again. So for me, I just want to curl up and keep things quiet so that things don’t get worse.” (Fawn, F).*

This metaphor strongly evokes a sense of fear and anxiety over the prospect of so many things going wrong. The place of control and perception of risky situations in terms of mental wellbeing can also be highlighted with the mental image of being in such a dangerous situation as a boat in uncontrollable waters. The notion of “*curling up*” also calls to mind the ‘freeze’ option in the fight/flight/ freeze stress system responses as she feels powerless to do anything in the face of her anxiety. Additionally, the ‘curling up’ is reminiscent of the foetal position, of seeking comfort and having a dependence on others, which highlights the great distress Fawn experienced, which was exacerbated by her mental health vulnerability.

This feeling of being unable to move, of being helpless in their situation, highlights the persistent issue of low motivation as students such as Fawn feel unable to change their circumstances – this in turn saps their drive to try at all as fighting against what she views as an impossible situation only makes her feel worse, as is seen where she described wanting to ‘keep quiet so things don’t get worse’. This was a significant component in time point one and seems to have worsened in the face of an increased workload and lack of support which has failed to catch up with rising demands.

One participant in particular described how she viewed the situation as precarious, given their university and the government's response: “*with COVID and the university’s response for*

*support, the future has felt a lot more fragile. Like it only will take one wrong decision for everything to come crashing down” (Arati, F).* Responses that were supposed to be reassuring and helpful had the opposite effect as a lack of trust in the established systems of university led to Arati and other participants feeling that they could not rely on such measures to keep them safe and secure throughout their learning.

This anxiety at the prospect of something going wrong at any moment impacted not only their present, but also their outlook on the future. A present reality with such unsteady foundations made it harder for them to see a clear future, and this bleak view caused many participants to feel an increasing sense of unease over their future prospects: *“I’m not too hopeful. I’m just waiting for a new announcement that everything will shut again and that the whole thing will reset [...] I don’t see any reason to have confidence, so I’m not going to.” (Henry, M).* The realisation that life may never return to what it once was, and that the fragile stability could fall apart at any moment are both very difficult thoughts and experiences, particularly where people have a predisposition to worry, and are without the social/economic buffers to mitigate these challenges. An example of this in the present study can be seen in Annie’s experiences, who throughout all her interviews expressed heightened anxiety over her economic situation – how she would be unable to afford mental health support without outside help, which in turn makes her feel guilty: *“I am speaking to someone privately it’s just annoying because it is so expensive [...] My mum is paying for it because I wouldn’t be able to [...] It isn’t great.” (Annie, F).*

#### *7.1.1.3 Subtheme 1c: Reinforced Helplessness/Hopelessness*

Throughout the Time 2 interviews, the majority of participants spoke of having moments where they *“feel really hopeless. Like nothing has changed in half a year, so why would it suddenly now?” (Fawn, F).* These students struggled to find hope in a reality where they felt

they learned, through experiencing the first six months of lockdown and the responses from those in charge, that there was no hope for positive change. They feel that there was no way to make their situation better because they, and their situation, were so out of control, and the passing of time has only reinforced those feelings as circumstances did not change for the better. In some cases where participants might have felt more able to regain some sense of control considered taking some action, they were put off seeking help because of their belief that it would do no good: *"I just don't see how it [therapy] would work."* (Annie, F). This sense of helplessness meant that she had to be much more selective when it came to spending her energy and her finances. There are several reasons why she didn't believe therapy would work for her, chief of which was her past experiences of support: *"I had a health psychologist as part of the diabetes clinic. I've changed clinic since being at [city] and they don't have one available for appointments. NHS waiting lists are too long hence going privately. I spoke to a school counsellor in High school but she was pretty rubbish."* (Annie, F). This suggests that where previous efforts have not been effective, it is all the more difficult to keep trying.

Concern over spending limited financial resources on support options such as therapy remained an issue for some low-income students. It was the experience of several participants in this study that their low income meant they had fewer resources to tackle this sense of hopelessness and access help: *"I know that it [work hours] could really easy just drop and then I'll have no money. To be honest I'm not thinking about that because AGAIN I can't do anything about it."* (Henry, M). This was also accompanied by a sense of much-reduced motivation to try to help themselves because, once again, these participants feel that they can do nothing to change their situation: *"I was also quite unmotivated to do anything apart from sitting and bed and watching tv."* (Rina, F). For Rina, it was too exhausting to put additional

effort to do anything at all – let alone self-help – when the prospect of a positive outcome was so low; there was no motivation for her to use precious resources to try.

This theme also serves to highlight the overarching sense of the majority of participants that they have had things done to them, not with or for them. For example Henry's experience was one of great frustration owing to decisions made beyond his control that kept him in a difficult financial situation: *"I'm sinking more money into the accommodation that I'm not even going to be living in, which is really shit. But again, I can't do anything about it I have to keep paying because that's what the landlords have decided."* (Henry, M). Similarly, Arati spoke of her feelings in regard to the university responses to the pandemic, saying that she feels as though *"everything they've [the university] done has been forced on us, and we have no say in what happens."* (Arati, F).

Decisions have been made by university and government authorities that have significant impacts on their daily lives, and they had to accept things that they could not control. Low-income has shaped the mental health experiences and agency for students, as highlighted in this study by participants like Annie's experience of struggling to access appropriate therapy in the face of her low-income: *"My mum is paying for it [therapy] because I wouldn't be able to"* (Annie, F) and Becca's more broad concerns over being able to afford to live well in general: *"I knew, so I knew the job wouldn't last forever. It's just the times come round and then I find it hard to budget, like how can you budget with nothing? It does worry me."* (Becca, F). This further highlights the anxiety that participants experienced whenever they thought about their financial situations; the link between finance and mental health was made clear through these experiences.

Such experiences in turn have a knock-on effect on motivation, including for learning: *"I just never feel like there's much point forcing myself out of bed [...] I don't have anywhere to go,*



anyone to see... I would be getting up to sit at my desk and wait for a lecture to start, rather than actually going to university and liking the atmosphere.” (Miranda, F). This highlights the way an online-only approach makes it increasingly difficult for students like Miranda to find motivation to work; they would potentially flourish more on-campus where the atmosphere is more conducive to learning, rather than working from a desk in a bedroom.

Many students felt a growing resentment towards their university as they felt robbed of their agency during a time when they hoped to be flourishing as adults: “*I thought university would be different [...] I can't make a difference to what university is doing and it all piles up over me. It's not fair.*” (Fawn, F). For Fawn, her sense of helplessness and hopelessness were reinforced by the behaviour of institutions that, in her point of view, fell short of expectations and failed to respond to adequately mitigate the effects of the pandemic on her as a university ‘consumer’. This created a double whammy of impact – both feeling robbed of a milestone experience in her development and feeling injustice in how the university was treating her.

### **7.1.2 Theme 2: I've been Abandoned**

A sense of abandonment by authorities in both government and universities was clear throughout the majority of interviews. Participants felt that the support on offer was limited and difficult to access, and in many cases they did not know where to turn to for what little help was available, while simultaneously struggling to access resources to help themselves through such a difficult period. Knowledge of one's own thoughts can lead to feeling more positive in oneself. Students were left feeling that they were ‘*forgotten and under-pressure*’ (subtheme 2a) when they lacked any proper leadership. This theme serves to highlight the significant impact that the behaviour of the educational institute/organisation had on shaping student experience and behaviour; student behaviour can reflect the way they perceive they have been treated. In this case, an institution and staff viewed as uncaring has led to equally

uncaring students – leading to the final subtheme wherein students felt that there has been great damage done to the relationship of staff and students, to such an extent that *'the trust is gone'* (subtheme 2b). These subthemes highlight an evolution of themes from time point one, as the feelings of sadness and isolation that remained as a result of this abandonment progressed to bitterness and anger at the perceived cause, rather than focusing on the symptom as in time point one.

#### 7.1.2.1 Subtheme 2a: *Forgotten and Under-Pressure*

This subtheme can be characterised by a real sense of desperation and frustration with the authorities that were supposed to offer help and support; they felt that too much pressure and responsibility was placed on the students themselves to get through the trials of the pandemic, whilst the decision-makers appeared largely absent or inactive.

This sense of anger and indignation was highlighted by Henry (M), who described the way his frustration gradually built up inside him until there was nowhere for it to go but outwards as an expression of anger: *"It's like when you blow up a balloon but put too much air into it and it pops."* (Henry, M). His main reasons for these feelings were thoughts that *"universities [were] being left out [by government] altogether."* As he compared the university response to that of schools and colleges, finding the former to be very lacking in comparison: *"All the schools and colleges have details on how to gradually open up again, but there's just nothing for us. We need to know what's going on."* He felt there was too much pressure on him, and other students, to simply adapt and overcome without campuses showing any signs of reopening – a sense that their lives were unable to move on under the current climate.

This represents a very delicate balance for universities where they have a responsibility to encourage independence in both living and studying, but also offer clear safety nets for these young adults. Similarly, *"It feels a bit like a hamster on a wheel."* (Miranda, F) describes the

experience of not being able to stop these internal frustrations of helplessness that repeat themselves over and over, and of not being able to have a break from managing alone. For example, she talked at length about how she “[doesn’t] have any meaningful human interaction now” and how she experiences “the same conversations” with “the same people”. This calls to mind the time point one theme of being stuck, where participants felt unable to move owing to circumstances beyond their control and had no real sense of belonging; this is a continuation of that theme as students are beginning to feel the pressure of living under lockdown after the initial shock: “It’s like the rush of help around covid has stopped now since it’s been going on a while, and we’re just expected to be okay with it now.” (Miranda, F). She shone a light on similar feelings by other participants, who struggled to control the ever-increasing demands on their mental resources – and who felt forgotten about in the aftermath of the initial rush to action triggered by the pandemic.

Such feelings of abandonment are exacerbated by the sentiment of frustration shared by many students about how the university response to covid appeared to be speaking in platitudes, without actually doing anything to help: “it [the university response] comes across as a little performative to me.” (Esme, F). Participants felt as though officials were saying the right things to appear responsible and helpful, but ultimately lacked any real desire to follow through with these promises. This led to many feeling as though they had been left behind in the discussions that were taking place; forgotten about in the face of maintaining a positive public façade.

These experiences had some potentially serious consequences for the more vulnerable members of this study. Individuals with prior experience of particularly high levels of depression were more susceptible to these feelings of abandonment – especially when promises of individual support were not followed through: “At first, I had been given promises of visitation and a sense of normality from both the university and the people in my

*life, but each and every announcement meant that they couldn't live up to the promises that were made to me.*" (Arati, F) going on to say that had she not fought to help herself, she "would've been pushed to act the way I had [before] - which resulted in self-harm". That a student came close to repeating self-harm as a result of such frustration and anger highlights just how impactful and strong emotions were, especially when coupled with an already vulnerable mental state. In this case, it was the sense of being let down, rather than isolation per se, that was so difficult to manage – though the two experiences interacted by making each other worse.

#### *7.1.2.2 Subtheme 2b: The Trust is Gone*

Participants also spoke about reaching a point in their minds where they no longer trust in the ability or the intentions of authorities to do the right thing – both in terms of university and government, though the former was more pronounced. For example, when asked how he felt about the university's ongoing response to the pandemic, Henry (M) stated that it had been "Pretty much nothing [...] it all feels really [...] I don't know what the word is. Like they're putting on a show of being supportive because they have to be, but it's not genuine. I don't believe that they actually want to do anything about it, or at least that they care more than how they look to other people."

This sense of no longer trusting in authority represents the feelings of many students who feel that they have given university officials the chance to try and do what's best, only for those good intentions to go wasted as "pretty much nothing" (Henry, M) has been done to make the student experience better. Similar sentiments were shared in time point one where many felt that institutions were merely attempting to put on a front, rather than offer meaningful support – and as the situation remained unchanged after several months, they had simply stopped believing the university. This links with the notion of liminality that was explored at

T1; students are expected to act as adults in terms of taking care of themselves, however they feel that they are in some ways treated like children as institutions don't communicate on an equal level.

This had significant knock-on effects throughout their continuing student lives, as they were inevitably linked with the institution they no longer trusted; their mental health suffered as the overarching burden of managing their new university life fell on their shoulders, and they did not feel they could trust institutional-based support services to provide what was promised and paid for: *"I don't really have much faith in them [university therapists] to be honest, and I have friends who've tried and really struggled finding help through uni so I don't see how it would work. I've been put off. But I do speak to someone privately [...] because I don't think it'll be worthwhile from what I have heard"* (Annie, F). The additional financial burden of having to find support for themselves, given that they already come from a lower income background, once again left feeling frustrated that they could not readily access them or did not believe therapy would be helpful. The trust that has been given by students does not seem to have been repaid in good faith.

This theme echoes feelings of isolation and loneliness as reported in time point one, highlighting how they have developed into feelings of frustration and an overall breakdown of trust in the institutions who participants believed had failed them. There was an overwhelming view that universities are supposed to support the development of students, both in terms of academic attainment and personal growth, and these have been stunted by the lack of decisive action, communication and a strategy to keep students learning well through the pandemic.

### **7.1.3 Theme 3: I'm My Own Worst Enemy**

During this period participants experienced a great deal of self-sabotage and self-loathing in a number of domains; their ongoing performance at university, their social skills, their resilience and overall ability. Negative self-talk was common amongst interviewees, who reported that they *'made things worse for themselves'* (subtheme 3a) by creating scenarios in their minds in which they were found lacking. Such negative views of self also reinforced the idea that participants *'knew they couldn't do it'* (subtheme 3b) to such a degree that they felt they *'wanted to get away from themselves'* (subtheme 3c). Such a poor self-view was evident throughout the interviews process and is represented in these subthemes. These quotes serve to highlight that these first-year students had, understandably, no understanding that even a normal (non-pandemic) education experience is full of challenges, self-doubt, and self-sabotage. The addition of the pandemic had only emphasised and worsened what are usual reactions to the demands of university. A significant factor that has emerged across both time points was the struggle around motivation, which contributed towards a number of subthemes including those of self-loathing and self-blame.

#### 7.1.3.1 Subtheme 3a: *I make things worse for myself*

Participants frequently spoke of the ways in which their minds worked against them, often by conjuring scenarios and putting themselves in a negative light that did not necessarily reflect the reality of what was happening around them: *"My brain starts creating problems in my head to torture me [...] it's like my own brain despises me"* (Zuri, M). Such an intense description is indicative of a deeply troubled thought process that plagued Zuri throughout his time at university – thoughts that have only grew worse as time progressed and the situation remained so difficult for him to manage. Other participants also felt similarly, that their own thoughts were against them: *"it definitely feels like my thoughts don't stop sometimes, like a train constantly going 100mph"* (Grace, F). This metaphor highlights how fast and unrelenting such thoughts can be, and how difficult it can be to stop them once they begin –

much as one person cannot stop a moving train, a person cannot expect to stop so many difficult thoughts alone.

This also calls to mind similar experiences of time point one where participants experienced such cascading thoughts that were too much for them to manage – things have seemingly not improved in time, as such overwhelmed feelings were still present: *“I get these massive turns where every negative thought possible comes at the same time and it kind of stops me functioning. It's like my nervous system is going absolutely crazy and can't be stopped.”* (Annie, F). That these onsets of such negative emotion can trigger so suddenly a ‘massive turns’ makes them even more difficult to manage as they can be unpredictable and come from seemingly nowhere.

This proclivity to create problems that are not there seemed to be made worse by pre-existing mental health problems as symptoms of depression, anxiety, and low mood were exacerbated by adding further stresses to an already over-burdened mind: *“It [work] overwhelms me and I just end up not being able to do anything because of it [...] I often end up just running away from it [...] and I've quit jobs because of it.”* (Rex, M). This sense of being overwhelmed then had a cascading effect on university work and overall motivation as Rex – and others – were left feeling unable to move past these perceived problems. The desire to somehow run away from these problems is indicative of just how difficult it was to manage these negative thoughts and feelings.

Not being able to do anything shows the impact that such feelings can have beyond the boundaries of university; not only does academic work suffer, but also one’s social connections are left to languish in the face of such low motivation where some students simply do not have the energy needed to maintain friendships. For example we see Rina (F) talking about how she felt she had to *“force myself to meet more with my friends”* as she

battled with the ever-present struggle of motivation. These internally-focused thoughts show similarities with the T1 theme of *too much time, too many thoughts* as this represents an extension of those negative thought spirals.

#### 7.1.3.2 Subtheme 3b: *I knew I couldn't do it*

In many ways this subtheme represents a self-fulfilling prophecy where participants set themselves up for failure, and thus confirm that they are, for example, stupid or worthless by their internally-generated metric as they struggle with work: *"Thoughts include; I'm failing, I'll never achieve anything, can't do anything, not good at anything, fat, ugly, stupid, boring, worthless, lazy, won't pass uni..."* (Annie, F). It was also difficult for participants to identify a specific aspect of university or the pandemic that was driving these feelings; rather than a singular cause, it was the culmination of so many things that added up to more than they could manage, leading to these feelings of failure. Such extreme poor self-view only added to pre-existing mental health struggles, and the resulting feelings of depression and despair make it all the more difficult to engage with work or the wider world.

Highlighting this impact on interaction is the following quote: *"I sometimes feel broken; incapable of feeling love"* (Isha, F). Isha was referring to the way intense stress and anxiety of the university period has put such a strain on her relationships that she could no longer keep them going. She, and others, felt that they had failed to such a degree that they could not find those vital social connections that they used to; a sense of knowing that they would fail, and so not having the energy to try. Such a profound impact must not be understated; so much despair that she could not feel or give love is an extreme and distressing experiences that institutions perhaps do not expect. Given these students' predisposition to mental health struggles with symptoms such as depression and anxiety, adding an increasing sense of loneliness and isolation had the potential to trigger a relapse into old, negative ways of



thinking and habits: *“I get these massive turns back to when I was really bad, where every negative thought possible comes at the same time and it kind of stops me functioning because it get so lonely.”* (Annie, F). These reoccurrences can be extremely painful for participants who are left alone to struggle repeatedly, with no source of support.

Some students, however, utilised this bleak outlook as a last line of defence against these mental health consequences. A thought process that expects failure and disappointment will be less impacted by such failings when the – as the individual sees it – inevitable happens: *“I don’t see any reason to have confidence, so I’m not going to.”* (Henry, M). To many students this view is a pragmatic one, and the only way they can manage the prospect of personal disappointment by keeping expectations low. This highlights an internalised view towards failure and an externalised view of success, which might be beneficial in the short-term as students brace themselves against the negative impacts; however, in the long-term they could grow to struggle to accept their successes as their own as a result of their self-deprecating thoughts.

When comparing this theme with those highlighted at time point one, important differences emerge as the student experience evolved over the passing months. Firstly, the prior theme of too much time, too many thoughts showed a two-fold evolution. On one hand, participants reported their focus shifting to a more pragmatic view as highlighted above – this in turn has meant that the empty time once filled with the so many negative thoughts has been replaced with thoughts that are more immediately manageable. In exchange for this, however, students have to contend with the accompanying vulnerability to self-blame and poor self-esteem that comes with anticipation of failure. Whether students fall on the positive or negative side of pragmatism appears impossible to predict, and this uncertainty in itself is yet another strain on their mental health.

### 7.1.3.3 Subtheme 3c: *I want to get away from myself*

Strongly linked to the above subthemes is this anxiety over their own feelings that so often overwhelmed them, leaving participants struggling to cope, and in many cases denying themselves and their feelings altogether:

*“[...] like hiding away from having to face my feelings, it's almost as if I tell myself that so long as I ignore it, it'll eventually go away. In those moments I don't feel anything, which is the point, I think, when it happens I would rather feel nothing than have to confront those low feelings.” (Esme, F).*

Many felt that it was easier to feel nothing at all, than to experience the difficulties of acknowledging their negative feelings. This highlights the degree to which mental health can impact a person's mood, and also the use of 'experiential avoidance' which (in most models of mental health) appears to be an effective short-term strategy for the individual, but inevitably becomes a bad one with escalation of the emotion they are trying to avoid.

Participants also wanted to get away from themselves as a person, as well as from their feelings. Many reported that they felt like failures, and so they wished to be someone else – someone they perceived to be better: *“I wish I was someone who understands things better than me and I wish I was more organised.” (Emily, F)*. There is an argument to be made that universities are not psychology-minded enough to recognise that first year are still 'becoming' - still working through identity development and finding their place in their world. *“It feels like I need to claw my skin off or hit my head against the wall.” (Annie, F)*. For people like Annie, they experienced a hidden consequence of the pandemic, as vulnerable people struggle to find anything positive when they look inwards at themselves, or have their pre-existing negative thoughts exacerbated by isolation. This extreme desire to be someone else and the desire to explore other identities reflects the moratorium period of identity

development that occurs after the adolescent stage of identity diffusion; it is generally considered the longest period of that development and is a time of active searching and exploring alternatives to current situations.

These feelings were somewhat present in time point one, but it was not to the extent as reported during this period, particularly when considering participants wanted to ‘claw [their] skin off’ or ‘bang [their] head against a wall’. Such ideas of violence against the self were not present previously, which is all the more concerning, given that these students were already vulnerable to mental health symptoms. The low income backgrounds of these students also potentially add to their vulnerability, as they cannot escape themselves or their situation owing to financial restrictions; a wealthier family might defer a year with limited consequences, but for a student who is dependent on loans to get by, this is not an option.

## **7.2 TIME POINT TWO DISCUSSION**

These struggles and realisations at T2 could be viewed as the beginning of resilience-forming as an ongoing process; participants experience the barriers to adaptation and growth, and the challenges of accepting things beyond their control – which could potentially lead to the development of resilience. It must be noted as well, however, that some participants felt unprepared for this realisation of reality owing to the constraints of past experience of poor mental health and their economic situation – for those students, the prospect of a positive outcome from such a challenging period might appear impossible. Both sides of acceptance are valid responses to an extraordinary situation that was put upon these students.

During this time point, the language around resilience was extremely variable between participants, and while each had their own ideas on what it was to be resilient, it was not a word that typically came up during the interview process. Rather than ‘being resilient’, participants talked about ‘coping’ and ‘managing’ – these are subtly different as research

discusses resilience in terms of outcomes to stressful situations, whereas coping and managing are centred around the strategies that reach those outcomes (Garrido-Hernansaiz, Rodríguez-Rey & Alonso-Tapia, 2020). A second quantitative measure could have been used alongside the GP-CORE to help explore these difference in resilience perspective, however as these differences emerged as the study was ongoing, it would not have been possible to gain renewed ethical approval within the overall time frame.

The above themes highlighted the way in which different people are affected in different ways; a conflict appears where participants felt both an acceptance of the situation, and a rejection of the self. Similarly, some experienced a more positive form of acceptance, whereas others felt that they were spiralling down. It benefits future study and potential support provision to explore why these experiences can differ from person to person, and to identify those particularly vulnerable. The idea that true acceptance of one's circumstances can benefit one's mental health has been the subject of much study; Lucas and Moore (2019) explored the nature of acceptance through the lens of psychological flexibility – arguing that in order for acceptance to be achieved, one's mind must be appropriately flexible to reach such a conclusion. Their study of 140 participants highlighted that psychological flexibility had a direct, positive effect on life satisfaction, and that experiential acceptance – the acceptance of a current situation – was a key factor in determining mental health outcomes.

Additionally, psychological flexibility is both a trait and a skill that can be taught and learned (Lucas & Moore, 2019), which was reflected in the experience of some participants. Some demonstrated a growth in flexibility through experience – Opal becoming more flexible through her acceptance – while others – such as Becca – achieved growth via accessing mental health support services. Others found this flexibility to be out of reach through no fault of their own; rather, for some individuals – Fawn and Arati, for example – the experience of living under CV-19 was overwhelming. This demonstrates the individual

differences in personal growth, and the importance of not treating all students in the same way. This concept is highlighted in Jefford et al.'s (2020) study on psychological flexibility in US university students; 348 students were surveyed to explore the role of psychological flexibility and inflexibility on self-efficacy and the potential moderating impact of year in college. Results indicated that students who were psychologically flexible reported greater self-efficacy in terms of their academic and social lives, with the inverse being true for those who were inflexible. Additionally, the impact of psychological inflexibility on self-efficacy was moderated by the students' year in school as psychological inflexibility had a greater effect on students in their first year of university as opposed to students who had been enrolled for multiple years. It is no surprise, then, that the first-year UK university students in the present study experienced such shifts in psychological flexibility.

Following on from this discussion, the root of acceptance in psychological flexibility helped to explain the reasons why some experiences are so different to others; defined as “the ability to adapt to a situation with awareness, openness, and focus, and taking effective action guided by your values” (Harris, 2022, pg. 41), and “the ability to act effectively in accordance with a valued life in the presence of unpleasant thoughts, emotions, or bodily symptoms” (Wicksell et al., 2010, pg. 771) these concepts are integral parts of how a person responds to challenges, such as having to learn and grow into an adult under the cloud of the pandemic.

Work by Kashdan and Rottenberg (2010) aimed to explore the growth of such psychological flexibility throughout certain developmental stages, highlighting that the key period of development of identity and flexibility was between the ages of 14 and 23. This places the young adults investigated by the present study within the most important stages of identity development. Given this, universities could invest in developing flexibility for new arrivals.

Besides the development of flexibility, the most characteristic features of resilient adolescents include: energy levels, curiosity about the wider world, self-reliance and confidence, creativity, and an abundance of meaningful social experiences (Lee et al., 2017). Such qualities allowed them to demonstrate social skills, improve life satisfaction, and show resourcefulness while navigating everyday life. Each of these protective concepts have been impacted by the pandemic as social interaction, curiosity, and meaningful experiences have all been limited under lockdown. This added further barriers to the development of resilience and flexibility, as the growth of both aspects of identity is stunted by factors beyond the individual's control.

Rejection of self follows similar lines of reasoning in that studies have shown flexibility in the face of personal difficulty to be a key factor in being able to express self-compassion and self-acceptance (Wong et al., 2019; Williams, Fekete & Skinta, 2021). A dominant factor in terms of self-acceptance and self-esteem is both an internal and external locus of control; the perception of control an individual has in events happening both to and around them (Atibuni et al., 2017). In addition, it has been linked to outcomes in university settings owing to the greater demand on students at university; a greater need for self-reliance, self-motivation, and self-control (Arslan, Dilmaç & Hamarta, 2009). Studies have also revealed that locus of control is key in university students' experiences including reduced psychological symptoms (Gan, Shang & Zhang, 2008), and increased attainment, happiness, and motivation (Pannells & Claxton, 2008).

A locus of control develops chiefly throughout a person's adolescent life (11-19 years) as a result of different types of reinforcements, whether through reward or punishment (Galvin et al., 2018). As the individual learns to ascribe success or failure either to themselves or the world around them, their locus of control will change accordingly (Nobusako et al., 2020). A key psychological mechanism associated with this internal sense of control is hope, which

has been highlighted as a variable that affects an individual's future orientation (Bernardo et al., 2022). In particular, Diemer and Blustein (2007) state that hope is an important factor in the development of adolescents' positive future outlook, school and academic success, and their transition to the world of work. Given that a sense of hopelessness was experienced by many participants in the present study, it was unsurprising that many participants view failure as internal, and success as external.

Accordingly, research has indicated that this internalised sense of agency can be improved through learning alternative perspectives on one's experiences (Nobusako et al., 2020), which is often a key component in many talking therapies, such as Brown et al.'s (2013) revised model of social cognitive career theory, which emphasizes the importance of expectations and self-efficacy in the formation of hope. To encourage the development of hope via such approaches has the potential to make a great difference in their future outlook, and it is argued that first-year university students should have access to such learning opportunities, as access to this form of learning could have a positive impact on the academic outcomes for many students.

Both sides of acceptance and rejection lend themselves to a need for purpose, intrinsic values, and focus in order for individuals to flourish – all key concepts under the banner of motivation which is a pivotal aspect across mental health and learning (Marler et al., 2021). The degree of personal responsibility and enjoyment of success are vital when examining student motivation in particular; where a university student feels responsible for their own work, they will invest more time and effort into those academic outcomes (Duffy et al., 2020). Similarly, should this degree of responsibility have a negative impact on a person's mental health, the individual may find themselves overwhelmed. Given that, during covid, students have felt increasingly isolated and struggled with self-doubt (Lee, 2020) their motivation to continue working has greatly reduced. Similarly, when students feel that they

do not belong within academic circles, their motivation for success decreases as they lose that innate desire to do so (Yeager, Walton & Cohen, 2013). Acceptance bringing camaraderie, and nurturing such feelings of togetherness could provide such benefits to other students who struggle with the sense of isolation and loneliness, beyond the boundaries of the pandemic.

Next to be discussed is Theme 1b: Freezing against fragility - It is important to examine what this 'freeze' could do to educational engagement and progress, as institutions often perceive this reaction as the student disengaging from education or having no motivation, as opposed to the individual struggling with an uncontrollable stress response.

There have been a number of studies that highlight a correlation between locus of control – or a lack thereof – and academic achievement. These studies concluded that students with an internal locus of control had higher academic achievement than students with an external locus of control (Uguak et al., 2007) owing to their greater belief in personal responsibility and agency; that their rewards in life are guided by their own decisions and efforts. This led to a tendency to study longer, a trend towards greater motivation, and overall academic improvement (Grantz, 2006). On the other hand, external thinkers believed they had no control over their academic outcomes – a thought process that was shared by the majority of participants in the present study. Such students were also self-conditioned to expect failure and to view any potential goals as unrealistic and unobtainable (Uguak et al., 2007). This aspect was described very clear by participants in the present study; the sense of feeling like things were done to them – everything being external – driving that lack of control.

Further adding to the strain on motivation and learning was concern over the effectiveness of university provision during the lockdown period. Aguilera-Hermida (2020) reported findings echoing the present studies, highlighting that students feel abandoned and let down by university administrators in terms of the online learning environment being less engaging and



lacking a defined source of support during the pandemic. These factors helped in explaining why some students cannot simply continue as normal. They experience a cognitive dissonance between their expectations of the university experience and the expectations placed upon them by the university, and therefore did not have the psychological resources needed to adapt to a fragile present and future; they feel a profound sense of abandonment, and experience a great deal of self-criticism and self-doubt.

### **7.2.1 Discussion between Time Point One and Two**

When comparing these themes with those highlighted at T1, important differences emerge as the student experience evolved over the passing months. Firstly, the prior theme of *too much time, too many thoughts* showed a two-fold evolution. On one hand, participants reported their workload increasing and demanding more time and attention – this in turn has meant that the empty time once filled with the so many negative thoughts has lessened. In exchange for this, however, students had to contend with an increased workload that has come very suddenly, and they frequently reported continuing to struggle with the online format. Anxiety resulting from this increase in workload has also led to a continuation of self-blame and poor self-esteem, meaning that the cause might be different, but the result is the same.

Given that the online/hybrid model appears to be the new norm for delivering university education (Lorenzo-Lledó et al., 2021), it is all the more important to explore the reasons why some students struggle with the approach, while some find it more appealing. The present study has highlighted several potential reasons such as the lack of physical support, the lack of differentiation between relaxation and working spaces, and the sensation of being apart from peers/lecturers. It is suggested that future research focuses on these aspects in order to develop means to protect vulnerable students from a remote location.

The feelings of isolation and loneliness as reported in T1 have also developed into feelings of frustration and anger at the institutions who participants believe have failed them. There was an overwhelming view that universities are supposed to support the development of students, both in terms of academic attainment and personal growth, and these have been stunted by the lack of adequate support through the pandemic. Indeed, when compared to other major life transitions, such as from primary to secondary school, there have been great advances in what is known about how vulnerable that time is (Evans, Borriello & Field, 2018).

Accordingly, schools and education authorities have made significant investments in to help ease that transition via schemes such as the National Centre for Children and Families guidance approach for parents and carers (Freud, 2022), or Child and Adolescent Mental Health Service (CAMHS) Transition to Secondary School online resource page (NHS Foundation Trust, 2022). The university support system could arguably benefit from examining, and learning from, such interventions, and fully supporting the transition of students from school to university life and adulthood.

This leads to discussion of the liminal aspect of becoming an adult, which is still very much present and has had a cascading effect on student mental health; as more self-reliance is needed against the backdrop of limited support, students feel an increasing amount of self-loathing, as they felt much more that the onus was on them to improve themselves. A sense of abandonment by the authorities. This in turn led to a predominant sense of failure, with thoughts of wanting to be someone else or get away from themselves. These feelings were somewhat present in time point one, but it was not to the extent as reported during this period, particularly when considering participants wanted to ‘claw [their] skin off’ or ‘bang [their] head against a wall’. Such ideas of violence against the self were not present previously at T1, which is all the more concerning given that these students are already vulnerable to mental health symptoms. While these thoughts of self-harm were more an

expression of desperation as opposed to an actual desire to commit violence, these thoughts must not be ignored if student wellbeing is to be supported.

It must be noted however, that there are occasions where self-harm, be it thought or actions, could be what an individual needs in order to move past a seemingly insurmountable moment in their lives by offering a sense of control and autonomy (Hetrick et al., 2020). While a taboo view, this concept must also be acknowledged and understood if overall progress is to be made towards bettering student support – a student experiencing these thoughts may be more likely to access help services if they are not immediately ignored, as is currently the case where self-harm is concerned (Witt et al., 2021). A balance must be struck between keeping students both physically *and* psychologically safe.

The idea of ‘sliding back’ is also a continued factor as students still struggle to navigate an environment they now perceive to be extremely fragile; it was comforting to fall back to familiar habits that are nonetheless self-destructive (such as procrastination, limiting one’s eating, and over-sleeping) rather than face that fragility that could break at any moment.

Certainly, students cannot be blamed for this, as people naturally gravitate to what is familiar during times of crisis (Rayburn et al., 2022). Still, some managed to find acceptance in the face of a situation they cannot control or change, but that does not necessarily help this feeling of languishing in place and not improving. This feeling of being stuck in place highlighted the persistent issue of low motivation, which was a significant component in both time points and seems to have worsened in the face of an increased workload and lack of support which has failed to catch up with rising demands.

Socioeconomic aspects seemed less pronounced in T2, potentially due to the initial shock of funding and expenses having worn off – giving way to the aforementioned bleak acceptance of an unchangeable situation. There was still, however, much comparison between one’s self

and other students, which almost always lent itself to a negative self-view in terms of financial situations and personal circumstances.

One positive aspect was the issue of previously denied space; students were allowed some freedoms in terms of altering their living arrangements. Some participants moved back with relatives to try and find that emotional connection with other people, and lessen the emotional toll that living in student accommodation caused. Others managed to form friendships with students in shared accommodation, though this was not universal as for some participants, social anxiety was too much to overcome. While there was still the lack of physical engagement on campus grounds, some students found solace in virtual socialising spaces that they created for themselves and their peers. This linked back to the liminal stage of becoming an adult and the demands of self-reliance as students had to help themselves. While it is positive that they were able to create these supportive spaces, it is an indictment on the university systems that these vulnerable young adults had to entirely help themselves.

When exploring these differences between T1 and T2, examining the GP-CORE scores across all participants led to a clear pattern developing in terms of symptomology; 73% of participants experienced an increase in their scores, which reflects the overall worsening of depressive and anxious indications discussed by the majority of students. Symptoms such as feeling tense or anxious, feeling unhappy, and being unable to do the things they wanted to do, were scored particularly high across these participants – once again echoing the experience shared throughout the interview process.

The participant presenting with the biggest change in score was Zuri (M), who scored 29 (moderate-to-severe) at time point one, and 42 (severe) at time point two. He described an extremely anxious outlook, where the continued isolation and uncertainty around lockdown made his mental health gradually become worse; pre-existing anxieties around socialising

were allowed to fester and grow as he had little contact with the outside world, which ultimately led to him not wanting to leave his home at all. He also experienced a loss of physical therapy owing to the restrictions that used to help him express some of his frustrations in a more constructive way. Without any means of coping or an outlet, his symptoms became more severe.

Participants who did not follow this patterns of increased scores were Connor (M; 32 – 30), Grace (F, 26 – 17), Arati (F; 23 – 18), and Margot (F; 30 – 21). Upon closer consideration of these participants' interviews, each had developed a different coping method between the time points that helped their scores to decrease against the odds. For example, Arati found that such feelings had been replaced by anger towards the institution that she felt had put her in such a vulnerable position. For her, feeling anger was preferable to feeling sad or demotivated. Meanwhile Grace described how she had managed to formulate a routine for herself in terms of getting up, working, relaxing, and sleeping. This helped regulate her mood and avoid slipping back into the negative thought spirals that she experienced at time point one.

Overall there seems to have been an evolution of past themes during this time point: the feelings of sadness and isolation progressing to anger at the perceived cause; the liminal challenge of growing into adulthood cascading to impact student sense of self-esteem and self-reliance; and the fear of lack of control becoming more a sense of resignation. A significant factor that has emerged across both time points was the struggle of motivation, which appears to contribute towards a number of themes including a sense of failure, not being able to help oneself, and feeling overwhelmed/hopeless.

Participants also had a more varied experience during this period when compared to T1 as some reported feeling better as they had more time to grow accustomed to restrictions,

whereas for others the continuing lockdown was a source of greater despair and frustration. In both cases, however, past experiences of mental health and issues surrounding finances played a role in shaping these responses. Such discussion comparing T1 and T2 served to highlight the merits of longitudinal study, where deeper insights were gleaned that may otherwise have been missed.

## **CHAPTER 8: MAIN EMPIRICAL STUDY – TIME POINT THREE**

This chapter will highlight the themes that developed during T3 interviews. It will be split into two sections; first, the analysis will explore the specific themes and sub-themes of T3; and second, a discussion will show particular insights gleaned during both T3, and the study in its entirety as this was the final stage of data collection. GP-CORE scores will also be explored, including those at T3 and across the whole study period.

### **8.1 TIME POINT THREE ANALYSIS**

Presented in this chapter are themes and sub-themes generated from the analysis of interviews from T3. In total, 15 participants out of the initial 20 took part in this data collection time point, which was three months after T2 in June 2021. At this period, the UK was beginning the process of ending lockdown restrictions, with some universities setting out roadmaps towards reopening facilities and returning to a more ‘normal’ setting. This is followed by an in-depth account of each theme and sub-theme. Table 7 shows these three themes for this time point, and how they are mapped per participant. Finally, key aspects of the data will be discussed in terms of T3 and then with reference to other preceding two time points.

T3 can best be described as a period of retrospection and reflection by most participants, having both positive and negative aspects. At this point, the UK government had prepared steps leading out of lockdown, and restrictions were beginning to ease across the country. As the prospects of easing lockdown and re-opening of society came to the forefront of much discussion, it led many to look back on the previous year and wonder (i) how much covid had cost them in terms of their personal and academic lives; this was a difficult topic for many to come to terms with as, in many cases, they were still impacted by the stressors brought on by the pandemic. Students also felt that (ii) it wasn’t over yet; that just because the pandemic

and restrictions might be coming to an end, it did not mean that the impacts of the pandemic were as well. There were lingering concerns and increased challenges that would still need to be faced going forward into a re-opened, but changed, world. This did herald the prospect of a (iii) newfound sense of freedom, which was a major aspect of their thoughts going forward. For many it was a positive change where life could return to a sense of normality, but for others, reopening brought a great deal of stress and anxiety.

Table 7

*Participant (n=15) Theme Mapping*

ID	Gender	Theme Presented		
		How much did covid cost me?	It isn't over yet	A Newfound Sense of Freedom
S621	Female	✓	✗	✓
B662	Female	✓	✓	✓
M388	Female	✓	✓	✓
G554	Male	✓	✗	✓
H065	Female	✗	✓	✓
N859	Female	✓	✓	✓
R852	Female	✓	✓	✓
B456	Female	✓	✓	✓
M918	Male	✓	✓	✗
J213	Female	✓	✓	✓
S256	Male	✓	✗	✓
M240	Female	✓	✓	✓
H422	Female	✓	✓	✓
G997	Female	✓	✓	✗
M993	Female	✗	✓	✓
Total		13	12	13

Note: ✓=theme present; ✗=theme not present



Additionally, at this final study point, several participants discussed how they either returned to, or started to engage with, mental health services as a result of their experiences during their academic year under covid. After examining all interview data it was determined that six participants (30%) were somehow engaged with mental health services, with two (10%) reporting that they thought to approach services as a direct result of participating in the present study. While any initial involvement with professional mental health support was grounds for exclusion from the study, accessing support during the study was not cause to remove a participant's involvement. Given how difficult it was for some participants to reach out at all, it would not have been ethically appropriate to almost punish those students by removing their ability to continue sharing their experiences – particularly with hindsight that the present study helped guide some towards support.

### **8.1.1 Theme 1: How much did covid cost me?**

It was during this final period of their first year of university, coinciding with the news of an upcoming end to lockdown measures, that participants began reflecting on how much they had lost or missed out on due to the pandemic. This included not only the lockdown, but the also the virus / illness itself. For many, looking back on their time at university under the cloud of the pandemic led them to identify a *loss of student experience (subtheme 1a)*; how so much of the university life they had expected to live had been taken from them in terms of their education and more general student living. Participants also felt that the pandemic had cost them their *progress towards mental wellness (subtheme 1b)* as, upon looking back, they reflected on the times that they were either unable to or forced to act due to circumstances beyond their control. This included such events as feeling forced into certain housing decisions or having no control over their education.

#### *8.1.1.1 Subtheme 1a: Cost my student experience*

Many participants felt as though the pandemic had taken from them what their first year of university was supposed to be, and they were struggling with “*grieving for all those moments I'm missing out on*” (Arati, F). The process of reflecting on the past months was heightened with the knowledge that the future was opening up, and this triggered the realisation of how much their first-year experience had been impacted. A particular focal point for many participants was the end of first-year exams, which according to Honor (F) “*felt fake and not real.*” She, and many others, found it difficult to motivate themselves for the final exams as they did not feel as though they belonged to their university. A distance had formed between their personal self and their student self which made them lose the motivation to study against the backdrop of unreality surrounding a year that had passed by entirely remotely without any on-campus time or meaningful contact: “*I found [exams] a bit difficult as I was always on one spot, without the chance to relocate to a library, for example. Generally, I really enjoy classroom experience and in person interactions.*” (Margot, F). For Honor, Margot, and others, they experienced both physical and psychological distance and unreality to their university as they were all unable to engage with their institution.

The financial cost of university and covid was also a significant part of the first-year experience for many participants, as they received the final portion of their maintenance loan which was not enough to compensate for their inability to find work during lockdown. Annie (F) explained: “*The money I get from the loan just isn't enough to pay for everything since I haven't been able to work or do anything*”. This feeling was compounded by thoughts that the learning received throughout the year was “*low quality of teaching [...] despite paying so much.*” (Annie, F). These thoughts were present during previous time points, but the retrospective view seemed to draw the overall experience more into focus.

Similarly, the relative worth of their year of remote education was called into question by several participants who, upon looking back on what they had received, felt that they were

*“sold the promise of an academic future, but [...] feel cheated out of 9k” (Esme, F).* Some also started to carry resentment towards universities: *‘when I look back at university, I just feel robbed and I’m still feeling angry about how everything was handled’ (Arati, F).* Here Arati extends Esme’s feeling of being cheated out of her money, to also convey feelings of being cheated out of good service, feeling dismissed and let down by her institution in how it managed the pandemic’s impact on students and learning.

There was also a prevailing view that universities had been dishonest by not adjusting the expectations placed on their students. These thoughts in turn led to feelings that their first year was *“pointless”* and *“not worthwhile” (Annie, F)* since so much of the expected university experience, that was promoted as being unaffected by the pandemic, had not been delivered. Esme, Arati and Annie’s extracts showcase a dominant view across the sample at T3 that their rightful experience from universities was not delivered. They conveyed resentment and anger, and that ultimately their experiences occurred because of the imbalance of power between institutions and students; students must pay prior to ‘the service’ being delivered and must trust that universities will act in good faith and deliver ‘the service’ that they promised. Students’ accounts suggested they believed that universities knew all along that it could not be ‘service as usual’ but did not adjust the presented expectations or fees. That final year exams were felt by Annie to be pointless reflects, perhaps disengagement in retribution, showing how, in the pandemic at least, not getting ‘the service’ you paid for and were promised, impacts students’ motivation, trust and engagement in learning. They show that individualising learning outcomes as a property purely of the student (which universities largely do) renders all of the powerful systemic influences as invisible, and therefore unaccountable.

This subtheme also encapsulated the sense of grief experienced by many participants at the high cost covid on their wider university experience:

*“I definitely expected it to be better than what it has been. I was looking forward to it initially, wanting to really throw myself into work, do extracurricular things, get involved with the faculty. But it’s just been the barebones of what university should be. I’m hoping that next year will be better, but I’ll never be a first year again you know? It’s weird looking back and knowing that it’s just kinda gone by.” (Henry, M).*

Henry well summarised the thoughts of many participants here. When such students felt that they had missed out on their expected university experience, it raised various, negative feelings: some students felt that they had been denied a rite of passage and had therefore missed important adulthood milestones, *‘I’m failing as an adult before I’m even a proper adult [...] I really feel like this last year has made it harder for me to think of myself as a proper adult because I’ve just been at home’ (Fawn, F)*. This experience implied that becoming an adult needs a certain set of conditions – of independent space and choices – and being forced to stay at home restrained that trajectory.

#### *8.1.1.2 Subtheme 1b: Cost me my progress towards mental wellness*

This subtheme represents a continuation and completion of a theme experienced in T1; the idea of ‘sliding back’. What began in T1 as a feeling of losing ground in terms of progress towards mental wellness and independence became, for many participants, a sense of now having lost progress completely. Participants had to endure the full academic year under lockdown, and the mental toll came to the fore now that the period was coming to a close – looking back on the months that passed highlighted how much had been lost in terms of progress towards mental wellness.

All participants entered the study with some past experience of poor mental wellbeing, and for many the lockdown measures interfered with their usual coping mechanisms, even during

this period where society was supposed to be returning to normality – for some the end of lockdown would not also be the end of their struggles with coping. Esme (F), for example, found that moving out of the family home to attend university helped her to feel more independent and in control of her mental wellbeing, but found herself being forced to return home early in the academic year. For her, the ending of lockdown made little difference to her returning home and losing that sense of independence. When she looked back on the months spent there, she reflected by saying *“moving back home puts me back to square one [...] I’ve lost my independence [...] my room doesn’t feel like my room anymore and my head doesn’t feel like mine because it’s like I’m still in my childhood bedroom.”* Esme is conveying a critical point here about student mental health. Leaving home to go to university was a positive time for Esme’s mental health as independence, choice and freedom were good for her. Having to return home was the vulnerability - “back to square one”. She described how alien her home, and then her mind, felt back in a childhood space. Her account signaled disorientation, weirdness of experience and of real setbacks in her mental health based on place (home) and its memories and lack of autonomy. Notable here is that Esme felt strongly that the deterioration in her mental health was driven purely by where she was physically and not by her own mental state per se. Thus, location and space matter.

Another source of this loss of progress was the length of time that students had been away from the university campus. For many participants the long period of isolation made old anxieties grow more pronounced, especially with the prospect of returning to campuses the following academic year:

*“It’s like the months I’ve spent not having to go into university have made knowing that I’ll have to eventually even worse. I’m so much more anxious [...] I don’t know if it would have been easier or not, so it’s just nagging at the back of my head, what if things had been in-person? Would I have done*

*better or worse? And I'll just never know [...] So much second guessing and supposing that it makes it hard to move on the way I used to." (Fawn, F).*

Here Fawn highlighted the increase in anxiety symptoms, and that she felt left struggling to address this 'the way she used to'. She conveyed the mental gymnastics of living with anxiety during the pandemic, wondering would it have been better to face the in-person life sooner rather than later – but her feeling of it was that it was much worse having a long period of anticipation in which her anxieties could grow. Signalled here is the vulnerability of past mental health difficulties which cannot be managed the “way I used to” which meant that that entering ‘real life’ campus for the first time had free reign to become overwhelming anxiety for her during lockdown.

Another perspective could be seen in Zuri's (M) experience, who began by saying that *'I just feel tense all the time now [...] been feeling anxious about other things. But the level more intense'*. This demonstrated a worsening of anxiety, to the point of feeling it continuously, which was exacerbated by, and added to, his sense of independence and adulthood having dropped throughout this first year at university: *'independence has been really downhill. The feelings have changed though from anger to anxiety [...] I never felt anxious about it then'*.

In this context ‘then’ refers to his time at sixth form. Zuri's reference to the helpfulness of independence to his mental health resonates with Fawn's noted above. This is an important insight, showing how responsibility and choice as an independent young adult can be experienced as salutary for one's mental health, rather than as a source of stress or vulnerability. Losses to independence were experiences of going “downhill” for Zuri, as if anxiety seeps into any spaces made available when independence is compromised.

### **8.1.2 Theme 2: It isn't over yet**

All students involved in the study anticipated that their workload would not suddenly become easier because the lockdown was ending; rather, they anticipated new challenges in adjusting to *new ways of learning (subtheme 2a)* as campuses opened up and a hybrid approach was adopted, and a sense of having *fallen behind (subtheme 2b)*. The perception that they were academically behind compared to other cohorts, was experienced by many. Additionally, the pandemic was, for many, a trigger that caused a worsening of poor mental health symptoms, and participants felt that those would take a great deal of work to resolve; the *lingering impact on mental health (subtheme 2c)* would not simply end with lockdown end.

#### 8.1.2.1 Subtheme 2a: *New ways of learning*

The prospect of adjusting to novel learning methods was one that many participants met with apprehension and anxiety. That universities were (and still are at the time of writing) developing their learning strategies in response to the pandemic and changes in working practices made it difficult for participants to prepare and respond to circumstances that were still beyond their control. For some, the pressure of having to constantly change their learning approach as dictated by the university was too much; Annie (F), for example, talked about how she had reached the stage that she was *'up until 4am often just searching for something else'*, referring to searching for a new way to approach life after feeling that university had not worked out the way she had expected. She hoped to find an alternative to university as she *'prepared [herself] for [university] to be bad, but it's been more like horrific'*, going on to say, in regards to the ever-changing methods of learning delivery, *'if I could have seen a trailer for how the year would go or something, I wouldn't have gone [...] other people seem to be getting on fine with uni, makes me feel like I'm not normal'*. Annie had some expectation that the first year would be “bad” but not that it would be “horrific”, and that if she had been able to see in advance how teaching and learning would work in the pandemic,

she would not have come. She felt an extra whammy of frustration and disappointment when she saw other “getting on fine”.

Others felt that, while they had not reached the point of wanting to quit university altogether, they had no academic confidence in what was to come. Given that hybrid approaches were quickly becoming more popular throughout many universities, it was difficult for many students to face the prospect of having to adapt to this new normal. Moreover, some felt that their bad experience with the online medium during their first year had negatively impacted their chances of academic success in the future as they had found it to be such a demotivating way to learn. The following years of university were viewed with apprehension and uncertainty, as opposed to any relief or excitement that the pandemic was over:

*‘after a year of online learning, I found that my tolerance for screen time had dramatically reduced. Pre covid, I’d be perfectly fine staying at a screen for 6-10 hours in a day. But now I get so headachey and tired. As next year’s content will be much harder, I don’t want to think about the amount of hours I will spend looking at a screen [...] I’m worried that at the end of it, it’ll all have been for nothing [...] It feels like next year I’ll be mindlessly jumping through hoops which is really difficult for me to motivate myself through.’ (Arati, F).*

Arati reported the physical strain and impact of remote learning on her, and talked about the dread of future studying via endless hours staring at a screen. Although she felt that she had enough stamina for this pre-pandemic, she went on to suggest that a year of remote learning had simply led to complete burnout of her capacity for this. There was no excitement in Arati’s extract for the learning and discovery that could be ahead. Any motivation and drive to learn had been replaced by a feeling that learning is now only a matter of screen time and



“jumping through hoops”. This highlighted again the central experience of burning out of motivation, not because of a ‘deficient’ in the student, but because of “hours of looking at a screen” that universities were offering as a form of education. This served to highlight how university education practices undermined student's learning and motivation throughout the constant challenges of this first year and of the future. Participants were exhausted from surviving this year, and there was anxiety that they would not be able to achieve their full potential owing to low energy and mental exhaustion from university practices.

Some students welcomed the end of lockdown as a fresh challenge as it represented a shift towards normality and something they could look forward to. Some talked about how their university had communicated positively about the return to campus and so were able to take a more positive view in turn: *‘I feel more satisfied that I will be able to learn something useful in person, to get a real-life impression of how things are done since university is opening up again’* (Margot, F). That this positive response depended on the university does, however, draw focus to the geographical lottery that students experienced. In cases such as Margot, institutional communication was perceived as well done, and students could then look forward with more optimism. Where such communication was perceived as ineffective, it led to more bleak outlooks as expressed by Arati and Annie. It also highlighted just how powerful the university narrative and response was in shaping students’ expectations and beliefs about themselves, their ability to engage and learn to their potential and their confidence in how the year ahead would go.

#### *8.1.2.2 Subtheme 2b: Falling behind*

All participants experienced a sense of falling behind throughout the pandemic, and at the final point in the academic year they felt that much of their future would be spent trying to catch up to their peers who had gone before them. Progress meant different things for

different participants. Annie, for example, invested a lot in trying to feel better with regards to her mental health but she feels her hoped-for progress is now an unrealistic goal:

*'I've been on meds this year and also spoke to a private psychologist and I still feel the same, so I've kind of given up hope of feeling better & it's so exhausting to constantly feel like this, but seeing no results when you try to feel better. I'll never be as put-together as everyone else.'* (Annie, F).

Resignation colours Annie's account here and she implied that other students were able to 'progress' towards being 'put together' people while she has not. Enduring her first year under lockdown had drained Annie and, on top of this, the fact that the medication and therapy did not help have left her feeling she may never make 'progress' towards a healthier her. What was critical here is the feeling of being more 'broken' than other people by the pandemic.

Participants also worried that, as they worked to catch up on lost learning, they would be too far behind compared to students in the year ahead who had a foundation year unaffected by the pandemic. The workload would potentially be higher as that knowledge foundation was not properly established: *'The work I do manage to get done, I'm not satisfied with it just because I'm still not on top of everything and it feels like I'm only doing it because I'm playing catch up.'* (Jay, F). This sense of always having to catch up to peers and always lagging behind, made it difficult for Jay to engage with her workload and negatively impacted her learning. Like many others, she felt that she would stay feeling so far behind everyone else.

Some participants also expressed particular worry over their finances, as they were unable to make any savings throughout the year owing to the lockdown shutting down many job opportunities – this in turn made them feel left behind in terms of finances. Moreover, some

students were forced to use the savings they had already accumulated to make ends met during the year, which left them in a worse position than when they had started university: *'I'm getting into a significant amount of debt to be able to do this degree. [...] I am paying my own way here. And I know it's going to hold me back for a while [...] I rely on student finance and it is just not enough.'* (Arati, F). An unstable financial foundation has left many feeling 'held back' as they had to make difficult decisions over how to make their money last going forwards. There was some hope that, as lockdown eases the job market would gradually reopen, but students still felt that it would be a difficult balancing act in future months and years: *'I either work, have money and no time, or I don't work and then can't afford to go out. I know that a lot of people get money from parents so I guess there's some resentment there, it's a balance that I can't figure out.'* (Becca, F). Becca's account shows how students look to their peers as reflections on themselves and their own experience, which can cause them to feel how different they are, and how it showed them that life is harder for themselves than others – at least at face value. The pandemic brought this into particularly sharp focus for Becca where she, but not many of her peers, had to choose between having enough money and being socially included. She was still trying to figure this out.

Lastly, being behind in terms of social connections was something that played on the minds of many participants. Due to the restrictions placed upon them they were unable to form friendships that would be taken through into year two and beyond; they would effectively be starting from scratch when it came to making connections with other people, which was a source of anxiety and stress: *'[...] not making very many new uni friends [...] made me just feel like I was missing out as everyone who I know has already had their first year uni experience, or finished uni completely and say it was the best time of their lives.'* (Jay, F).

This anxiety over missing out in the future owing to catching up on the past was present throughout most participant interviews, and a significant concern for them when moving

forwards into their second year and beyond. As Jay's extract showed, when the dream of university being the best time of one's life was pitted against the reality, it brought up for Jay a strong sense of having missed out on something that "everyone" of his friends had experienced before and, he suggests, was critical to him being able to become like them – presumably normal people who have gone through normal milestones and experiences. Jay expressed an urgency to catch up to some social marker of normalcy.

### 8.1.2.3 Subtheme 2c: Lingered impact on mental health

One of the most significant aspects that made participants feel that the impact of covid was not yet over, was that of their mental health, a dimension which has already been surfacing in the above sub-themes. The lockdown took its toll on all participants' mental health in a number of different ways, from anxiety over online learning: *'I don't want to think about the amount of hours I will spend looking at a screen, it makes me really anxious thinking about how I'll handle it'* (Arati, F), to the long-term isolation triggering symptoms of depression: *'Just being alone all the time has made me really sad all the time.'* (Rose, F). While the direct cause of such mental stressors, namely lockdown, was coming to an end, the lingering impact that the period had on mental health would not, they felt, end so quickly.

Participants were left with the mental scars from that long period of isolation and uncertainty. Arati created a strong visual in her talk about what lies ahead for her post-pandemic: she said she will be *'wading through the mess covid has left behind'* (Arati, F). The mess, for her, was her mental health as she had experienced a great deal of anxiety and depression throughout the year that she felt unable to rid herself of completely.

This sense of having to push through such difficulties was shared across almost all participants' experience, with some detailing the way that those lingering anxieties feed into new ones, dreading the thought of having to live with that anxiety:

*'I feel anxious about feeling anxious [...] Have you ever had those moments where you're enjoying life and then remember work/school and your mood is ruined[?] That's me all the time, whenever I think about school. I remember everything I have to do and my mood just drops.'* (Zuri, M).

This demonstrated the way new mental health stressors emerge from the old, and how it was wrong to assume that the lingering impact of covid would end along with restrictions. For Zuri, and others, just thinking about upcoming years and all they have to catch up on was enough to cause their mood to 'drop' as the workload overwhelms them. Symptoms of depression cut through enjoyment without warning, leaving many students worn out and anxious about what would come next.

Lastly, this quote from Annie emphasised the damage that the pandemic has done to some students' mental health in terms of self-compassion and self-worth. She felt at T3 that the pandemic had a severe and lasting impact on her ability to see herself in a positive light:

*'I think covid has had a huge negative impact [...] Just the level to which I hate myself, I think self-comparison has become a massive thing. Especially since a lot of the time has been spent sitting around the house, not getting dressed, looking gross [...] really nothing [helps], I've been trying to find something. I'm hoping to find a new hobby over summer, because I'm getting to breaking point of feeling like this and I'll try anything to feel better'* (Annie, F).

Many participants lived through the pandemic believing that they were somehow underserving of self-compassion, and these thoughts were likely to persist beyond the bounds of the pandemic as those negative views have proven difficult to challenge in the past. Annie strongly connected her physicality (looks, behaviour) with her feelings of inferiority as they

were almost physical representations of her mental health – she felt internally as though she did not deserve care so her physical habits reflected that. She also saw isolation as fostering this self-neglect, using the limited social interaction she was able to engage with as a means of comparing herself to her peers and always finding herself wanting. Despite the legacy of the pandemic on her, Annie’s account showed her focus on action, change and the pursuit of feelings better – a demonstration of how resilience emerged from challenge.

### **8.1.3 Theme 3: Newfound Sense of Freedom**

Participants described their conflicting feelings regarding freedom with the end of lockdown. Chief among these thoughts was that of *life finally opening up (subtheme 3a)* which was a source of excitement and positivity for some students, whereas others experienced worry and anxiety. The return to normality also brought with it the *chance for positive change (subtheme 3b)*, as many students found life under the pandemic to be very formulaic; aspects of their personality had changed under covid, and the opportunity to emerge out of isolation as a different person was both appealing and unappealing depending on the individual’s perspective. Lastly, by virtue of their student lives reopening and becoming very different to what they had become accustomed to, the sense of freedom called for *a complete readjustment and restart (subtheme 3c)* for many participants as this would be their first time experiencing university and adult life beyond lockdown, which would bring about new and unique challenges and opportunities.

#### *8.1.3.1 Subtheme 3a: Life can finally open*

For many participants, the prospect of finally being able to step out and live their own lives represented a welcome return to some sense of normalcy and the opportunity to more actively take part in their student life. For the first time since beginning university, there was belief that the pandemic would be a thing of that past and that students could begin to enjoy simply

being students. The chance to step out of their isolation and socialise with other people was a major source of excitement for many and represented a shift towards the university experience that they had always envisioned: *'Being able to make friends again has been amazing; like the uni experience I wanted'* (Honor, F). The newfound freedom as cities began to look towards ending full lockdown restrictions also opened up many coping strategies that had been denied students throughout lockdown, such as going to the gym, going on holiday, and meeting family members/friends: *'[I] also have holidays booked which is great to have something fun to look forward to cause you can get through all the crap easier when you have something nice waiting for you.'* (Becca, F).

The easing of lockdown did, however, bring some negative worries to the fore in regard to finances. While money was tight for many students throughout the lockdown, there was a sense at T3 that this would continue albeit in a different way. Concern shifted from how to find employment, to how they would keep up with the more frivolous spending habits of their friends now that expensive options for socialising opened up: *"I imagine everyone else heading out to parties and clubs and then there's me not being able to afford it, like I have to make an excuse."* (Annie, F). Here again is the intersection of financial strain and wellbeing highlighted as social connections, so critical for mental health, had an associated financial cost that some doubted their ability to meet.

#### 8.1.3.2 Subtheme 3b: A chance for positive change

A positive aspect of the ending of lockdown came in the form of participants describing how they felt more able to make constructive changes to their lives in the wake of so much difficulty. For some students, the fact that they had managed to continue their studies throughout a period of academic upheaval gave them confidence moving forward as they had succeeded despite adversity. Some felt, in particular, that they were *"more resilient, aware of*

*my strengths and weaknesses and more adaptable” (Margot, F).* This was a positive aspect to the legacy of the pandemic for a young person like Margot, who spoke of resilience in its academically accurate form – new self-awareness and ability to cope forged from having to come through significant difficulties. That she used the phrase ‘more adaptable’ also pointed to another dimension of resilience for her, one where she saw herself not as fixed and only able to function in one way, but as someone who was poised to respond flexibly in whatever new circumstances she found herself in. Further, for Margot, *“Lockdown makes me fully appreciate the things I used to take for granted” (Margot, F).* Things such as going to university campuses and meeting friends – things that would usually be expected – were now valued higher, with the potential perhaps for these aspects of life to bring a boost to her mental wellbeing.

Some students also discussed how they were now able to make positive changes in their coping strategies and approaches to their own mental health. In some cases, were it not for the pandemic drawing attention to their pre-existing mental health issues, they described that they would not have accessed support services that ended up being very helpful: *“I’ve been more mindful and aware, like when I’ve been annoyed or frustrated, so I guess that’s the main thing. It’s really weird to think about therapy cause it wasn’t something I was interested in like, at all before covid.” (Becca, F).* For Becca especially, she had a negative perception of therapy prior to her accessing it throughout her first year at university, and as she reflected back – while she wished it was in-person rather than online – she was ultimately glad that she had taken the step to access help for her mental health. It was not fully clear what aspects from the pandemic, and the resulting impact on her mental health, that prompted Becca to seek support that she has previously been so against, but her account suggested that new experiences, new challenges and new need could become tipping points towards positive action.



### 8.1.3.3 Subtheme 3c: Complete readjustment and restart

Emerging out of lockdown and into a more open world represented a need to readjust to this new normal, after spending so many months getting used to living under lockdown. The sense of having to “*flip a switch and be normal again*” (Annie, F) created a great of pressure for students to quickly acclimatise to the new way of living. To be expected to act normal, when they never experienced a normal university life to begin with, was a huge obstacle for some participants dealing with anxiety when it comes to socialising: “*Social anxiety kicks in whenever I’m outside, I just feel tension in my head [...] that anxiety about seeing people at all and getting used to that will be harder, since it’s been such a long time since I’ve had to do any real interaction.*” (Zuri, M).

Other students who experienced more extreme social anxiety talked about how the pressure to readjust to a more sociable world caused their mental health to deteriorate, as they were left without any support when re-entering adult society:

*“I’ve spent the last month really worrying about people coming back into town and things opening up, and now they are doing and it’s really hard for me to deal with. I’d gotten used to things being quiet and comfortable and not much socialising, and now suddenly there’s people all around me when I go to the shops or something. I really don’t like going out much at all, and now I feel even more like I don’t want to.”* (Fawn, F).

For these young adults, anxiety the act of readjusting to the end of lockdown a significant challenge. For Fawn, she had cocooned herself within the safety of her isolation and limited the need or desire for any outside contact – to have that abruptly forced on her, and expected of her, was difficult to process and resulted in a great deal of anxiety.

It is, however, important to acknowledge that the restart was a source of excitement for some, who felt much more ready to begin the process of socialising and returning to on-campus activities: *“I would like to experience all aspects of social life at university. Be able to go travelling and dining with friends, go shopping [...] the "normal" life is coming back to an extent!”* (Margot, F). This draws focus once again to those students on lower incomes however, as activities such as travelling and shopping are additional expenses that not all would be able to afford. Those potential coping strategies would be out of their reach.

## **8.2 TIME POINT THREE DISCUSSION**

The aim of this section is to discuss important insights that emerged from T3 themes, both on their own and in conjunction with theme from T1 and T2. By exploring the ways certain themes have changed between time points, deeper understandings of the experience of students can be gained, and more focused discussion topics identified for the final chapter of this thesis. Key issues discussed in this section include the cumulative loss from the full first year, concepts of belonging, change and uncertainty and what they mean for student mental health.

### **8.2.1 Cumulative Loss**

T3 could be described as a display of the cumulative loss that participants experienced throughout their first year and across all time points. This sub-section will focus on three main aspects of loss that were conveyed: loss of learning, loss of experience, and loss of mental wellbeing.

At different stages, students discussed different kinds of loss that they experienced, from T1 where they discussed losing opportunities for their expected student experience and social interaction, to T2 where this trend of loss continued to include losing an interest and motivation in learning, and finally to T3 where participants seemed to total up the sum of all

these losses, and the true weight of such was fully felt. This reflection may have been driven by the study itself, as the process of interviewing naturally encourages reflection and introspection, and/or by the timing of T3 which was at the end of their first year and the end of the official pandemic period.

These losses were described as painful or anxious experiences; although the losses were not related to losing a loved one, they did have qualities of grief over tangible or intangible losses, a feature of loss explained by Harris' (2019) work on non-death losses. Examples of non-death losses include job loss, loss of identity or autonomy, loss of trust or dreams or hopes for the future. The invisible nature of these losses can make these types of experiences difficult to express. The idea of non-death losses has only recently been explored in studies which highlighted commonly experienced losses as a result of the pandemic. In terms of students, evidence suggests that these can include loss of employment (Aucejo et al., 2020), loss of connection (Son et al., 2020), loss of educational experience (Aristovnik et al., 2020), and loss of financial stability (Kecojevic et al., 2020). Such losses were also experienced throughout the present study as discussed below.

#### *8.2.1.1 Loss of Learning*

The first specific loss was of learning. According to the Glossary of Education Reform (2013), learning loss refers to “any specific or general loss of knowledge and skills or to reversals in academic progress, most commonly due to extended gaps or discontinuities in a student’s education.” (para 1). Prior to the pandemic the term has been used to explore learning loss due to such circumstances as summer breaks or illness.

A key component of this loss of learning was the sense from the present study’s participants that university staff were not fulfilling their roles as learning providers to the standard they expected. Some believed their lecturers to be doing the bare minimum, or felt that they did

not care about the quality of education they were providing. There is evidence from a study of European universities to suggest that many faculty members were not equipped or experienced enough to properly teach in this new method (Akyürek, 2020). This agrees with the experience of many participants in the present study, who reported feeling unsatisfied or even angry at their lecturers and the way they were being forced to learn. This strained relationship between students and staff can potentially follow through to subsequent years, fostering disillusionment in higher education, meaning that the impact could continue to be felt beyond the pandemic.

While the participant experience of feeling let down and abandoned by staff is vital to understand, it also must be acknowledged that university staff were also going through the pandemic themselves. Lecturers – often being the first point of engagement for students – were left with limited guidance as neither educational institutions nor the government established clear lines of communication or direction. A recent study on the lecturer experience in the UK found that many staff members were struggling to cope themselves as their workload increased with additional demands to create and organise online lectures and home schooling alongside their regular duties (Hanna, Erickson & Walker, 2023). In many ways, the student experience was reflected in that of academic staff as both sides were forced to navigate circumstances beyond their control with little recourse to improve their work-life experience. Perhaps this point of shared experience could be better understood in order to help improve the fractured relationships between staff and students, as participants in the present study described them; by encouraging discussion around similarities and acknowledging both sides, a more positive change could be made to the lecturer and student dynamic.

Such feelings of frustration and anxiety as a result of the university environment draws focus to the idea of unique “stress factors” (Erol et al., 2023, pg. 146) that were highlighted in the

present study's literature review. The experience of these vulnerable students served to indicate that novel stress factors did exist that were unique to them; being unable to impact their learning in the face of lecturers who they felt did not care, and the resulting loss of learning caused their mental health to deteriorate in such a way that the general population would likely not experience the same kind of learning loss.

A consequence of this lack of belief or confidence in university learning provision was that many students became unmotivated and disillusioned with their education. The present study highlighted the experience of individuals feeling that there was no point in giving their best when such effort was not returned – either by lecturers they viewed as being uncaring, or by the university more broadly as an opaque institution being closed off to any form of communication or respect for its fee-paying students. There was a prevailing sense that attending university should be a give-and-take learning experience, as students devote their time, energy, and money with the expectation that university provision will be of a high standard. A European study by Lorenzo-Lledó et al. (2021) into the student perspective of their learning experience throughout the pandemic found that, of 238 undergraduate students, 56% were left feeling unsatisfied with the quality of learning that they received, describing their learning as “passive” and “distracted” (Lorenzo-Lledó et al., 2021, pg. 1320).

#### *8.2.1.2 Loss of Experience*

In this study, the loss of experience was intrinsically linked to income and social capital; participants perceived that they could not afford the same opportunities as their peers during the pandemic as the lockdown enforced a close comparison with housemates who were from more privileged backgrounds. This kind of wealth comparison was found in the present study throughout all time points, as students from low-income backgrounds struggled to see themselves favourably when looking to their peers who appeared to have so much more. This

comparison reflected existing literature as work by Knifton and Inglis (2020) suggested the presence of a “poverty stigma (pg. 193) as was referred to in the present study’s literature review. This internal stigma was very present throughout the participant experience as participants viewed themselves as lesser than their peers.

Participants in the present study discussed losing experiences such as socialising with flatmates because of a busy work schedule – one of the few ways that social interaction was possible during the pandemic. To miss out on these vital potential friendships was upsetting for many participants, who felt that they never had the opportunity to interact with their peers, and were therefore left out of future socialisation invitations as friendship groups had been formed without them. Research has shown the pre-existing social groups can be difficult for a perceived outsider to break into, all the more so where the individual struggles with a mental health challenge that already makes socialising difficult (Unsworth, Kragt & Johnston-Billings, 2018). This data showed a key pathway by which income inequalities (and the need to prioritise work) cascaded to trigger other inequalities in, for example, the ways that differences in social inclusion can inhibit the individual’s inherent opportunity to build social capital.

#### *8.2.1.3 Loss of Mental Health*

In terms of an overall loss of mental health, one of the central aspects highlighted in the present study was that students were badly affected by feeling stuck in their actual and psychological circumstances with no foreseeable way out. This experience manifested in different ways. First, students felt physically stuck in their lockdown environments. The resulting isolation and loneliness has already been explored in prior time point discussions, and the resulting increase in depression and anxiety was significant for many participants. This calls to mind the concept of physical liminality – being held in an in-between place that

was at once a work and home space, while satisfying neither needs completely, and a space that was keeping them between child and adult. Physical stuckness seemed to inculcate psychological stuckness; being unable to escape from their negative thoughts and risking sliding back into unhealthy coping mechanisms resonant of their previous experiences of poor mental health. In T1, one participant spoke of relapsing into an old eating disorder as it was the only thing he felt he could control against a backdrop of overwhelming uncertainty, while many others expressed being unable to stop from drifting back into extreme negative self-talk with no outside perspective to help them ground themselves. These experiences continued into T3, with participants looking back over the past year and lamenting the loss of progress they had made pre-university towards a more healthy mental state. This is important to consider as this sense of loss may persist in years to come, or conversely, bounce back once restrictions are lifted.

A concept in psychology that seeks to explore such similar circumstances is biographical disruption, a phenomenon that is often triggered by chronic illness that causes a disruption to a person's ability to enact an anticipated orientation towards the world. While much past research has argued that biographical disruption is only be caused by illness, ore recent work has expanded its reach such that, from this new perspective, the disruption is caused by the way one's circumstances impede their physical ability to engage with daily life (Engman, 2019).

Parallels can be clearly drawn between this phenomenon and the pandemic, as a wide variety of facets limited the ability of not only students, but the whole population, to engage with their expected daily living and in turn, their selves and their anticipated futures. What makes university students different in this regard, is that they experienced this impediment during a vital stage of their growth into adulthood. The liminal quality of this period of biographical disruption could make it especially damaging for these young adults' mental health as it can

negatively impact their sense of self and agency – both of which have been associated with positive mental health outcomes. Where a person struggles to express their adulthood, a feeling of powerlessness and frustration can result as they are denied their ability to be their mature and authentic self (Konaszewski, Kolemba & Niesiobędzka, 2021).

People have a great potential to learn and grow, which is arguably encapsulated in the pursuit of higher education. When such biological disruptions occur, they can trigger an increased vulnerability to poor physical and mental well-being. Self-determination theory (Ryan & Deci, 2000) argues that satisfaction of the basic psychological needs for independence, competency, and self-belief can foster improvements in well-being and strengthen one's ability to cope when things go wrong. When these needs are not met – in the case of disruptions – the individual may suffer reduced well-being and increased vulnerabilities for poor mental health. Such vulnerabilities have been observed in the present study as students described experiencing symptoms of poor mental health and feeling as though their personal growth was stunted because of the disruption to life as expected.

### **8.2.2 Continuing Impact on Mental Health: Uncertainty and Belonging**

Uncertainty and a lack of belonging was reported by participants as influencing a deterioration in their mental health. All participants, across all time points, expressed anxiety over their university experience in regard to both personal and institutional levels of ambiguity throughout the pandemic (for example, being unsure what a 'normal' workload was). When comparing these experiences of anxiety to the definition of anxiety as per the DSM-V highlighted in the present thesis literature review (APA, 2013), many participants seemed to meet the criteria for a clinical diagnosis of anxiety; excessive and uncontrollable worry over a period of more than 6 months, and impacts to sleep, motivation, and daily function were all felt by many participants at all three time points. For these students, their



anxiety was especially powerful. Students also discussed feelings of not feeling part of their particular university, feeling as though they were an outsider as opposed to being a part of the student community.

#### *8.2.2.1 Uncertainty*

One important component of uncertainty present in the data was the student experience of having no routine or structure to their everyday lives; expectations of attending university centred on timetabled lectures, seminars and exams – the predictability of the prescribed academic life should have offered a sense of continuity and steady progress. However any lectures were pre-recorded and posted in online forums, meaning that they could be accessed at any time, with sometimes an entire semester’s worth of material being posted at once. This led to students feeling overwhelmed with the sudden appearance of too-much material, and uncertain as to how to approach such a large workload.

This uncertainty was amplified by a perceived lack of clarity in university response to the pandemic, doubt about the validity of degrees earned during the pandemic, and ambiguity about changes to the learning environment. Participants conveyed how much of their cognitive resources was spent on managing online learning and establishing and maintaining their own schedule of learning. They expressed how their coping reservoirs were depleted from this effort. No participants discussed having received any support about how to manage this new form of learning.

How uncertainty influences mental health has been encapsulated in the *Intolerance of Uncertainty Model (IUM)*, which is defined as “the individual’s dispositional incapacity to endure the aversive response triggered by the perceived absence of salient, key, or sufficient information, and sustained by the associated perception of uncertainty” (Carleton, 2016, pg. 31). It states when people are intolerant to uncertainty, adapting to changing circumstances

can be especially difficult, and uncertain situations are felt to be threatening and anxiety-provoking (Koerner & Dugas, 2008). Moreover, for some individuals, the mere possibility of uncertainty can prove to be overwhelming (Behar et al., 2009).

The pandemic offered a unique natural experiment with which to explore the importance of such uncertainty for people's mental health and wellbeing – especially for students. Through the present study, we can see the way in which such insecurity and lack of agency negatively impacted students' mental health; they felt more anxious over a future they could not control or have any impact in, and more depressed at the feeling of being unable to make informed decisions about their own life. This is echoed in broader pandemic literature which has identified uncertainty and lack of agency as key factors that were detrimental not only to student mental health – which saw particularly negative impacts in attitudes towards learning (Abakumova et al., 2020) – but the wider population as well (Rettie & Daniels, 2021).

This explains why universities were blamed – they did not reduce uncertainty. The data ultimately showed that students needed much more certainty from institutions, in terms of everyday teaching and assessment practices, and more certainty about how they were doing as students. University staff did not appear to be tuned into this aspect of the student experience as students expressed a lack of attention by their lecturers – as if there was an assumption that they as students were simply getting on fine. In this way, universities could be described as creating a culture of anxiety as a lack of clear communication instilled so much uncertainty within the student population, whilst simultaneously giving additional funding to student support services that became oversubscribed, potentially due to this anxious environment. In addition, for people who live with heightened anxiety, they may already have experienced the world as uncertain, and they may have had times of feeling unsafe, so it is not just that they 'struggle' with uncertainty but that it feeds a reality they have known.

Uncertainty was also found as many questions were raised regarding the future of socialising, learning, and daily living as covid has arguably changed the way society functions beyond initial periods of lockdown. Students experienced both positive and negative outlooks on their future, which appeared to be determined by the individuals' responses to the lockdown and by the particular aspect of the future that was considered. Research into student viewpoints highlighted that they were cognisant of the potential for upheaval in the future as the world continues to adapt to the covid virus and the different strains that continue to emerge, at the point of writing (El-Shabasy et al., 2022). Work by Bonk (2020) highlighted that some students were able to look forward with positivity as they viewed themselves as 'survivors', and therefore more able and ready to cope with whatever change might come next, whereas others viewed the future with heightened anxiety as the unpredictable nature of the world continued to negatively impact their emotional wellbeing (Abdullah et al., 2022). This relates to the present study as the way that students view their own experiences through adversity is vital in how they emerge from that adversity. In the present study students reported feeling an increased awareness for the fragility of life and how rapidly things can change beyond their control – a concept that was highlighted by Abdullah et al. (2020) as a potential cause for future mental health concerns.

#### *8.2.2.2 Belonging*

The present study highlighted isolation and a lack of belonging as additional consequences of the uncertain and distant university environment. A lack of agency in terms of being able to impact their own lives was also experienced during all time points, leading to a large group of students who felt disconnected from university as a whole.

Other studies have shown that students feel less motivated and engaged with their studies when they lack this sense of belonging and when they do not see themselves as part of larger

collective, unified in a common purpose. This was a common sentiment experienced throughout the present study as students felt disconnected from their peers and from their institution as whole. A sense of belonging has been shown to be a component of mental health; initial work by Hagerty et al.'s (1992) study first highlighted the way belonging promotes a sense of wellbeing, and since then many studies have continued to support this body of research. University students in particular have seen much exploration on their sense of belonging, both during the pandemic (Gopalan, Linden-Carmichael & Lanza, 2022), and beyond it (Gopalan & Brady, 2020).

This concern over a lack of belonging has implications beyond the pandemic as well; given that many universities are placing more focus on remote learning, the use of physical spaces is expected to decrease as students gradually shift into this form of learning (Zhao, Hwang & Shih, 2021). This leaves all students potentially vulnerable to losing their sense of togetherness with their peers, and represents a challenge for institutions to innovate ways to create a new community within a more blended, real-virtual space.

Students in the present study also discussed being denied shared spaces of learning such as libraries and lecture halls, which further compounded their feelings of not being a part of their institution. Not being able to physically engage with their campus put distance between themselves and their identity as a student. Physical places where people come together for a shared purpose – such as students gathering in a library – offer greater benefits such as productivity, motivation, and a sense of togetherness, to each individual when compared to solitary effort (McNeil & Borg, 2018). For university students specifically, the shared energy of those places can serve to promote a healthy learning environment that this cohort did not have a chance to experience. Similarly, they did not have the chance to experience the sense of unity that can be fostered when many students come together with the same goal; to learn and grow.

The loneliness felt as a result of this lack of belonging was also a powerful factor for many participants – one that, in many cases, caused their experiences of depression to either resurface or become worse. Studies highlighted in the present thesis' literature review had highlighted how young adults who experience loneliness and isolation are more prone to mental health reoccurrences (Waller et al., 2001; Oettingen et al., 2017), and this was followed through in the present study.

### **8.2.3 GP-CORE changes between time points**

Presented here are the salient GP-CORE results; those that were either outliers when compared to others, or which represented the greatest change across time points.

Investigation of such outlying scores was conducted to allow for triangulation with interview data at this final collection stage, as well as to examine the impact of the changing pandemic context and university experiences on scores over the three time points.

When compared to previous time points, participants experienced a broad change of mood in T3; their described state of mental wellbeing appeared closer to that of T1, with the majority reporting better mood and motivation than at T2, which was the apex of pandemic lockdown conditions. This positive uplift at T3 is reflected in both the interview data and GP-CORE scores: the latter had returned to a similar level to T1 but were still slightly higher, though not statistically significantly so.

Between T2 and T3, the largest change in scores were experienced in a positive direction, and by Henry (total score=36 to 28) and Zuri (M; 42 to 34). In Henry's case, this saw him moving from the highest moderate score to the lowest, and Zuri changed from moderate-to-severe, to the moderate category. The latter is a particularly interesting case as Zuri had the largest negative change between time T1 and T2. This indicates that his mood fluctuated the most throughout the study, and in his interviews he reported challenges with emotional regulation.

He described his mind as a ‘lizard brain’, implying that he was often extremely reactive and immediate in his responses to life. His emotional volatility negatively impacted his motivation to learn and his ability to cope, with his natural predisposition towards high mood fluctuations being exacerbated by the challenging real-life circumstances of the pandemic. His scores highlights that there may be other students like Zuri who experience oscillating levels of motivation to learn based on their oscillating levels of wellbeing. This, in turn, indicates that more support is needed for those students who might not be able to manage on their own.

Of those who did not follow the sample’s trend towards more positive GP-CORE scores at T3 compared to T2, those who experienced an increase in symptomology, were Grace (F; 17 to 20), Becca (F; 22 to 23), and Conor (M; 30 to 34). While a change in T2-T3 scores does not necessarily indicate varied mood/symptoms/distress among the population, it is still useful to explore these unique experiences in greater detail to explore why these outliers occurred. First, in Grace’s case, she reported how her overall mood was positive, but that she was also anxious at the thought of returning to lockdown measures. For Becca, a possible reason lies in the fact that she accessed therapy for the first time during the pandemic, which made her more aware of her symptoms and therefore possibly more likely to report them in the measure. Help-seeking behaviour has been shown to have largely declined among university students during the pandemic (Upton et al., 2021; Sifat et al., 2022), highlighting Becca as a potentially unique case. In the aforementioned studies, numerous barriers towards help-seeking behaviour were indicated such as financial concerns, fear of being judged, and lack of self-confidence or self-belief. The pandemic has worked to draw further focus to these barriers, and future work could explore ways to mitigate them for students beyond the pandemic.

T3 was, in many ways, the culmination of a year of disruption and challenge faced by the study's participants. A blend of positive and negative feelings were expressed as the end of lockdown brought about a return to normality that was a welcome freedom for some, and a cause of anxiety for others. Themes that developed across all time points came to a head here, and this final interview point served as a powerful send-off for the participants' first year.

## CHAPTER 9: DISCUSSION AND EVALUATION

### 9.1 DISCUSSION

This study aimed to explore the lived experiences of (at least theoretically) vulnerable university students in the UK during the CV-19 pandemic, specifically those who were entering their first year, with past experience of poor mental health and from a low-income background. Lived experience was positioned in this thesis as a crucial form of knowledge and a way to give voice to young people who might usually go unnoticed or feel unheard. Byrne and Wykes (2020) discuss the application of lived experience research in depth, highlighting that it can provide “a common-sense, first-hand understanding and approach to surviving and thriving with mental health challenges.” (pg. 246). It is therefore arguable that including lived experience accounts as a guiding research principle could aid in improving the conceptualisation of mental health, particularly in the wake of the CV-19 pandemic where personal experiences bring the possibility of greater inclusivity and relevance. In this context, the present study expressed three related research questions:

1. How did the two vulnerabilities of low-income and a recent, self-reported experience of poor mental health individually and dynamically influence the experience of first-year students during the pandemic in the UK?
2. How did these vulnerabilities, and the experience of the pandemic, impact student engagement and learning in their first year?
3. What can be learned from these experiences within the context of a pandemic to better support vulnerable students in general (beyond a pandemic)?

This study investigated the highly novel context of the pandemic and its impact on students, but the work has relevance beyond the pandemic to contexts that have similar elements of challenge and disruption. For example, the pandemic cohort of students have since



experienced further disruption to their education via strikes, and as recent marking boycotts leave many pending graduation without a final grade (Adams, 2023), these students continue to face unique challenges that will warrant appropriate responses by universities.

Additionally, the European Centre for Disease Prevention and Control (2023) have indicated that there could be a high likelihood of future pandemics as new strains of the covid virus continue to be identified, such as the SARS-CoV-2 Omicron variants with properties likely to impact the epidemiological climate of the European Union (EU). Given the likelihood of reoccurrence it is important to understand the experience of the past/present, to help improve that of the future.

Knowledge gaps exist around young adult mental health when there are uniquely challenging circumstances; it is important to learn how people respond to significant life events to better prepare for similar events that may occur in the future and to ensure any impacts on vulnerable students are adequately accounted for and responded to. Such significant events can help shine a light on previously under-explored issues and highlight those for future exploration.

More specifically to students, their experience is necessary to study for several reasons.

Firstly, it changed so much from the norm during the pandemic that literature is still emerging on how they have been impacted several years later. This offers an opportunity to explore a unique mental health experience that has not occurred within living memory.

Additionally, the pandemic changed the fundamental nature of education across the UK and beyond, with many universities continuing to use hybrid models of learning in the months after all restrictions ended (Lorenzo-Lledó et al., 2021). Exploring how these learning environments are experienced by students can give insight into improving such spaces for future cohorts.

Where these young adults have past histories of poor mental health, it becomes even more important to explore how their current mental health is shaped by such powerful events as the pandemic. Knowing how such vulnerable people cope during periods of challenge and transition is important when also considering how to support them through their unique experiences. Much research on past mental health also focuses on the idea of ‘mental health relapse’, which is arguably a loaded term with pre-existing connotations with drug use and other negative stereotypes (Gonzalez & Rios, 2023). By avoiding those loaded terms, research can be more open to positive outcomes and explore notions such as ‘slipping back’ (as highlighted in the present study), or mental health resilience and growth without adding arguably unhelpful baggage to participant terms – which is especially important where reoccurrence of poor mental health increased during the CV-19 pandemic (Mutlu & Anil Yağcıoğlu, 2021).

Researching those with low income is also vital, as many university students continue to live in extreme poverty according to a report by the All-Party Parliamentary Group for Students (2023). The report indicates a “massive” increase in students experiencing “financial desperation” (pg. 4), with those from lower socioeconomic background often forced to work excessive hours in insecure jobs to support themselves and their families – often falling behind in their education as a result needs a ref. This is further emphasised by a significant increase in students requesting financial support in the current academic year; 95% of the student cohort applied for a bursary or loan this year, compared with 65% last year needs a ref. This further highlights the need to explore how such financial hardships affect these young adults at a challenging period in their lives.

This doctoral work employed a longitudinal approach because the pandemic context was an ever-changing scenario which presented students with different challenges at different times. It makes an important contribution to existing knowledge as using IPA within a longitudinal

format is relatively novel owing to the large amounts of data generated, it is often difficult to conduct within a smaller, more focused project – often being used exclusively nested within larger studies (Farr & Nizza, 2019). This thesis has achieved this, and by using data in this manner, has allowed for a unique tracking of experiences throughout the academic year. It has provided a unique, progressive chronicle of how participants' thoughts and feelings changed, how they coped with these changes, and how their personal circumstances impacted their year of university. In terms of IPA usage, the present study has successfully explored student experience for rich, meaningful themes that other methods would not allow for. IPA is arguably chief among qualitative methods for investigating individual experiences (Alase, 2017), which was the cornerstone of this study.

This final chapter first synthesises the critical findings from each time point, then closely discusses four key points which speak to the study's research questions: income inequality, a liminal life stage, the intersection of mental health and vulnerability, and mental health in a new learning context. After a study evaluation, this chapter will examine what these findings should mean for universities and the ways in which they understand and respond to first year students generally, and critically, how they and policy makers, should prepare for a future pandemic.

### **9.1.1 Dominant Experiences at each Time Point**

This section describes key themes and experiences from each time point, which will form the basis for the discussion which follows.

#### *9.1.1.1 Time Point One*

Main themes included (i) Trapped With Too Much Time and Too Many Thoughts, (ii) The Challenge of Liminality, and (iii) Conflict of Health vs Wealth.

Taking place during December 2020, this was the beginning of lockdown for participants beginning their first year of university. Interviews were conducted at the end of the first semester, shortly before the holiday break. At this early stage, most participants were still struggling with the adjustment to living and learning under lockdown, with many finding it difficult to formulate a helpful work/life balance where there was no separation between the two in the same living space. Many were unable to escape their own troubled thoughts, which often filled them with self-doubt, loneliness, and a true worry for their future. Perceptions of how income differences were shaping different students' experiences was also emerging as being held in close proximity to their roommates meant that many participants were confronted with the differences in their economic status – for example, students were left feeling as though they did not have as much as those around them, often feeling ashamed of having to use what they felt was outdated laptops and technology when compared to those around them.. Participants also talked about how their expectations of this life stage – young adulthood and developing their adult identity – were not being met, and that their readiness for independence had been negatively impacted by lockdowns. They felt overly restricted, to the extent that they did not feel like 'real' adults – rather, they were made to feel like children still being told what to do and held within this awkward liminal space.

#### *9.1.1.2 Time Point Two*

Main themes included: (i) Reality Sinking In, (ii) Help Me, Help Myself, and (iii) I'm My Own Worst Enemy.

Situated at the mid-point of the academic year in February/March 2021, this was the point at which participants felt that their mental health deteriorated as lockdown fatigue had settled in and started to take its toll. Whatever hope they might have had that the lockdown would be a passing event in their lives was snuffed out as they felt the true reality begin to weigh on their

shoulders – that they would be stuck in this position for many months to come, with no end in sight. This caused many participants to struggle to find any positives in their university lives, with many being desperate for some way to help themselves out of the rut that the CV-19 pandemic had put them in. This was very difficult, if not impossible, for the majority of participants to do as they struggled with experiences of depression and anxiety that made any progress a real barrier to overcome. Thoughts of them being their own worst enemy only exacerbated these feelings of low mood as they often looked down on themselves for struggling too much. Thoughts such as “I should be doing better” and “I’m useless/hopeless” were common at this stage, as such vulnerable students couldn’t envision a way out of their difficult circumstances.

#### *9.1.1.3 Time Point Three*

Main themes included: (i) How much did covid cost me, (ii) It isn't over yet, and (iii) A Newfound Sense of Freedom.

By June 2021 most participants finally felt that they were able to, at least partially, look towards the future as the roadmap out of lockdown had been announced by the UK government – the hope that had been lost in previous months had finally started to come back again. Student mental health returned to levels closer to that of time point one, though they were still not back (in participant’s minds) to pre-pandemic levels. This was a period of reflection on the year that had past, and participants experienced this in a combination of positive and negative thoughts; on the one hand they had managed to make it through the initial year, but equally it had not been what they had hoped it would be in a realisation that was difficult for many participants to come to terms with. Many participants discussed how much the pandemic had cost them when looking back over the academic year; they had lost the chance to make friends, the chance to have their fresher’s university experience, the

chance to embrace their independence properly. There was a great deal that they would have to come to terms with, even as the outlook was seeming more positive, and most participants were very aware that their struggles were not over along with the pandemic. The impacts would be longer lasting, and they would have to manage those as best they could. Their new freedom also brought highs and lows; there was excitement and a yearning to finally be able to step into the world without restrictions placed on them, however after a year of living in isolation, many also felt some trepidation at being expected to return to 'normal'. The future seemed both hopeful and fragile for these students who had so much taken from them.

### **9.1.2 Key Findings**

This section draws together discussions from all time points to address the study's research questions. This thesis offers four main contributions to knowledge on student experience:

1. How income inequality shapes the lived experience of students, and what that means for those who had experienced poor mental health in the past;
2. The nature of the liminal life stage that young adults find themselves in when attending university, and how that impacts their experiences, mental health and educational engagement;
3. The damaging mental health legacy of the pandemic, and how the long-lasting consequences might persist post-pandemic;
4. The intersection of mental health and the new ways of learning that have been developed as a result of the pandemic, and how students are responding to those changes.

*9.1.2.1 Key finding 1: How income inequality shapes the lived experience of students and what that means for people who have experienced poor mental health.*

The present study highlights how inequality is felt within student lives, especially during adversities like the pandemic. Much work has discussed that the pandemic affected certain groups disproportionately (Lauvrak & Juvet, 2020; Stevens et al., 2021), but it is not always known why or how; therein lies this study's focus on showing how and why this disparity occurs. It highlights that being from a low-income background can impact every crevice of life for some students, and how it becomes a psychosocial – psychological and social – feature of their lives, and their ability to get the most out of university.

When openly invited to share any aspect of their lived experience during the pandemic, many participants raised the impact of money (this was unsolicited), and the perceived impact of income differences on student experiences. Participants talked of the inevitability of comparing themselves and their wealthier peers since these seemed so prominent in shaping how students lived and coped during the pandemic. The comparison was not about actual wealth differentials per se; participants also talked about concerns over whether they were good enough and equating their sense of personal worth to their financial situation.

Such negative self-worth and thoughts of not being good enough or worthy have strong links with poor mental health in literature; highlighted in the previous literature review chapter Campbell et al. (2022) performed a systematic review of studies that measured factors associated with student mental wellbeing and poor mental health in the UK student population, with 31 studies being included that were published within the last decade (2010–2020). Results indicated that poor self-worth was associated with poor mental health at university and was additionally found to be much more of a risk in higher education students, and those that had prior experience of poor mental health, than in a comparative group of

young people not attending university. This highlighted the way in which multiple vulnerabilities can interact to create a worsening of mental health for vulnerable students; coming from a low-income background can create a negative self-view, which adds to their past experience of poor mental health and ultimately places them at higher risk than other young people in the general population.

This experience of constant comparison was made worse during the pandemic, as lockdown kept them in close proximity with those who appeared to have more resources, which ultimately made this experience of comparing – and the financial inequalities they stem from – all the more prominent. To participants, it looked as though their peers had more resources to help them cope with attending university at such a difficult time, such as private counselling or treats (takeaways, shopping) which further increased their anxiety over their own ability to make it through the pandemic academic year with less.

It also appeared that many students believed that having a higher income background – seeing those around them with so much more – made others inherently more suited to university, as they would be more able to achieve higher results and ultimately greater returns on their investment. Such beliefs appear to be supported by other findings; researchers at the Institute for Fiscal Studies, the Institute of Education and the Universities of Cambridge and Harvard analysed earnings data of 260,000 students in England up to a decade after they graduated (Britton et al., 2016). Findings highlighted that students from the top 20% of financial households earned more than the other 80%, with an average earnings gap 10 years after graduation of £8,000 a year for men and £5,300 a year for women. When taking into account the subject and university, the average student from a high-income background earned roughly 10% more than those from other backgrounds. This indicates that the beliefs expressed in the present study are reflected in the reality of future earnings; it appears that



those from wealthier backgrounds ultimately gain more, at least economically, from university than their less-wealthy counterparts.

Having a low-income also powerfully shaped participants attitudes to university and their decision to go. They reported extreme pressure to succeed given the financial risk and investment they were making, and to make sure that their course was worth the additional financial burden that going into debt placed them under. Research from the US has previously highlighted this additional burden of expectation on low-income individuals; Holden et al. (2021) highlight a unique form of imposter syndrome that can impact students from low incomes who do not believe that they can succeed as a result of their upbringing, they can risk their academic performance and mental health by believing that a degree is the only key to freedom from their economic status. This means that the lower income students face increased challenge from not only their environment, but also from within as they can struggle to balance personal pressure and academic performance, in a thought process that was echoed by participants in the present study.

Concerns that the pandemic made their degree less valuable added to their existing anxieties about the high cost of attending university to begin with. This concern stemmed from the worry that employees would look down on their so-called 'covid cohort' as being the first group of students to graduate under such circumstances; that their degrees would be viewed less-favourably when compared to those not achieved under the pandemic – a worry shared by students beyond the UK, as statistics from the US (Klebs et al., 2021) cite that 56% of university students studying under covid felt anxiety over the worth of their degree. These worries, based in the materiality of low-incomes, intersected with student mental health. Prior orientations to low mood or anxiety were stirred up by the often overwhelming tensions and dilemmas around health vs wealth and the frustrations about the inadequacy of their degree experience.

Participants from low-income backgrounds also had to supplement their daily living by attending part-time work that other students did not have to. This brought additional mental health concerns as fear and anxiety over covid risk by working in public spaces were brought to the forefront of their university experience. Students described being acutely aware of how much debt and future strain they were placing themselves under by pursuing a degree, which brought mental strain. The need to continuously put employment before their own wellbeing and safety – as was discussed by most participants throughout all time points – resonates with findings from Hunt and Eisenberg (2010). They reported that university students with higher-than-average financial burdens have less mental and physical space, time and resources to devote to self-care and self-reflection. They are essentially busier than students who do not have to engage in paid employment, and they often have workplace stress and pressure to manage also (such as juggling shifts with university commitments). This type of work delivers many impacts to student mental health (Hunt & Eisenberg, 2010).

This struggle to balance finances, and the mental health challenges that come about as a result, are further exacerbated by the changing political landscape within which students living in lower income brackets are expected to study and learn. As political choices are made to increase the cost of university education in the UK and prescribe limits of ‘low-worth degrees’ (Hinds, 2019), students from lower-income backgrounds are forced now – more than ever – to examine the costs vs benefits of attending higher education. Participants also reported feeling that their degree was not worth the financial burden as it did not deliver the quality of education they felt they were paying for, even under pandemic conditions. A key feature here was believing that the degree programme had recruited too many students and so they did not feel they were being given appropriate direction or engagement that they hoped – and believed – they would receive. This experience coincides with an increasing number of oversubscribed courses (Higher Education Statistics Agency, 2022).

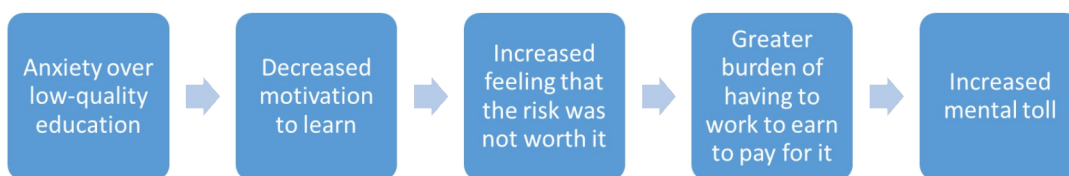
The CV-19 pandemic also served to highlight how the expectations of a degree's worth has changed in recent years and will likely continue to do as aforementioned government mandates for university recruitment and delivery of education are placed on higher learning. The risk of choosing to attend university in general was made even more so during the pandemic, owing to the uncertainty of how that learning would be delivered and how that degree would be viewed. There was a great sense of tension and frustration among students throughout the study, as they often doubted their investment in their own education – an investment that was felt more inherently than their better-off peers who could more readily absorb the cost of failure. Within the pandemic context, many UK students made the decision to take a gap year, rather than take that financial risk in the first place (Clarence-Smith, 2023), which again points to a degree of financial inequality where those worse off could not afford to risk learning under the pandemic and had to, as Clarence-Smith puts it “place their dreams on hold”.

A dual-vulnerability that emerged through the data was that of low-income students, who were also the first in their families to attend university. As lower income families are less likely to have backgrounds in academia than those who earn more, and less likely to complete their course if they do attend in the UK (Bjorklund-Young, 2016) this represents a fairly common subset of students who exist beyond pandemics. Many participants felt that they were further disadvantaged as they lacked the family support of parents being able to give advice on what to expect from university, how much work was ‘normal’, and general support that comes from being able to share in an experience. This sense of being alone was heightened during the pandemic, which brought its own challenges of isolation, and the additional burden of having to cope and make decisions without familial support was all the heavier when students were already burnt out from managing under the pandemic.

Key questions raised as a result of this study include whether universities can/should be doing more to help bridge this income inequality, given that it directly impacts student engagement, learning and mental health. A dynamic system has emerged where anxiety, motivation, risk, and financial burdens intersect to create a perfect storm where great strain is placed on the individuals' mental health (see Figure 14). Most institutions arguably do not know the extent that students experience these difficulties, and by drawing focus to these experiences, research can sensitise the institutions more to them to at least mitigate the impact.

Figure 14

*Visual highlighting the way financial anxieties increase mental toll on students during the pandemic*



Some policy proposals by the UK Parliament Committee (2023) suggest that increasing the student loan amount for those lowest income learners could achieve this; however, this would arguably be a temporary fix as opposed to a solution as it would ultimately place that young person into greater debt. There is a critical need to explore how to help schools and young people make decisions about university, and how to plan for the burden they will experience; how much debt they will have and how they might go about tolerating the burden of that. This can be considered a social justice issue.

#### *9.1.2.2 Key finding 2: Liminal Life Stage*

The majority of participants spoke of their time in first year as an in-between period where they felt like neither an adult nor a child. This was described as a time of discomfort and

uncertainty, rather than a chance to learn and develop; they felt unable to flourish as young adults under lockdowns. They were living in ‘no man’s land’ where they were expected to live independently as adults in student accommodation and to function as independent learners but were unable to engage in many anticipated adult behaviours, such as attending lectures, meeting academic peers, and attending adult social events, due to lockdown measures. This led to a sense of being denied a rite of passage into adulthood, and to participants feeling that they had not achieved the independence and personal development milestones that they were expecting during this formative life stage.

Throughout the study, students also expressed frustrations that their sense of personal growth was not supported by their university, and that they felt less important as individuals – rather, they felt that they were simply numbers to their institution that was more focused on increasing their number of students than on helping those already enrolled. This sentiment is echoed in work by Martinez et al. (2021) who further highlights the dichotomy between universities concentrating on attracting more students and funding, whilst simultaneously claiming to be fully committed to enhancing the wellbeing and growth of students currently enrolled – who frequently feel they have only the bare minimum from the university in terms of support. There is an argument to be made that university provision is not student-informed, and that the things students actually need are very hard to change – such as wanting more tailored education, better learning and engagement opportunities, more carefully crafted curriculums and authentic assessments. These have all been negatively impacted by the pandemic forcing greater distance between students and their learning, and the overwhelming experience by students in the present study is that they want their university to stop creating additional stress and frustration when the environment is already challenging enough.

Given that the present study’s participants experienced such an upheaval during this liminal life stage, it could be argued that they also did not experience the intermediate period of

semi-adulthood afforded by the typical university environment – a point supported by the fact that participants in the present study frequently expressed feeling that they could not experience the adult world in the way that they had hoped. Research suggests that many university students use their time on campus as a buffer period that allows them to practice adult behaviours before being fully independent, almost as a new life stage of emerging adulthood (Tanner & Arnett, 2016). Not having the benefit of this period could leave this cohort at a disadvantage compared to others who experienced a more traditional experience. Particular concerns discussed by participants included feeling more anxious about meeting professional contacts in face-to-face settings such as networking opportunities or interviews. Under normal circumstances, in-person careers guidance would have been used to help prepare students for these important events; however, owing to lockdown such services were drastically reduced, leaving students feeling unprepared. Additionally, the idea of simply living as an independent adult was a factor that made many students anxious as they had many of their expected freedoms taken away from them – the experience of shopping for groceries without parental input, organising utility bills, ensuring a standard of personal hygiene – these were all aspects of adult living that were sources of worry for participants. In particular the latter, personal hygiene, has its roots in depressive episodes where a young adult may not feel that they want to take care of themselves, or lack the motivation to perform those personal tasks (Garrido et al., 2019). This demonstrates the interconnection between worsening mental health, liminality, and lockdown – how the in-between life stage was made all the more challenging owing to lockdown, which in turn resulted in these mental health barriers that vulnerable students had to overcome.

By further increasing awareness of this stage of semi-adulthood, and how this is experienced by students, institutions could take steps to help support their students in facilitating this growth and development. Universities perhaps do not know the importance of this period for

students, and while they are places of learning first and foremost, they also represent an integral stage in a person's young adult life that warrants further exploration and inclusion. The burden does not lie solely with universities, however. Provision of care for vulnerable young people also involved earlier education – primary and secondary schools, families and peers. These important groups could also benefit from improved awareness to better support those who are most vulnerable. Additionally, there is an arguable need for utility services to provide more support in terms of engaging with their vulnerable customers – individuals who find it more challenging to manage utilities and bills owing to their mental health, and where this already exists, efforts could be made to improve its visibility to students. A dedicated helpline for first-time users of utility bills could also help streamline the shift from child to adult, as young people have a specific place to contact just for them.

#### *9.1.2.3 Key Finding 3: Mental Health Legacy of the Pandemic*

Throughout all time points, participants spoke at length about how their mental health had been negatively impacted by the pandemic, and how they felt that they were only just treading water in terms of their overall wellbeing and academic achievement. The most common and resounding factor throughout much of the participant experience was that of isolation, and what that did to individual's mental health. This section discusses the lingering mental health impacts of the pandemic on participants, with particular focus on the effects of isolation and the thought that participants were 'just managing', rather than flourishing at university. It will begin first with the lack of social interaction and how that was experienced by participants.

All participants discussed their isolation at length across all time points of the present study. While specific questioning did inquire as to how the lockdown was impacting their mood, the majority of participants expressed worries about isolation and loneliness specifically, beyond

that of introductory interview questions. Even at the final time point, where campuses had begun the process of reopening facilities and lockdown was nearing its end, the lingering impacts – the legacy – of that isolation could still be felt. Multiple risk factors blended together to create an ideal breeding ground for both new and reoccurring periods of poor mental health. Participants coming into their first year of university reported feeling particularly anxious or depressed over the start of such a significant chapter of their lives, and research has highlighted that these symptoms are not insignificant; Duffy et al. (2020) surveyed 1530 Canadian students at the start of their first year of university, at which point 28% and 33% screened positive for clinically significant depressive and anxiety symptoms respectively, which increased to 36% and 39% at the completion of first year. This can be compared to other research on community norms in Canada, which indicate 5.4% and 7.7% of the general population reach the clinical threshold for depression and anxiety (Dobson et al., 2020). This demonstrates that not only do mental health conditions grow worse over the first academic term, but also that first-year university students experience higher rates of clinical depression and anxiety than the general population. While the above studies were based in Canada and the present study conducted in the UK, it is arguable that these countries are appropriate for comparison owing to similarities in their free healthcare, education, infrastructure, and diverse cultures (World Data, 2023).

One way this increased vulnerability showed itself was through negative, or even catastrophic thoughts about themselves and the world around them; often students were left alone for long periods of time with nothing but their own thoughts, which were typically negative in nature. *'I don't know what I'm doing.'*; *'I'm useless.'*; *'Everything's going to go wrong'*. These thoughts echo the Learned Helplessness Model (Bangasser & Cuarenta, 2021) discussed in previous review chapters, and the cognitive attributions that dictate one's mood: participants chiefly fell into spiralling thoughts where global, internal, and stable attributions were made –



that is, the negative thoughts would be always consistent, assigning some fault of the individual, and feeling as though they were impossible to change. According to this model, such attributions lend themselves towards depressive or anxious thoughts, which relates strongly with what was experienced by participants during the present study. The isolation compounded these attributions as there was no-one or nothing around to either distract from or challenge these thought patterns, which were left to spiral downwards.

Much research has demonstrated that humans do not respond well to even short periods of being completely alone. Wilson et al. (2014) asked 55 undergraduates to sit alone in a chair for 15 minutes and think about whatever they wanted; “entertaining yourself with your thoughts as best as you can.” Participants were also given the option to receive an electric shock during this period; “Whether you do so is completely up to you—it is your choice”, and a computer recorded any shocks that were triggered by the participant. Results showed that 25 participants (45%) shocked themselves, rather than face the prospect of sitting alone with their own thoughts. The majority shocked themselves once or twice, but two outliers administered 119 and 190 shocks to themselves.

This study demonstrated, perhaps tritely, the broader understanding about the extent to which people will go to avoid being alone for too long with nothing but their own thoughts for company – a situation that was enforced on students in the present study. It is, therefore, no surprise that participants started to display behaviours that were not good for them.

Participants would sleep for as long as they could in order to avoid their own harmful thoughts, and in some cases would return to past unhealthy behaviours to give themselves something to focus on, for example restricting one’s eating. Research has shown how doing nothing can trigger or maintain low mood in students as the mind is left to languish in those low mood thoughts (Cooper et al., 2020), which is why behavioural activation is an oft-recommended intervention for low mood (McIndoo et al., 2016). Therein lies a potential

avenue of support for students experiencing these challenges – encouraging young people to do something, however small, could be significant for that person in helping them lift their low mood.

Given this intense period of isolation, it was of little surprise when some students in the present study expressed missing and enjoying spending time with other people and craved human interaction. Until recently this was explained as a general wish to do something enjoyable, but a recent experiment has revealed that the desire for social connection is much deeper. In 2020 MIT neuroscientist Olivia Tomova assembled a group of healthy adult volunteers and deprived them of both social interaction and food for 10 hours. After this, MRI scans were completed as they were shown various pictures of food and social cues; both caused the participants' brains to activate in the same way as dopamine neurons formed fresh connections in response to the stimuli (Tomova et al., 2020). They were craving a conversation in the same way they were craving food. This was ground-breaking as it demonstrated that human contact is more than a 'want' – it is a fundamental need that is hardwired into the brain.

Where that need for social interaction is not met, as was the case throughout the CV-19 pandemic, it can be stressful, and ultimately damaging. Research has shown that a period of 14 months of isolation can shrink the hippocampus by an average of 7%, with recovery still not being complete over a month after the isolation period ended (Lammer et al., 2023). This is especially relevant to students as the hippocampus region dictates memory retention and emotional regulation – both of which play pivotal roles in the university environment.

Ultimately, participants demonstrated through their experiences that the effects of isolation did not end when the isolation itself did; those with prior experience of depression and anxiety appeared to be particularly susceptible to the impacts of isolation as it triggered a

recurrence of past negative thoughts that became worse over time. Universities could begin to plan ahead now for future pandemics, and to think about how to tackle isolation that future lockdowns could bring.

The overall theme of student mental health throughout this period could be described as ‘just managing’; students felt that they were not given the appropriate tools or support to properly flourish during their time at university; an interesting aspect emerging from those thoughts that students expected university to take some responsibility over their mental health – possibly, in part, taking some of the parental role that their leaving the family home has left them without. The overarching feeling was one of just getting through the academic year, as opposed to enjoying the university experience and everything it could potentially offer. Experiences of isolation served to make this feeling worse, as students lost motivation to keep up with their workload, which fed back into the notion of only just managing – it represents another kind of negative spiral that these students experienced during the pandemic. The future forecast for these students is one of potentially worse outcomes, and research has shown that students on a low income background tend to graduate with fewer marks than their better-off peers (Carnevale & Smith, 2018), and the same is true for students with mental health barriers (McKenzie & Schweitzer, 2001) which place additional strain on these young people.

#### *9.1.2.4 Key finding 4: Intersection of Mental Health and New Learning Methods*

The present study highlighted how the cumulative effects of lockdown and remote learning led to university students experiencing a powerful sense and fear of academic loss. This, in turn triggered reduced motivation to engage with new learning behaviours as they were often overwhelmed by new learning guidelines, and experienced self-doubt that led to disengagement with their studies.

According to a large-scale study of 1328 university students across 11 countries, including the UK, US, Canada, and Pakistan – where the study originated – on this student reaction to e-learning during the pandemic (Abbasi et al., 2020), higher education institutional pivots towards remote learning have been tumultuous and uncertain for students as worries during the pandemic over lack of routine, structure and support have been meted out in terms of how students have responded to the new educational environment. This supports initial concerns that extensive learning deficits would come about as a result of the pandemic. The paper also drew focus to the way that students from disadvantaged social backgrounds were especially impacted, as remote learning was found to exacerbate educational inequalities between those from lower vs higher income backgrounds, which were already significant before the pandemic. This links with the present study's data as such social inequalities were observed to be a key factor in terms of the student academic experience, as many participants reported feeling particularly disadvantaged when compared to their better-off peers.

These economic inequalities are echoed in work by the Centre for Education Policy Research at Harvard University (Fahle et al., 2023); university students from low-income areas missed on average 22 weeks of in-person learning, compared to those from higher income backgrounds who missed the equivalent of 13 weeks during the pandemic. These findings echo the experience of this study's participants as many felt that they had missed out on much of their learning as a result of their background, with many feeling that they were more anxious than others over the quality of teaching that they were receiving because the financial cost was so significant.

Motivation was another key factor that was frequently highlighted as problematic for the study participants as they had to balance their employment and academic work, with exhaustion often sapping the drive of participants who felt they did not have enough energy to maintain both aspects of their work life. This challenge of motivation extends to students

with past experiences of poor mental health as mental health symptoms such as shame or lack of self-belief can have negative consequences for a person's sense of motivation (Kotera, Conway & Van Gordon, 2019), but it is within the context of remote and/or hybrid learning that these consequences become more profound for students. A potential barrier against low motivation and mood is the positive presence of other people; through socialising, or simply by being close with, like-minded individuals a student s can find renewed drive in the psychological 'energy' of that shared physical space (Zhao et al., 2021). For example, as was the case in the present study, many students find it easier and more productive to study in a library surrounded by peers than at home alone, and it is this near-peer experience that is being lost to students through remote and hybrid learning. While virtual classrooms are trying to bridge this gap in socialisation, participants in the present study discussed how they experienced a lack of belonging or togetherness with their course mates, and their university as a whole owing to the physical distance. They were not able to form that physical connection to the place or people.

Students in the present study described this gap as feeling that they could not calibrate their own learning progress and standard of work against other students owing to the distance; they felt disconnected from their peers and as though they did not belong. This then triggered periods of increased vulnerability to resurfacing depression or anxiety as the circumstances made it hard for them to feel oriented and settled in themselves and their motivation for learning. Doubt of what constitutes normal progress through their course, fear of missing out on friendships, and anxiety over how they are viewed online are just some of the experiences highlighted in studies on remote learning and mental health during the pandemic (Abakumova et al., 2020) – all of which contribute to already vulnerable young people losing their sense of self-belief and confidence as they feel so disconnected from their own learning.

This, in turn, feeds back to the initial feelings of lacking belonging in a circular spiral that reinforces these negative thoughts and experiences.

Much work has been conducted on how the learning environments of university can impact a student's mental health, and vice versa; this interaction is relatively well-established as the overarching consensus supports the notion that a positive learning space that promotes realistic goal-setting and fosters cohesive peer relationships can help support the mental health of those who attend (Gopalan, Linden-Carmichael & Lanza, 2022). Conversely, where the learning environment is seen as negative; where students lack confidence in their institutions and their own ability to succeed, they feel unable to fulfil their potential, mental health can suffer as a consequence (Zhao et al., 2021). The CV-19 pandemic offered a unique lens with which to view this relationship as it continues to develop from traditional methods of solely in-person learning, to hybrid and remote learning approaches.

The qualities of a good learning environment include a high level of staff interest, relevant content, and high quality of instruction with transparent aims and goals. These have been shown to be associated with self-determined motivation and with study interest, where study interest, and both intrinsic and extrinsic motivation were particularly associated with perceived support of autonomy and competence (Müller & Louw, 2004). This is of relevance to the present study as many participants reported feeling that their autonomy was not supported during the pandemic owing to remote learning conventions; they felt that they could not make decisions on their own behalf as they had no say in how their education was changing around them.

Conversely, negative learning environments included having a distracting workspace, inappropriate assessment, a too-heavy workload, and a lack of connectedness with peers and teachers. Student perceptions of having a poor learning environment had a significant impact

on their motivation, as Lizzio, Wilson, and Simons (2002) highlight in their study exploring learning environments and academic outcomes; a cross-disciplinary sample of 2130 US-based undergraduate students were asked to report on their experiences in learning spaces, with results confirming that their perceptions of study spaces influenced both 'hard' (academic achievement) and 'soft' (satisfaction, development of key skills) learning outcomes. This effect was particularly poignant where students reported disliking their learning environment, which again was echoed in the current study's findings. It could be argued, therefore, that it is the student perception of their learning environment that is most important when considering whether it is positive or negative. Improving such perceptions could help future students to feel more confident in remote or hybrid learning environments by encouraging both universities and students to learn from the negative experiences of those who have come before.

Participants who find themselves in such vulnerable positions as being on a low income, or who are otherwise isolated, also experienced a powerful sense of having being forgotten about and neglected by university institutions. This placed great strain on motivation, as students expressed concern over the effectiveness of university provision during the lockdown period. Aguilera-Hermida (2020) reported findings echoing the present study, highlighting that US-based students felt abandoned and let down by university administrators in terms of the online learning environment being less engaging and lacking a defined source of support during the pandemic. These factors help in explaining why some students could not simply continue as normal. They experience a cognitive dissonance between their expectations of the university experience and the expectations placed upon them by the university, and therefore are not properly supported to adapt to a fragile present and future; they feel a profound sense of abandonment and experience a great deal of self-criticism and self-doubt.

These harsh self-judgements led to students in the present study feeling that they were languishing, not flourishing; existing, as opposed to living. The current way that education is being delivered seems to be failing those students who need more support, and the support structure is not yet in place to help mitigate these impacts. According to Carl Rogers' Actualising Theory (Rogers, 2008), all people have an innate need to grow and strive for more. This growth appears to have been restricted by the limitations of the new university environment students have been placed in as the remote environment is often not suitable for those who either face additional mental health challenges, or who are from a low-income background. In terms of the latter, disadvantaged students may not have the financial means to practically support their own learning – laptops and secure internet connections appear to be assumed by university policies as more courses become fully remote. Bonal and González (2020) highlighted the importance of acknowledging this potential lack of resources through their large-scale study of 35,419 families exploring the impact of remote learning on the learning gap of poor vs wealthy students. 25% of families in the lowest income quintile had access to only one digital device, compared to only 4% for families in the highest quintile. When taking into account the size of the surveyed households, 71% of the poorest families did not have access to one device per person. This highlights that significant inequalities in a student's ability to engage with distance learning are present in relation to income characteristics, which is concerning as universities are increasingly turning towards a hybrid or remote educational model.

The educational pivot to hybrid learning is likely to continue in years to come, but support and proper communication has not yet caught up to the needs of students. The lack thereof has caused some vulnerable students in the present study to feel as though they had lost their sense of control over their educational situations; both the present study and others in the US (Wood et al., 2022), France (Charbonnier, Le Vigouroux & Goncalves, 2021), and China



(Chang & Fang, 2020) highlight that vulnerable students' autonomy had been stifled by lockdown and the lack of clarity from institutions regarding new methods of learning. That this is found across different parts of the world draws attention to this issue of autonomy, and how to promote such in vulnerable students during pandemics or other periods of upheaval.

Oftentimes, institutions such as universities can be unaware of the learning impact when individuals feel they have no choice or control, and if such places wish to foster effective communication – to, for example, persuade students that remote and/or hybrid learning is just as valid as in-person learning – research shows that it pays to keep in mind that individuals have a need for autonomy; to feel that they are listened to (Brehm & Brehm, 2013; Reynolds-Tylus, 2019; Frey, Moore & Dragojevic, 2021). Accordingly, one way to potentially avoid psychological reactance is to invite students to share their perspective, for example, a simple 'what do you think?' can often be enough to create a sense of collaboration, yet institutions can fall into the trap of focusing solely on what they, as faculty members and leader, want and think.

It is further suggested that more communication be facilitated between faculty and students, as communication could help students in their liminal states, being responsive to their need for structure, certainty and 'adult' reassurance. Greater transparency and openness to engagement with students would foster more confidence in responses to future challenges, as supported by previous literature (Bice & Coates, 2016). Universities should also be cautious about over-claiming on the effectiveness and suitability of online or hybrid learning as it is an approach that may not fit some of the most vulnerable student groups who are in need of most support.

## 9.2 EVALUATION

The next section evaluates the study including the main mixed-methods approaches of data gathering, and setting the present study against research standards for longitudinal/qualitative work. Also evaluated is the use of a safety plan, as this was a novel experience for the researcher and in pursuit of greater reflexivity, reflection on the process is deemed useful. Reflexivity is further examined in Figure 15, wherein the researcher discusses their experiences during the course of completing this thesis.

Figure 15

*Reflexive box discussing and evaluating the researcher's experience of completing the thesis*

Looking back on the process of completing this thesis, I feel very privileged to have been able to give voice to some vulnerable students who each had their own stories to tell. I enjoyed the one-to-one interviews where we spoke about genuine issues, and it was extremely gratifying to know that at least one participant felt better about themselves as a result of taking part in this research. Even if nothing else comes of it, that knowledge will enrich me for a long time to come. In terms of the research itself, I learned mostly the importance of managing my time and expectations; in the beginning I expected too much of myself, too quickly. For example, one day I booked in three interviews, believing that it would be manageable – it was not. I remember the exhaustion that came with absorbing so much information, and from then on I was sure to limit myself to one interview per day.

Studying in isolation was also a new experience for me. My undergraduate learning was very traditional, on-campus, and so to suddenly have that university environment taken away was a significant adjustment. It was difficult for me to feel connected to my work in the early stages, as I struggled to imagine how I could do such personal research at a distance, but upon learning about digital interview methods and reading about others' successes, I felt more confident in my ability to succeed as well. I learned as well, that it is so important to keep in close contact with university staff. My main supervisor was a source of constant support and grounding as she helped guide me through the process, and looking back I wish that I hadn't been as worried to get in contact in those early stages.

Completing this thesis marks a changing point in my life. I am the first member of my family to achieve this mark of higher education, and it has opened up so many more opportunities that I never would have reached without it. It has given me confidence that I can work to a high standard, and that I can interact with people on a personal and professional level. This was something I was concerned about as my autism can make it difficult to connect with people, and sometimes my own struggles with mental health made this process feel impossible, but I was able to do well even with those additional challenges.

### 9.2.1 Longitudinal Qualitative Research Approach

The present study has been successful in its application of the LQR approach, with regard to guidelines of best practice outlined by several key studies that will be discussed in this

section. Firstly, Saldaña's coding model for qualitative researchers (2021) highlights the core goals of LQR, and discusses how researchers should utilise these goals in their work. Chief among these is the aim of LQR to explore how things changed over a period of time, and to discover whether certain experiences are different from one another during that time – the present study delved deep into participant experience to explore both of these with discussions on the ever-changing circumstances of the pandemic, and how that was experienced by different people. Saldaña also highlights the importance of researching whether specific changes were the result of changing circumstances, the passing of time, or something altogether unique – again, the present study utilised this approach in asking participants about their unique circumstances, and reporting on how these triggered changes in their thoughts and behaviour.

That LQR focuses on change over time, and how/why those changes occur, aligns with earlier work by both Corden and Millar (2007) and Tomanović (2003), who both explored LQR in terms of social change and social policy over time. They focused on maintaining the importance of context within a set amount of time, and this thesis has always upheld the pandemic context throughout the interview and analysis process. Additional context is found by examining the transitional period that was the participant's young adult life stage, and how they were attempting to adapt to challenging circumstances. This aligns with a discussion of qualitative research methods by Holland, Thomson and Henderson (2006), who suggested that LQR studies of transitions and adaptations offered particularly valuable insights into the changing nature of human thoughts and behaviour.

In terms of participation rates of LQR, the present study also follows current guidelines and recommendations of participant number and retention. Prior LQR works recommended that no less than 10-12 participants be included in such long-term, qualitative projects (Polit & Beck, 2017; Schmidt et al, 2019), and this figure has been exceeded by the current thesis. In

regard to participant attrition, similar LQR works had drop-off rates of 17% (Gustavson et al., 2012) and 25% (Kothe & Ling, 2019). The current study had attrition rates of 15% at T2, and 25% at T3, placing it in-line with these expectations.

In terms of analysing LQR data, Sheard and Marsh (2019) discuss key factors to consider throughout the analytical process. Key considerations include the use of theory and giving consideration to the practical and ethical issues at an early stage. Prior to analysing interviews, an in-depth literature review was conducted on the research context that would form the backbone of data collection; vulnerable student mental health, and theories/models of mental health that could be applicable. This highlights how the present study used theory to support analysis, drawing from prior knowledge to support the process. Practical and ethical issues were also addressed prior to interview and analysis, as factors such as time considerations, confidentiality, recruitment and retention, and coding structures were considered during the initial ethical approval stage of research.

### **9.2.2 Semi-Structured Interview Method**

This interview method has been shown to be effective when used in conjunction with IPA, as the flexible nature of a semi-structured interview allows for appropriate exploration of emerging topics in conversation, and thus the emergence of themes, that a more rigid and structured interview would not allow for (Brinkmann, 2014). In this regard, the present study utilised this interview method effectively in order to delve deeply into participants' experiences and stories. In relation to research topics, semi-structured interviews are deemed suitable for studying people's perceptions and opinions on emotionally sensitive issues, or those that participants were not used to talking about, such as personal aspects of their mental health (Magaldi & Berler, 2020). The present study was successful in encouraging participants to discuss these sometimes challenging topics, and upon examining the breadth

of discussion topics that were unique to individual participants, it can be argued also that the present study was able to focus on issues that were meaningful for the individual, allowing diverse perceptions to be expressed and analysed.

In terms of established guidelines of best practice, Kallio et al. (2016) performed a systematic methodological review of 10 papers utilising semi-structured interviews with the aim of developing a framework for a qualitative semi-structured interview guide. This guide will serve as the baseline for evaluating the present study's interview approach, beginning with the need for researchers to gain a comprehensive and adequate understanding of the subject prior to interview. In order for interviews to be conducted well, Kallio et al. (2016) argue that the research first must demonstrate previous knowledge of expected phenomena prior to interviews. This allows for interviews to flow more clearly as the researcher has confidence in the subject matter being discussed. The present study used an extensive literature review prior to interviews to establish a strong theoretical and practical foundation, retrieving and using previous knowledge gained during interviews to better direct the flow of conversation to pertinent subjects.

Another key factor of evaluating semi-structured interviews is to assess the quality of formulating the semi-structured interview guide itself (Kallio et al., 2016). An interview guide is defined as a list of questions that direct conversation towards the research topic; this should be logical, coherent, and flexible enough to allow for genuine dialogue and the freedom to change the order of questions. These qualities were held by the semi-structured interview guide created for the present study, which consisted of well-formulated questions that were participant-focused and not leading, clear, and open-ended. No reports of confusion or uncertainty in regard to interview questions was expressed by participants throughout the course of the present study, and the research topics were addressed appropriately.

### 9.2.3 IPA Use

Evaluating the present study's use of IPA will be based around Nizza, Farr and Smith's (2021) work on achieving excellence in IPA, wherein the authors highlights four key markers of high quality, as shown in Figure 16.

Figure 16

*A display of Nizza, Farr, and Smith's (2021) outline for assessing quality of IPA studies*

Quality indicator	Brief description
Constructing a compelling, unfolding narrative	The analysis tells a cogent and clear story. The narrative is formed through a culmination of unfolding investigative dialogue between carefully selected and interpreted extracts.
Developing a vigorous experiential and/or existential account	Focus on the important experiential and/or existential meaning of participants' accounts gives depth to the analysis.
Close analytic reading of participants' words	Thorough analysis and interpretation of quoted material within the narrative helps give meaning to the data and the experience it describes.
Attending to convergence and divergence	Idiographic depth and comparison between participants creates a dynamic interlacing of patterns of similarity and individual characteristics.

First stated is that IPA should construct a compelling and unfolding narrative by examining carefully-selected extracts of participant experience to provide an helpful insight into those lived events. The present study has done this, as the narrative of vulnerable students progressing through their first year of university under the challenges of the pandemic has been carefully explored, and a chronicle of powerful thoughts, feelings, and behaviours has been created. It aimed to be compelling by surfacing the story, the experience and the impact on individuals.

Next, an IPA study must develop a vigorous experiential/existential account of participant experience in order to give richness and depth to the analysis. The present study focused on

the experiences of participants, and the depths of analysis held at each individual time point resulted in a deep discussion of major themes that were present throughout these experiences.

Following is the need for a close analytic reading of participants' words, utilising quoted extracts to give meaning to the data. Quoted sections of interviews have been used at length in the present study's analysis, used to highlight particularly poignant periods of the participant experience – and to support the interpretation offered.

Lastly, attending to convergence and divergence is highlighted as a key quality marker, where IPA studies should compare participant experiences to create a dynamic and interwoven set of patterns and/or differences. Again, the present study has done this throughout the longitudinal process; participant experiences were contrasted with others to explore what similarities or variances occurred. By this account, the present study is an IPA work of high quality.

#### **9.2.4 Written Word Interview Method**

The written word interview method was provided as an option for participants alongside a video call via Microsoft Teams. It was the more popular option by a significant margin as out of the 52 interviews conducted, only 7 were completed using cameras and speech. This suggests that the written word method was very appropriate for the target population, and may have made the study more accessible for those more vulnerable students.

Having a more tangible record of their responses was beneficial to participants for a number of reasons; a participant could easily look over a chat record to think over their replies long after the interview has concluded. This gave a chance for introspection and the potential for growth, as was seen in the final text interview with participant Margot:

*Margot: “[...] reflecting on yourself is essential and I only discovered this tool this year. I think it has mainly been having to cope with different circumstances independently and be*

*responsible for my life. [...] The [interview] questions were really to the point, and I was able to answer honestly and intuitively.”*

She was able to use the text-based parts of her participation – the interviews and diary entries – as ‘tools’ of reflection to help her in moving forward beyond the restrictions of the pandemic. Seeing her own answers and being able to directly explore where she identified problematic reactions played a major role in her becoming a more resilient person as a result of her taking part in this study. It is a sign of positive methodology when research has such an impact on its participants, and this would not have been possible without the inclusion of the written word.

Use of the written word also opens up participation to groups that might be put off at the requirement to speak and be seen in other interview methods. For example, literature has shown that there is preference for written word communication among autistic individuals as the method avoids many of the social dilemmas faced by autistic people, such as avoiding eye contact or trying to ensure that their tone of voice is understood (Cummins, Pellicano & Crane, 2020). This is particularly relevant to the current study as the researcher is autistic themselves, and this method allowed for a more comfortable experience from that perspective as well.

Finally, the time restriction of verbal communication are not present when it comes to instant messaging software. Participants can feel under pressure to respond immediately when a question is asked verbally, as silence is something people typically try to avoid. This can have its place in some lines of research as more information can be gleaned through simply waiting for the participant to expand, however this can bring additional stress in such cases where the individual doesn’t know what to say. In the case of written interviews, there is no such pressure to immediately reply; participants can feel free to consider their responses,



potentially delete and retype their phrasing until it properly reflects what they want to say. Again, in some cases the more raw response might be appropriate; however, for the sake of participant comfort and security, it is argued that giving more time is better than less.

It must be noted, then, that text interviews typically take longer than their spoken word counterparts, with the average text interview typically being around 90 minutes, compared to a 60-minute duration for spoken word (Johnson, Scheitle & Ecklund, 2021). This increase in commitment is mitigated with more frequent check-ins with the participant to ensure that their time is respected. Additionally, from the researcher perspective there lies a practical benefit to the written format in that a great deal of time is devoted to transcribing spoken interviews is not needed when the interview is already written down. Formatting is a much less strenuous process than full transcription and removes the potential need for outside transcription companies to access participant data (Saarijärvi & Bratt, 2021). While these companies can be ethically sound, it is always better to keep participant information as private as possible.

### **9.2.5 Safety Plan**

A strength of the present study was the inclusion of a safety plan, which was introduced to participants at the beginning of study, prior to any data being gathered. Once consent had been gained, all participants were invited to fill out a safety plan which detailed various avenues of support they could reach out to should they feel the need; for example, professional organisations, family and friends, or particular places of comfort. It was a straightforward method to help assure participant safety that was well-situated within the broader research time plan, and was successful in providing additional security for not only the participant, but the researcher as well. This security was demonstrated when a participant felt comfortable enough to divulge thoughts of suicide, and the researcher felt confident

enough to respond appropriately, drawing sources of support from the safety plan to support the participants and ultimately leave the interview with a more positive outlook.

The safety plan is not an often-used part of broad psychology research, with the majority of literature using such plans being focused on mental health extremes such as suicidal ideation or action (Melvin et al., 2019). The present study has demonstrated that their use can be included where mental health symptoms explore depression, anxiety, and low mood where suicidal thoughts may or may not be present. Accordingly, further research could explore using safety plans with other groups of vulnerable people to help assure safety and confidence for all parties.

### **9.2.6 GP-CORE**

The GP-CORE score is a 14-item survey created for non-clinical populations, focusing on lower-intensity symptomology within the university student population (Evans et al., 2005). A higher score on the measure indicates greater severity in mental health symptoms, with cut-offs ranging from 'healthy' (0-9), to 'severe' (46+) where 56 was the highest possible score. This made it an ideal tool to use in the present study as inclusion criteria stipulated that participants would be attending university-full time, while potential participants were excluded if their mental health symptoms were too severe, i.e. undergoing professional treatment or diagnosis.

Participants completed the measure routinely and on time for each subsequent interview, and where participants were asked whether there were any difficulties in completing the measure, none were ever reported. This was important owing to the already stressful period that the study took place in – adding any additional stress would have run contrary to the overarching aims of the study and would have represented an ethical dilemma going forwards. Similarly,

the process of collecting scores was straightforward for the researcher, and the tool was fit for purpose.

In terms of an evaluation of results, the quantitative measure supported the experiences that were detailed through participant interviews. Where an individual discussed feeling more frustrated during a certain time point, items keyed towards anger (for example, *I have felt irritated with other people*) would score higher. More broadly, the overarching trend of GP-CORE scores across all participants followed that of the interviews; for example, time point two had the highest average score, and this was reflected in the interviews which detailed a worsening in mental wellbeing compared to time point one.

As a quantitative measure, the GP-CORE score was easy to use for both participants and researcher, and the results were consistent with the wider research findings. This suggests that it was a viable choice for the present study, and was utilised appropriately throughout the analysis process. It allowed the present study to appropriately situate the participant sample; showing a clear chronicle of participant symptom severity across all time points that, in turn, allowed for deeper examination of certain qualitative interviews where GP-CORE scores were outlying, or otherwise significant. This helped the researcher to focus their examination of qualitative data, whereas without such a quantitative measure the sheer volume of interview data might have been overwhelming.

It is also acknowledged that there were some methodological decisions regarding the GP-CORE that could be improved upon in future work utilising this approach. By grouping the sample into clinically named groups (healthy, moderate, severe, etc.) when the sample was non-clinical, the overall reliability of these groups could be questioned. Likewise, six groups could have been too many for the small sample size. Future work could re-examine the groupings used for such studies, however in the case of the present study it is argued that the

data gathered by the GP-CORE score does work well in supplementing the more substantial quantitative data – both share the same themes and no conflicts were found throughout the process.

### **9.3 LIMITATIONS**

Whilst this study benefits from an in-depth qualitative analysis of lived experience, there are a number of limitations. Firstly, the present study was limited in that it attempted to work within the boundaries of awkwardly-defined concepts that have no generally agreed-upon definition. The terms ‘low mood’ and ‘poor mental health’ tend to both be used as part of a continuum that often cross over one another; research highlighted in the mental health literature review that had initially hoped to resolve this issue ultimately did little to avoid these close similarities. For example, according to Bröer and Besseling (2017), low mood can be characterised by feelings of anxiety (among other things) at various degrees of severity. This severity continuum however, is also highlighted by Keyes (2002) as a focal point of ‘poor mental health’; likewise, the present study viewed anxiety as a mental health condition alongside depression, using criteria set out by the DSM-V (APA, 2013). This crossing of terms made it sometimes difficult to differentiate between them – an occurrence that has itself been highlighted as a prevailing issue in mental health research (Galderisi, et al., 2015).

Such terminology inconsistencies have implications for mental health research as there is evidence to suggest that broad avenues of work are impacted by conceptual confusion, methodological inconsistency and a lack of consistency across professional bodies (Mansfield, Patalay & Humphrey, 2020). The highlights that the limitations of the present study are not unique, and broader methodological change is needed in order provide a solution to this ongoing issue. Potential improvements have been suggested that mental health research should: (i) seek to utilise more holistic approaches to exploring mental health

(Piggin, 2020), (i) apply culturally sensitive models of mental health (Ennis et al., 2020), (iii) acknowledge life stages within research design (Kazdin, 2021). The final point is particularly relevant to the present study, as the liminal life stage of participants was a central factor throughout the whole longitudinal process – in that aspect, the present study mitigated the impact of this limitation as much as possible without retrospectively editing the research design.

Next, in terms of the participant pool, the inclusion of ethnic minority participants was small as there were no respondents from Black-British students, this is important to note as the ethnic minority population is less represented in psychology research than Caucasian groups (Laland, 2020). The absence of ethnic and heritage student representation is potentially problematic as such populations are among the most disproportionately impacted by CV-19 in terms of mental health outcomes (Proto & Quintana-Domeque, 2021) contexts. Additionally, existing works detail how different and nuanced their experiences can be owing to their unique circumstances; a recent study by Xuereb (2023) explored the experience of French ethnic minority students learning at university, and found four key themes of their time at university:

1. They experienced tutors having insufficient understanding of ethnic discrimination within education.
2. When interacting with tutors and peers, participants stopped to consider whether their ethnicity would negatively impact how they were perceived.
3. They reported challenges in understanding the material and engaging in academic discussions.
4. They found it difficult to balance their unique cultural obligations without institutional support.

These issues were further compounded during the pandemic as they were expected to somehow manage the additional burdens placed upon them, when they already came from a disadvantaged position when compared to the general university student population. The experience is encapsulated by Arday and Jones' (2022) work into the covid ethnic minority student experience, who cite the phrase "We are in the same storm, but we are not all in the same boat" (pg. 1). Their study highlighted that during the pandemic, when compared to Caucasian students, ethnic minority students faced greater difficulty transitioning into the online learning environment, had less support from peers, and achieved lower academic outcomes. This indicates the need for such experiences to be better understood.

To some extent, the themes identified in the present study do seem to be applicable to these individuals. As highlighted above, ethnic minority students found it difficult to access support and felt isolated from their peers – this was a common theme throughout this study's participants as well. Similarly, the difficulty adjusting to an online learning environment and being faced with less-than understanding staff were shared here as well. The important distinction, however, is that such themes are exaggerated by virtue of being from an ethnic minority background. While comparisons can be made, it is important to recognise that there is inequality within educational experiences, and that they should be addressed going forward.

The present study also did not hear from any students with physical disabilities, who represent a significant portion of the student population in the UK that is also under-represented in literature (Gelbar et al., 2015) who might have been particularly vulnerable to the effects of the pandemic (Koure, Christodoulidou & Fella, 2021). This is a set of important stories that were not explored. The lack of representation has implications chiefly in the realm of empowerment for such disabled individuals as they face stigma and marginalisation within higher education both within the pandemic context (Lund et al., 2020) and without

(Suarez-Balcazar et al., 2023). Psychology research has a role to play in making contributions to studying physical disability as psychological perspectives and values can offer a great deal in terms of understanding and improving the lives of such individuals. The present study maintained its focus on other, more mental, disabilities – but the absence of physical representation must be noted, especially within the context of the pandemic where they were classed as more vulnerable (Lebrasseur et al., 2021).

Limitations also lie in the method of utilising a volunteer sample. By virtue of this kind of sampling, it encourages individuals to volunteer where they feel they have a story to tell (Van Lange, Schippers & Balliet, 2011). While this was important in the present study, there was no way to know whether these people felt especially vulnerable during the pandemic – indeed, research suggests that those who are most vulnerable in society, such as those with severe physical, intellectual, or mental disabilities, face greater barriers towards research participation than the general population (Ho et al., 2018). Given that the present study also required a long time commitment, this may have made participant feel impossible for those most vulnerable. It is noted, however, that the present study made great efforts to make participation as stress-free and accessible as possible, giving alternative interview options and utilising safety plans to promote participant confidence, safety, and ease of access. Volunteer sampling is also among the most common recruitment methods in psychological research (Hoye & Kappelides, 2021), which affords some reliability to the method. Additionally, according to the Volunteer-Motivation Scale (Martins et al., 2023), participants will be more likely to be open, honest, and consistent when the research topic has a perceivable impact on their own lives – an aspect that the present study arguably fulfilled.

With regard to the chosen measure of low-income, whilst it was acceptable and avoided any potentially difficult questions regarding participants' exact financial situations, also made several important assumptions. As parental income is taken into account when calculating

entitlement for a student loan, the assumption was that participants were below a certain income line – however this may not always be the case. There may be students who are not entitled to the full maintenance loan, but who still struggle financially because parents do not make up the deficit. In the case of the present study, these people would have been relevant, but were excluded owing to the loan requirement.

Lastly, there were some limitations around the lack of any clinical measure used within the present study, likewise no mental health professional with appropriate qualifications was involved to make official diagnoses of depression, anxiety, or any other mental health condition that might have been applicable. While the intent of the present study was not to utilise clinical outcomes, by discussing symptoms of depression and anxiety, it does invite that criticism. This is acknowledged, but it is argued that the thesis is ultimately successful in its main focus of presenting the student experience through a qualitative lens and drawing overall non-clinical conclusions.

#### **9.4 RECCOMENDATIONS FOR PRACTICE**

This sections offers recommendations for practical improvements in light of the present study's findings, firstly discussing university institutions and what measures could help improve experience and outcomes for vulnerable students, followed by more broad recommendations for institutions outside educational provision.

Firstly, it is recommended that universities should make plans for future pandemics or other lockdown scenarios. There remains a very real risk that further pandemics may occur as the European Centre for Disease Prevention and Control (2023) continues to monitor rates of covid variants. This means that the potential for future lockdowns must not be ignored, and universities should learn from the studies such as this one to improve outcomes for vulnerable students. One way to achieve this could be to adopt greater transparency in university



communication – giving students more clear information on what decisions are being made and why. This could help mitigate much of the confusion, frustration, and lack of confidence that participants expressed in the present study.

Another vital area to improve is the sense of online community that students felt was largely absent during the lockdown period. As many universities continue to use hybrid or remote learning models, many students remain living away from campus and away from in-person learning and socialising opportunities that can ultimately leave them feeling disillusioned and distant from their institution (Fisher, Perényi & Birdthistle, 2021). It is undoubtedly difficult to foster a similar sense of community online to that which forms in-person; however, the shift to virtual environment necessitates improvements in this area. Improving the ease at which remote students can freely communicate with both their peers and staff could help mitigate this lack of engagement – possibly through the use of instant chat rooms linked with peer groups which could utilise remote verbal and written communication to help bring students together. The use of online approaches should, ideally, be minimal as students miss out of the social energy of shared physical spaces that can help improve motivation towards learning (Müller & Louw, 2004). The idea of social energy falls in line with what participants experienced in the present study – that they struggled to feel part of their peer group, and that this sapped their energy – and should therefore be acknowledged in practical improvements going forwards.

In terms of students who come to university with past experiences of poor mental health, it is recommended that these students be given priority invitations to engage with mental health support services on campus, as opposed to having to take that first step themselves. It can be difficult for a person facing mental health challenges to reach out and ask for help – as was the case in the present study – and by removing that initial barrier, there is potential for services to reach those students who need it the most. Such services can include counselling,

mental health mentors, or academic/pastoral support. One option for this service could have questions of past mental health be included during the process of accepting and finalising an offer to study – once a student has accepted their place at an institution, part of the welcome process could incorporate a very short questionnaire section on mental health support: “Do you have past experience of mental health?”, “Would you like your information to be passed to university support services for them to contact you?”. These two questions would be a yes or no option, limiting the potential stress for the student as they do not need to go into details or search for the correct contact information to begin accessing support.

The financial barrier towards equality in experience must also be addressed considering how income shapes so much of the student experience. While hardship funds do exist in most universities, these are typically one-time payments that will most likely not make a significant difference to the student in need. As such, it is recommended that further funding be placed towards helping those students who are most financially in-need. This could take the form of food/leisure vouchers to help mitigate daily living costs, or a means tested grant that could be given to students who have the least. Universities could also liaise with rent companies to explore ways to reduce student rent owing to extenuating circumstances.

Loneliness was a key factor in the present study that worsened the overall mental health experience of many participants. Students were left feeling abandoned, isolated, and as though their university did not care about their wellbeing. Institutions could improve this difficult experience via a reach out scheme where individuals who might be vulnerable to the effects of loneliness – for example, those who live alone or who have prior experience of poor mental health – could have frequent check-ins with a member of staff to discuss how they were feeling and if they needed any support. This would be similar to the mental health mentor role that some universities employ, however it would be more focused towards combating isolation and loneliness than more broad issues of mental health.

As well as using university staff to benefit student mental help, there is evidence to suggest that those facing mental health challenges benefit from speaking with others experiencing similar thoughts and feelings (Shalaby & Agyapong, 2020). This leads to a further recommendation of a peer-led support group, where meetings could be facilitated for students with prior experience of mental health could speak about their experiences to other likeminded people. Not only could this have benefits for improving their mental health, it could also address the lack of belonging and isolation that many experienced – encouraging students to meet, whether it be virtually or in-person, could foster a stronger sense of community and allow students to support one another in a safe environment.

Lastly, beyond educational provision, the present study has highlighted that managing finances is an extremely challenging prospect for many students who are already more vulnerable than the general population to begin with. It is recommended that companies chiefly responsible for much of this financial anxiety, such as utility or renting companies, do more to help support their more vulnerable customers. First-time users – those who have stepped out on their own for the first time – should have more visible help that is tailored to them. Dedicated support lines, and more advertising for those that are already enacted, could help guide students through managing these vital financial commitments and leave them not feeling as alone or helpless as this study has shown them to experience. Given the present study's findings around students experiencing a prevailing sense of wealth inequality and judgement, there is potential for a stigma or taboo to form around this kind of financial support. Such barriers would need to be overcome in order to ensure that such provision would be used by those who need it. Ways to help mitigate this could involve the way that those in need are portrayed in media; while this is not unique to student media, many outlets use the negative stereotype of the “lazy worker” or “benefit scrounger” when discussing financial aid (Slobodian, 2019, pg. 24). By shifting this negative language to a more

compassionate and understanding tone, the potential for stigma could be reduced. Using empathetic and inclusive language has been found to reduce wealth stigma in workplace settings; for example, Shaeffer's report on inclusive education (2019) found that using terms such as "people made vulnerable to poverty" or "people disadvantaged by the system" (pg. 187) helped to avoid the pretence of blame on those in need, instead placing the responsibility on those in power who ultimately have the final say on what support people can access.

## **9.5 RECCOMENDATIONS FOR FUTURE RESEARCH**

Many recommendations of future research focus on addressing the limitations of the present study. Efforts should be made for ongoing research into pandemics, or other similar challenging events, to include population groups that continue to go under-represented in psychology research, such as ethnic minority and physically disabled groups. This would allow for future work to explore a wider range of experiences that may otherwise go unheard, and address the knowledge gap of how these populations are impacted by significant life events.

Additionally, it is recommended that future work explore new ways to assess income level, balancing participant comfort in terms of divulging potentially poor finances, whilst keeping the recruitment pool open to as many as possible. The APA (2015) have several recommendations for measuring participant social class, which could be adapted for use in measuring income that could be used. These are: measures of occupational prestige (wealth assessed by participant occupation), resource-based measures (wealth assessed by such factors as educational attainment or total family income), absolute poverty measures (wealth assessed by professional measuring bodies or neighbourhood levels of poverty), relative poverty measures (wealth assessed by unmet needs, psychological distress due to financial

difficulties), and subjective social status measures (wealth assessed by perceptions of one's social standing).

Research into the concept of resilience should also be examined as relates to the university student population should also seek to expand on the reported coping strategies and resilience outcomes of the present study. Given the subtle differences between resilience and coping, and how participants often used the terms interchangeably, it was difficult for the present study to devote enough time to more thoroughly explore those differences, and what they mean for students. Whether the term 'resilience' is as important for students as 'coping' or 'managing' could be better examined through a more focused lens.

Other avenues of research inspired by the present study include investigating how the online learning environments are being experienced by students, now that they have continued beyond the pandemic. As many of the learning experiences reported in the current thesis were negative, it becomes more important to determine whether these negative reports were due to the relatively novel nature of online learning and whether they have improved with time. By continuing to gain insight from students on how it feels to learn in remote or hybrid environments, universities can work to improving the overall experience by addressing particular issues that may arise.

As well as exploring the online learning environment for students, the lecturer perspective could also be a valuable avenue to study in order to improve not only learning outcomes for students, but the work environment for staff. Research has shown that where lecturers feel more motivated, competent and appreciated, the standard of teaching improves and the learning environment becomes more effective for both staff and students (Blaskova et al., 2015). Within the context of the pandemic, it was often impossible for lecturers to feel these positive emotions as their experiences went ignored by those in positions of power – echoing

the student experience in many ways (Hanna, Erickson & Walker, 2023). By seeking an understanding on both the student and lecturer viewpoint, improvements could be made on both sides, to the ultimate betterment of all concerned.

Lastly, a continuation of the present study's aims could be conducted with further longitudinal research by asking how similarly vulnerable students are doing in the years after the pandemic. As of the writing of this thesis, two years have passed since participants gave their accounts detailing their first academic year – that initial covid cohort of students will have completed their third, sometimes final, year of university education. By following the experiences of such students on a longer timeframe, more insights can be learned as to what changes over time or what remains the same. For example, for students from a low-income background, their financial circumstances could remain relatively unchanged, however the way they feel and experience it could have developed alongside their adult selves.

The present thesis set out to explore the lived experiences of vulnerable UK university students during the pandemic, seeking to identify how a trio of vulnerabilities – being a first-year student, being from a low-income background, and having prior periods of poor mental health – interacted to impact their thoughts, feelings, and learning experience during a challenging time. Key findings highlight the powerful mental health legacy that the pandemic has left behind: a cohort of students who feel isolated, lonely, and forgotten by institutions, left to languish where they should be flourishing; whose financial circumstances make those mental health experiences even more challenging; and whose learning experience has been one of disruption, upset, and unmet expectation. It is vital that other vulnerable students be supported during this important life stage; young adults emerge into a world beyond university that they feel unprepared for, and as such institutions must work with students to offer a more visible, student-focused support structure in order to address both the mental health and financial burden that students find themselves carrying. It is hoped that this thesis

has advocated strongly for these young adults, whose stories deserve to be told and acknowledged.

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## Appendix A

### Completed Ethics Form

#### UNIVERSITY OF LEEDS RESEARCH ETHICS COMMITTEE APPLICATION FORM <sup>1</sup>

UNIVERSITY OF LEEDS

Please read each question carefully, taking note of instructions and completing all parts. If a question is not applicable please indicate so. The superscripted numbers (eg<sup>8</sup>) refer to sections of the guidance notes, available at <http://ris.leeds.ac.uk/UoLEthicsApplication>. Where a question asks for information which you have previously provided in answer to another question, please just refer to your earlier answer rather than repeating information.

Information about research ethics training courses: <http://ris.leeds.ac.uk/EthicsTraining>.

To help us process your application enter the following reference numbers, if known and if applicable:

Ethics reference number:	PSYC-147
Student number and/ or grant reference:	200930836

#### PART A: Summary

A.1 Which [Faculty Research Ethics Committee](#) would you like to consider this application?<sup>2</sup>

- Arts, Humanities and Cultures (AHC)
- Biological Sciences (BIOSCI)
- Business, Environment and Social Sciences (AREA)
- FS&N, Engineering and Physical Sciences (EPS)
- Medicine and Health (Please specify a subcommittee):
- School of Dentistry (DREC)
- School of Healthcare (SHREC)
- School of Medicine (SoMREC)
- School of Psychology (SoPREC)



A.2 Title of the research<sup>3</sup>

How has the global pandemic affected vulnerable students' resilience and well-being? A longitudinal qualitative study of university students in the UK

A.3 Principal investigator's contact details<sup>4</sup>

Name ( <i>Title, first name, surname</i> )	Miss Charlotte Horner
Position	PhD Student
Department/ School/ Institute	School of Psychology
Faculty	Medicine and Health
Work address ( <i>including postcode</i> )	University of Leeds, Woodhouse, Leeds, LS2 9JT
Telephone number	07904969569
University of Leeds email address	ps15clh@leeds.ac.uk

A.4 Purpose of the research:<sup>5</sup> (Tick as appropriate)

- Research
- Educational qualification: *Please specify:* PhD Thesis
- Educational Research & Evaluation<sup>6</sup>
- Medical Audit or Health Service Evaluation<sup>7</sup>
- Other

A.5 Select from the list below to describe your research: (You may select more than one)

- Research on or with human participants
- Research which has potential adverse [environmental impact](#).<sup>8</sup> *If yes, please give details:*

---

- Research working with data of human participants
- New data collected by qualitative methods
- New data collected by quantitative methods
- New data collected from observing individuals or populations
- Routinely collected data or secondary data
- Research working with aggregated or population data
- Research using already published data or data in the public domain
- Research working with human tissue samples (*Please inform the relevant [Persons Designate](#) if the research will involve human tissue*)<sup>9</sup>

A.6 Will the research involve NHS staff recruited as potential research participants (by virtue of their professional role) or NHS premises/ facilities?

- Yes     No

*If yes, ethical approval must be sought from the University of Leeds. Note that [approval](#) from the NHS Health Research Authority may also be needed, please contact [FMHUniEthics@leeds.ac.uk](mailto:FMHUniEthics@leeds.ac.uk) for advice.*

A.7 Will the research involve any of the following:<sup>10</sup> (You may select more than one)

*If your project is classified as [research](#) rather than service evaluation or audit and involves any of the following an application must be made to the [NHS Health Research Authority](#) via IRAS [www.myresearchproject.org.uk](http://www.myresearchproject.org.uk) as NHS ethics approval will be required. There is no need to complete any more of this form. Further information is available at <http://ris.leeds.ac.uk/NHSethicalreview> and at <http://ris.leeds.ac.uk/HRAapproval>.*

*You may also contact [governance-ethics@leeds.ac.uk](mailto:governance-ethics@leeds.ac.uk) for advice.*

- Patients and users of the NHS (including NHS patients treated in the private sector)<sup>11</sup>

- Individuals identified as potential participants because of their status as relatives or carers of patients and users of the NHS
- Research involving adults in Scotland, Wales or England who lack the capacity to consent for themselves<sup>12</sup>
- A prison or a young offender institution in England and Wales (and is health related)<sup>14</sup>
- Clinical trial of a medicinal product or medical device<sup>15</sup>
- Access to data, organs or other bodily material of past and present NHS patients<sup>9</sup>
- Use of human tissue (including non-NHS sources) where the collection is not covered by a Human Tissue Authority licence<sup>9</sup>
- Foetal material and IVF involving NHS patients
- The recently deceased under NHS care
- None of the above

You must inform the Research Ethics Administrator of your NHS REC reference and approval date once approval has been obtained.

*The HRA decision tool to help determine the type of approval required is available at <http://www.hra-decisiontools.org.uk/ethics>. If the University of Leeds is not the Lead Institution, or approval has been granted elsewhere (e.g. NHS) then you should contact the local Research Ethics Committee for guidance. The UoL Ethics Committee needs to be assured that any relevant local ethical issues have been addressed.*

A.8 Will the participants be from any of the following groups? (Tick as appropriate)

- Children under 16<sup>16</sup> *Specify age group:*  
\_\_\_\_\_
- Adults with learning disabilities<sup>12</sup>
- Adults with other forms of mental incapacity or mental illness
- Adults in emergency situations
- Prisoners or young offenders<sup>14</sup>
- Those who could be considered to have a particularly dependent relationship with the investigator, eg members of staff, students<sup>17</sup>
- Other vulnerable groups
- No participants from any of the above groups

*Please justify the inclusion of the above groups, explaining why the research cannot be conducted on non-vulnerable groups.*

The research will include students with prior experience of mental health issues, and students from low income households. This is because research suggests that these groups are particularly vulnerable to the ongoing psychological effects of CV-19, and it is this effect the study wants to shed light on.

It is the researcher's responsibility to check whether a DBS check (or equivalent) is required and to obtain one if it is needed. See also <http://ris.leeds.ac.uk/healthandsafetyadvice> and <http://www.homeoffice.gov.uk/agencies-public-bodies/dbs>.

A.9 Give a short summary of the research<sup>18</sup>

*This section must be completed in language comprehensible to the lay person. Do not simply reproduce or refer to the protocol, although the protocol can also be submitted to provide any technical information that you think the ethics committee may require. This section should cover the main parts of the proposal.*

The project uses longitudinal qualitative methods (multiple semi-structured interviews and diary entries) to explore how CV-19 has impacted university students' resilience, and mental health. An additional standardised measure will be taken to contextualise the individual's data in terms of their well-being. The study will focus on first-year UK students who (a) self-report having experienced, since March 2020, a period of between 3-12 weeks where their mental well-being was low compared to their usual level pre-pandemic level of mental well-being; (b) be eligible for the full student maintenance loan amount – this indicates a certain household income level. Emerging research has

highlighted people within these demographics are vulnerable to the effects of the pandemic as it places additional strain on financial and psychological resources.

Previous global crises have demonstrated significant impacts on the mental health of society, and as research begins to emerge on CV-19 this trend is set to continue. Emerging research suggests that many students are experiencing unique difficulties as institutions struggle to adapt, such as the challenges in online-only learning and being locked-down away from loved ones. It is important to understand these experiences in order to better support the population in future and to enhance developmental theory around mental health and resilience.

As the study will recruit across multiple universities and geographical locations, a sample size of n=20 will be sufficient for the purpose of qualitative analysis. Students in their first year of university will be recruited via purposeful sampling. Participants who enquire about taking part in the study and meet the inclusion criteria will be invited to four semi-structured online (video call or IM) interviews. It is expected that interviews will last around 45-60 minutes. Interviews will be recorded with the participants' permission. The transcript will be analysed through Interpretative Phenomenological Analysis (IPA). Participants will also receive monthly prompts to fill in a short diary entry detailing any significant events that have positively or negatively impacted their resilience/mental health in order to maintain research awareness and add topics to discuss at interview. Questions asked in these diary prompts are subject to change as the pandemic continues to develop – for example, should new lockdown measure be put in place, a question may focus on that topic.

A.10 What are the main ethical issues with the research and how will these be addressed?<sup>19</sup>

*Indicate any issues on which you would welcome advice from the ethics committee.*

Individuals will be asked to complete and return a consent form prior to the first interview. As young people are unlikely to have a printer at home, or an electronic signature, we will record at the start of the interview, each participant's affirmation that they have read and returned the consent form (Appendix A).

An information sheet will be distributed to all individuals to support their understanding of the project and what is expected, then they will be given the opportunity to ask questions to ensure informed consent. (Appendix B).

Online interviews mitigate CV-19 risks. Remote interviews would potentially make participation easier for the target population (less financially stable, struggling with mental health). Monetary concerns such as potentially taking time from work or the cost of transport would be removed, as would the potential anxiety of meeting face-to-face.

Whilst the topic is potentially sensitive, the interviews will focus on resilience and coping. However, if a participant becomes distressed, a break or postponement will be offered, e.g. the participant will be reassured that they were under no obligation to share more than was comfortable, and that any question could be refused without any explanation.

Participants will remain as informed as possible from recruitment to post-interview. The opportunity for confidential questions and answers will be offered at multiple times.. Prior

to the interview, the participant will be offered a list of how to access mental health support if needed (Appendix C).

Data will be made anonymous at the point of transcription as any names, locations, etc will be removed by the researcher. Participants will also be given a pseudonym and a unique ID.

Confidentiality will be maintained as the researcher will not discuss details of the interview outside the designated time, unless discussing with the supervisor and co-supervisor.

All consent forms and interview data will be stored on a password protected university laptop on university OneDrive. Particularly sensitive information such as audio recordings will be given additional password-protection. Only the researcher and supervisor will have access to these files.

Should the researcher have any concerns regarding participant wellbeing/safety during the interview, they will talk to the participant about such concerns and will inform supervisors in the first instance in order to discuss what steps could be taken to support the participant.

Participants will fill out a safety plan with the research at the recruitment stage (see Appendix D) to keep for the duration of the project – this will be referred to should the participant feel they need additional support, or should the researcher feel this is needed.

#### PART B: About the research team

##### B.1 To be completed by students only<sup>20</sup>

Qualification working towards (eg Masters, PhD)	PhD
Supervisor's name (Title, first name, surname)	Dr Siobhan Hugh-Jones
Department/ School/ Institute	School of Psychology, University of Leeds
Faculty	Faculty of Medicine and Health
Work address (including postcode)	School of Psychology, University of Leeds, LS2 9JT
Supervisor's telephone number	0113 343 5744
Supervisor's email address	<a href="mailto:s.hugh-jones@leeds.ac.uk">s.hugh-jones@leeds.ac.uk</a>
Module name and number (if applicable)	NA

B.2 Other members of the research team (eg co-investigators, co-supervisors) <sup>21</sup>	
Name ( <i>Title, first name, surname</i> )	Dr Ed Sutherland
Position	Co-supervisor
Department/ School/ Institute	School of Psychology, University of Leeds
Faculty	Faculty of Medicine and Health
Work address ( <i>including postcode</i> )	School of Psychology, University of Leeds, LS2 9JT
Telephone number	0113 343 5732
Email address	<a href="mailto:e.j.sutherland@leeds.ac.uk">e.j.sutherland@leeds.ac.uk</a>

Name ( <i>Title, first name, surname</i> )	Dr Cathy Brennan
Position	Co-supervisor
Department/ School/ Institute	School of Psychology, University of Leeds
Faculty	Faculty of Medicine and Health
Work address ( <i>including postcode</i> )	School of Psychology, University of Leeds, LS2 9JT
Telephone number	0113 343 0810
Email address	<a href="mailto:C.A.Brennan@leeds.ac.uk">C.A.Brennan@leeds.ac.uk</a>

Part C: The research

C.1 What are the aims of the study?<sup>22</sup> (Must be in language comprehensible to a lay person.)

The study will explore the long-term impact of the CV-19 pandemic on university students' resilience and mental health. In particular, the research will target first-year students who (a) have experienced (over the last x months) for a a period of 3-12 weeks with reduced mental wellbeing (compared to pre-pandemic) and (b) are entitled to the full student maintenance loan.

The aim of this study is to understand the experiences of such students starting university during the pandemic in order to improve understanding of what it is to be a student under such conditions, and to use this knowledge to inform future intervention by universities as the pandemic continues.

C.2 Describe the design of the research. Qualitative methods as well as quantitative methods should be included. (Must be in language comprehensible to a lay person.)

*It is important that the study can provide information about the aims that it intends to address. If a study cannot answer the questions/ add to the knowledge base that it intends to, due to the way that it is designed, then wasting participants' time could be an ethical issue.*

Remote semi-structured interviews and diary entries will be used to explore participants' experiences of being a university student during the current pandemic and in the following academic year (October 2020 – June 2021). Four interviews will take place: The first will be planned for as soon as possible in order to establish a base understanding of what it is to begin one's university journey in the midst of a pandemic. The following three interviews will take place during the final period of each semester (December 2020, March 2021, June 2021) to explore how the changing national, local and university circumstances have changed the student experience in terms of resilience and mental health outcomes. Transcripts will be analysed using IPA.

Before each interview, participants will be invited to complete a measure of mental wellbeing, the General Population Clinical Outcomes in Routine Evaluation-Outcome Measure (GP-CORE) questionnaire. This is a 14-item scale that has seen extensive use in the student population. Quantitative data will be used to add context to the participant experience in terms of their well-being.

Participants will also be invited via email notification to complete a short diary entry every month on Microsoft Forms (see Appendix E for diary questions), which will be used to inform interview questions and to maintain research contact between interviews. Contact with the participant will use the pseudonym and unique ID.

C.3 What will participants be asked to do in the study?<sup>23</sup> (e.g. number of visits, time, travel required, interviews)

Following consent and the answering of any questions, participants will be asked to attend four 45 to 60 minute, interviews over video chat or IM, depending on participant preference, about their experience as a university student during the pandemic, with focus on the impact on participant resilience and mental health. Participants will be first-year university students who (a) have experienced reduced mental wellbeing before the pandemic, for a period of 3-12 weeks and (b) are entitled to the full student maintenance loan.

As this is semi-structured, there will be a list of possible questions (see Appendix F), however, the participant will have freedom to direct topics as they emerge through conversation; semi-structured interviews allow for this flexibility in topics. The participant can refuse to answer any questions without reason.



Before each interview, participants will be invited to complete a measure of mental wellbeing, the GP-CORE questionnaire (see Appendix G). This is a 14-item questionnaire that should take around 5 minutes to complete.

Participants will also be invited via email notification to complete a short diary entry every month on Microsoft Forms. Key questions will serve as prompts for the participant to fill in as are applicable.

C.4 Does the research involve an international collaborator or research conducted overseas?<sup>24</sup>

Yes  No

If yes, describe any ethical review procedures that you will need to comply with in that country:

Describe the measures you have taken to comply with these:

Include copies of any ethical approval letters/ certificates with your application.

C.5 Proposed study dates and duration

Research start date (DD/MM/YY): 1<sup>st</sup> October 2020 \_\_\_ Research end date (DD/MM/YY): 30<sup>th</sup> October 2023

Fieldwork start date (DD/MM/YY): \_\_\_ 6<sup>th</sup> November 2020 \_\_\_ Fieldwork end date (DD/MM/YY): November 30<sup>th</sup> 2021

C.6. Where will the research be undertaken? (i.e. in the street, on UoL premises, in schools)<sup>25</sup>

The research will be conducted remotely from the researcher's home on a university-supplied laptop. Interviews will take place via either IM services or on MS Teams, Zoom or Skype.

## RECRUITMENT & CONSENT PROCESSES

C.7 How will potential participants in the study be identified, approached and recruited?<sup>26</sup>

*How will you ensure an appropriately convened sample group in order to meet the aims of the research? Give details for subgroups separately, if appropriate. How will any potential pitfalls, for example dual roles or potential for coercion, be addressed?*

(i) identified?

The inclusion criteria for the study are that participants: (1) Be a current first-year university student at a UK institution (2) Self-report as having experienced a period

(between 3-12 weeks) of low mental well-being since March 2020, compared to their usual levels of well-being; (3) Be entitled to the full student maintenance loan; (4) Be able to take part in a detailed interview in English; (5) Do not currently have a diagnosis of a mental health condition and feel well enough to take part.

(ii) approached?

Potential participants will be recruited through social media posts, e.g. Facebook, Instagram. See Appendix F for a sample advert post.

(iii) recruited?

Potential participants are invited to contact the researcher (social media or email) to indicate their interest in taking part. The participant will be free to ask any questions, and should they wish to take part in the study the first interview will be arranged following completion of the consent form and information sheet. They will be invited to complete a safety plan with the researcher as well.

Information sheets will be provided prior interview, and consent will be gained via a unique link to an individual consent form document where the participant will mark each consent statement to show their agreement before typing their name at the end. Consent will be reaffirmed at the start of each interview, and recorded as part of the interview data for assurance of the participant's authentic completion of the consent form.

C.8 Will you be excluding any groups of people, and if so what is the rationale for that?<sup>27</sup>

*Excluding certain groups of people, intentionally or unintentionally may be unethical in some circumstances. It may be wholly appropriate to exclude groups of people in other cases*

Any potential participants who cannot take part in a detailed interview in English will be excluded owing to the need for understanding and clear communication.

C.9 How many participants will be recruited and how was the number decided upon?<sup>28</sup>

*It is important to ensure that enough participants are recruited to be able to answer the aims of the research.*

At least 20 participants will be sufficient to generate data.

If you have a formal power calculation please replicate it here.

NA

*Remember to include all advertising material (posters, emails etc) as part of your application*

C10 Will the research involve any element of deception?<sup>29</sup>

If yes, please describe why this is necessary and whether participants will be informed at the end of the study.

There will be no deception in this study.

C.11 Will [informed consent](#) be obtained from the research participants?<sup>30</sup>

Yes     No

*If yes, give details of how it will be done. Give details of any particular steps to provide information (in addition to a written information sheet) e.g. videos, interactive material. If you are not going to be obtaining informed consent you will need to justify this.*

Opportunity for questions via email or social media will be available pre-consent as well as just before each interview begins. Participants will be given an information sheet before deciding whether or not to take part. The informed consent form will need to be completed in order for the interviews to commence.

*If participants are to be recruited from any of potentially vulnerable groups, give details of extra steps taken to assure their protection. Describe any arrangements to be made for obtaining consent from a legal representative.*

*Will research participants be provided with a copy of the [Privacy Notice for Research](#)? If not, explain why not. Guidance is available at <https://dataprotection.leeds.ac.uk/information-for-researchers>.*

Yes     No

*Copies of any written consent form, written information and all other explanatory material should accompany this application. The information sheet should make explicit that participants can withdraw from the research at any time, if the research design permits. Remember to use meaningful file names and version control to make it easier to [keep track of your documents](#).*

*Sample information sheets and consent forms are available from the University ethical review webpage at <http://ris.leeds.ac.uk/InvolvingResearchParticipants>.*

C.12 Describe whether participants will be able to withdraw from the study, and up to what point (eg if data is to be anonymised). If withdrawal is not possible, explain why not.

*Any limits to withdrawal, eg once the results have been written up or published, should be made clear to participants in advance, preferably by specifying a date after which withdrawal would not be possible. Make sure that the information provided to participants (eg information sheets, consent forms) is consistent with the answer to C12.*

Even after agreeing to take part in the study, participants have the right to withdraw and are free to: (a) withdraw before the interview; (b) to stop the interview at any time; and/or (c) withdraw their interview data post-interview from the study – this will be possible up until two weeks after the interview as by then transcription and coding will have begun.

Participants may inform the researcher of this via email and will not be asked to give any reason for withdrawing. To do this, participants will be given (i) Unique ID to label participant data files. This will be based on a memorable prompt - their second initial and last three digits of their mobile number. They use this if they want to withdraw their data as the researcher can prompt them to remember their unique ID. and (ii) Pseudonym will be used in transcription and write up, to retain a connection to the personhood of participants.

C.13 How long will the participant have to decide whether to take part in the research?<sup>31</sup>

*It may be appropriate to recruit participants on the spot for low risk research; however consideration is usually necessary for riskier projects.*

Participants will be able to decide whether to take part in the research up until the end of the 2021 academic year (June, 2021). They will be asked to confirm that they are happy to go ahead with the interviews at each date– the length of time between first contact and the interview will vary, though will not go beyond a month.

C.14 What arrangements have been made for participants who might have difficulties understanding verbal explanations or written information, or who have particular communication needs that should be taken into account to facilitate their involvement in the research?<sup>32</sup> *Different populations will have different information needs, different communication abilities and different levels of understanding of the research topic.*

*Reasonable efforts should be made to include potential participants who could otherwise be prevented from participating due to disabilities or language barriers.*

Participants must fit the inclusion criteria, which includes the ability to speak fluent English and thus be able to complete a full interview in English. Clear verbal and written information will be given to all potential participants. They will also be given opportunities to ask questions prior to consenting, and before/after the interview commences.

Additionally, if the student has any particular needs to enable them to take part, the researcher will do their best to accommodate those. Similarly, if the student has a disability and has disability support, the researcher will work with them to enable them to take part.

C.15 Will individual or group interviews/ questionnaires discuss any topics or issues that might be sensitive, embarrassing or upsetting, or is it possible that criminal or other disclosures requiring action could take place during the study (e.g. during interviews or group discussions)?<sup>33</sup> *The [information sheet](#) should explain under what circumstances action may be taken.*

Yes     No

*If yes, give details of procedures in place to deal with these issues.*

In the interview some of the topics discussed will be inherently personal to the participant. It is clear in the information sheet, and will be reiterated verbally before the interview, that there is no obligation on the participant to engage with a particular line of questioning and no reason for omitting it needs to be given. Free relevant sources of support will be provided along with the information sheet prior to interview dates, should the participant

want them. Questions will also be phrased in an open and sensitive manner, with the option for breaks and refreshment if wanted.

C.16 Will individual research participants receive any payments, fees, reimbursement of expenses or any other incentives or benefits for taking part in this research?<sup>34</sup>

Yes     No

*If Yes, please describe the amount, number and size of incentives and on what basis this was decided.*

Participant Pool Credits for Leeds Psychology University students.

Amazon vouchers for others:

- £25 after first two interviews (with all necessary diary and GP-CORE entries) and £30 after final two (with all necessary diary and GP-CORE entries)

= £1100 for 20 participants.

Longitudinal studies are a big commitment for participants and we want to recognise and value their time. It is important to strike a balance between incentive and coercion. Our proposed amount offers participants enough motivation to see the study through to the end with a larger final payment, but it is not so high as to make someone feel obligated or indebted.

## RISKS OF THE STUDY

C.17 What are the potential benefits and/ or risks for research participants in both the short and medium-term?<sup>35</sup>

There are no significant risks. It will be made clear to participants that interview questions do not have to be answered and that free relevant sources of support will be supplied to participants on the information sheet. The benefits of conducting research into a population vulnerable to the effects of CV-19 are significant; the current pandemic represents a unique test of resilience and mental health that has not occurred in living memory. Exploring the long-term effects the CV-19 pandemic has on resilience and mental health will add to existing literature and inform future student support strategies.

In addition, students may appreciate the opportunity to talk about their experiences, and may feel valued. They may also enjoy the process of reflecting on and documenting their lives.

A safety plan will also be completed by the participant and researcher prior to interview. This will detail places, people, etc. of support that the participant can turn to, should they feel the need. This plan will be accessible to the participant throughout the research period, and the researcher will remind the participant to use it, if/when needed, after each interview.

C.18 Does the research involve any risks to the researchers themselves, or people not directly involved in the research? *Eg lone working*<sup>36</sup>

Yes  No

If yes, please describe: \_\_\_\_\_

Is a [risk assessment](#) necessary for this research?

If you are unsure whether a risk assessment is required visit

<http://ris.leeds.ac.uk/HealthAndSafetyAdvice> or contact your Faculty Health and Safety Manager for advice.

Yes  No If yes, please include a copy of your risk assessment form with your application.

## RESEARCH DATA

C.19 Explain what measures will be put in place to protect personal data. E.g. anonymisation procedures, secure storage and coding of data. Any potential for re-identification should be made clear to participants in advance.<sup>37</sup> *Please note that research data which appears in reports or other publications is not confidential, even if it is fully anonymised. For a fuller explanation see <http://ris.leeds.ac.uk/ConfidentialityAnonymisation>. Further guidance is available at <http://ris.leeds.ac.uk/ResearchDataManagement>.*

Completed consent forms and GP-CORE data will be securely saved on a university OneDrive. Any personal contact details (e.g. names, email addresses) will be stored on password-protected One Drive files separate from the transcript and interview data.

Data files will be stored by unique ID, and not linked to participant names. Audio files on One Drive will be additionally secured by a password.

Personal information will be deleted 6 months after the final data collection point by the researcher. Transcripts will be anonymised at the point of transcription by the student researcher. Additional transcription will be undertaken by a university-approved transcription company who will sign a transcriber's confidentiality.

Any identifying information will be altered or removed (e.g. names of professionals, parents, schools etc.). Transcripts will be deleted three years after study end. Consent will be obtained from the participants to use anonymised extracts from their interviews in the resulting report.

C.21 Will the research involve any of the following activities at any stage (including identification of potential research participants)? (Tick as appropriate)

- Examination of personal records by those who would not normally have access
- Access to research data on individuals by people from outside the research team

- Electronic surveys, please specify survey tool:  
\_\_\_\_\_ ([further guidance](#))
- Other electronic transfer of data
- Use of personal addresses, postcodes, faxes, e-mails or telephone numbers
- Use of audio/ visual recording devices (NB this should usually be mentioned in the information for participants)
- FLASH memory or other portable storage devices
- Storage of personal data on, or including, any of the following:
- [University approved](#) cloud computing services
- Other cloud computing services
- Manual files
- Private company computers
- Laptop computers
- Home or other personal computers (not recommended; data should be stored on a University of Leeds server such as your M: or N: drive where it is secure and backed up regularly: <http://ris.leeds.ac.uk/ResearchDataManagement>.)

*Unclassified and Confidential University data must be kept on the University servers or in approved cloud services such as Office 365 (SharePoint or OneDrive). The N: Drive or Office 365 should be used for the storage of data that needs to be shared. If Highly Confidential information is kept in these shared storage areas it must be encrypted. Highly Confidential data that is not to be shared should be kept on the M: Drive. The use of non-University approved cloud services for the storage of any University data, including that which is unclassified, is forbidden without formal approval from IT. Further guidance is available via <http://ris.leeds.ac.uk/ResearchDataManagement>.*

C.22 How do you intend to share the research data? (Indicate with an 'X') Refer to <http://library.leeds.ac.uk/research-data-deposit> for guidance.

- Exporting data outside the European Union
- Sharing data with other organisations
- Publication of direct quotations from respondents
- Publication of data that might allow identification of individuals to be identified

- Submitting to a journal to support a publication
- Depositing in a self-archiving system or an institutional repository
- Dissemination via a project or institutional website
- Informal peer-to-peer exchange
- Depositing in a specialist data centre or archive
- Other, please state: \_\_\_\_\_.
- No plans to report or disseminate the data

C.23 How do you intend to report and disseminate the results of the study? (Indicate with an 'X') Refer to <http://ris.leeds.ac.uk/ResearchDissemination> and <http://ris.leeds.ac.uk/Publication> for guidance.

- Conference presentation
- Peer reviewed journals
- Publication as an eThesis in the Institutional repository
- Publication on website
- Other publication or report, please state: \_\_\_\_\_
- Submission to regulatory authorities
- Other, please state: \_\_\_\_\_.
- No plans to report or disseminate the results

C.24 For how long will data from the study be stored? Please explain why this length of time has been chosen.<sup>38</sup> Refer to the [RCUK Common Principles on Data Policy](http://ris.leeds.ac.uk/info/71/good_research_practice/106/research_data_guidance/5) and [http://ris.leeds.ac.uk/info/71/good\\_research\\_practice/106/research\\_data\\_guidance/5](http://ris.leeds.ac.uk/info/71/good_research_practice/106/research_data_guidance/5).

*Students: It would be reasonable to retain data for at least 2 years after publication or three years after the end of data collection, whichever is longer.*

3 years



## CONFLICTS OF INTEREST

C.25 Will any of the researchers or their institutions receive any other benefits or incentives for taking part in this research over and above normal salary or the costs of undertaking the research?<sup>39</sup>

Yes  No

If yes, indicate how much and on what basis this has been decided

\_\_\_\_\_

—

C.26 Is there scope for any other conflict of interest?<sup>40</sup> *For example, could the research findings affect the any ongoing relationship between any of the individuals or organisations involved and the researcher(s)? Will the research funder have control of publication of research findings? Refer to <http://ris.leeds.ac.uk/ConflictsOfInterest>.*

Yes  No

*If so, please describe this potential conflict of interest, and outline what measures will be taken to address any ethical issues that might arise from the research.*

C.27 Does the research involve external funding? (Tick as appropriate)

Yes  No *If yes, what is the source of this funding? \_\_\_\_\_* Accord Union have funded the PhD cost

*NB: If this research will be financially supported by the US Department of Health and Human Services or any of its divisions, agencies or programmes please ensure the additional funder requirements are complied with. Further guidance is available at <http://ris.leeds.ac.uk/FWacompliance> and you may also contact your [FRIO](#) for advice.*

## PART D: Declarations

## Declaration by Principal Investigators

The information in this form is accurate to the best of my knowledge and belief and I take full responsibility for it.

I undertake to abide by the University's ethical and health & safety guidelines, and the ethical principles underlying good practice guidelines appropriate to my discipline.

If the research is approved I undertake to adhere to the study protocol, the terms of this application and any conditions set out by the Research Ethics Committee (REC).

I undertake to seek an ethical opinion from the REC before implementing substantial amendments to the protocol.

I undertake to submit progress reports if required.

I am aware of my responsibility to be up to date and comply with the requirements of the law and relevant guidelines relating to security and confidentiality of patient or other personal data, including the need to register when necessary with the University's Data Protection Controller (further information available via <http://ris.leeds.ac.uk/ResearchDataManagement>).

I understand that research records/ data may be subject to inspection for audit purposes if required in future.

I understand that personal data about me as a researcher in this application will be held by the relevant RECs and that this will be managed according to the principles established in the Data Protection Act.

I understand that the REC may choose to audit this project at any point after approval.

Sharing information for training purposes: *Optional – please tick as appropriate:*

- I would be content for members of other Research Ethics Committees to have access to the information in the application in confidence for training purposes. All personal identifiers and references to researchers, funders and research units would be removed.

Principal Investigator:


Signature of Principal Investigator: .....  .....

(This needs to be an actual signature rather than just typed. Electronic signatures are acceptable)

Print name: .....Charlotte Horner..... Date: (dd/mm/yyyy):  
.....22/10/2020.....

Supervisor of student research:

I have read, edited and agree with the form above.

A handwritten signature in black ink, appearing to read "S. Hugh-Jones", is written over a light blue horizontal line.

Supervisor's signature:

(This needs to be an actual signature rather than just typed. Electronic signatures are acceptable)

Print name: Dr S Hugh-Jones Date:(dd/mm/yyyy): 11/11/2020

## Appendix B

### Study information letter emailed to potential participants

*STUDY: How has the global pandemic affected vulnerable students' resilience and well-being? A longitudinal qualitative study of university students in the UK*

*Who am I?* My name is Charlotte Horner, a PhD Psychology student completing my thesis project in the School of Psychology, University of Leeds.

*What is the aim of the study?* The pandemic brings unprecedented challenges for university students. The aim of this study is to understand what it's like for first-year university students during these circumstances.



### *What will you have to do?*

You will be invited to 3 x 1hr online interviews (video call or IM) at the end of each academic term (December 2020, March 2021, June 2021). We will talk about your experience of being a first-year student in the current pandemic, and if and how it has affected your wellbeing, and how you feel you are doing. We might talk about things you've been managing really well and things that you're finding a bit harder to cope with.

Before each interview you'll be asked to fill in a short questionnaire about your mood so we can see how you've been feeling.

Every month, you will be asked to complete a short online diary entry (approx. 10 mins to complete) so you can log things that have been happening that may be relevant to the study. Participation is confidential and all data will be anonymised.

I'm interested in hearing the perspective of first-year students who have experienced poor mental health before the pandemic, and who are entitled to full student financial support in order to give voices to those potentially vulnerable groups who might otherwise go ignored.

### *Your Participation*

If you want to take part you must (1) be a current first-year university student in the UK; (2) have experienced reduced mental wellbeing since March 2020, for between 3-12 weeks; (3)

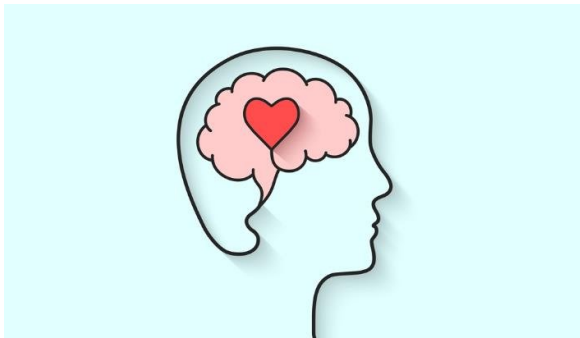
be in receipt of the full student maintenance loan; (4) be able to take part in a detailed interview in English; (5) feel well enough to take part.

Recruitment is now open, and will continue until December 31<sup>st</sup> 2020.

It is up to you to decide whether or not to take part. This is a commitment to four interviews through the academic year.

If you do decide to take part you will be given this information sheet to keep and be asked to complete a consent form. We will also make a safety plan for you – a list of people/places you can go to for mental health support if you need it.

You have the right to withdraw from the interview at any point, and your interview data can be withdrawn up to two weeks after it takes place. After the interview, if you decide that you do not want your interview information to be included in the study, you can withdraw your data up until two weeks have passed since our interview. You can do this by emailing me or the study supervisor (contact details below).



### *Payment*

This is a big commitment, and I want to acknowledge that!

You will receive online Amazon vouchers: £25 after first interview in December 2020 (with all necessary information and survey) and £30 after the final two in July 2021 (with all necessary diary entries and surveys).

### *Data Storage*

Consent forms will be stored securely and separately from the research data. They will be destroyed after 3 years after the end of the study. The interview recordings will only be used for the analysis, and the data will form part of a written research report (any identifying details will be removed).

### *Who is organising the research?*

The study is being organised within the School of Psychology and approved by the Faculty of Medicine and Health (School of Psychology) Research Ethics Committee. Ethics

Reference: PSYC 147                      Date of approval: 23/11/2020

### *Contact*

If you have any questions or would like to take part, please contact Charlotte Horner (email – ps15clh@leeds.ac.uk) or the supervisor: Dr Siobhan Hugh-Jones (s.hugh-Jone@leeds.ac.uk) or Dr Ed Sutherland (e.j.sutherland@leeds.ac.uk)

## Appendix C

### Consent Form

Thank you for reading the information sheet about the interview study. If you are happy to participate, then please complete and sign the form below. Please initial the boxes below to confirm that you agree with each statement:

*Please  
Initial:*

I confirm that I have read and understood the information sheet (dated 11/11/2020) and have had the opportunity to ask questions.

I confirm that I meet the inclusion criteria for this study.

I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason and without there being any negative consequences.

I understand that I may withdraw my interview data up until two weeks after each interview.

I understand that my name will not be linked with the research materials and will not be identified or identifiable in the report or reports that result from the research.

I understand that the University of Leeds may audit projects and assess data security.

I agree for all interviews and diary entries to be recorded and transcribed for the purpose of research analysis, with all identifying information removed.

I agree that my contact details will be held for the duration of the project for the purpose of arranging future interviews and sending diary prompts.

I agree to update the researcher if my contact detail changes.

I understand what the researcher will do if she is concerned about my, or someone else's, well-being or safety and that I will be involved in any decisions where possible.

I agree to take part in this project, understanding the commitment to four interviews and short online diaries.

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Name of participant

---

Date

---

Signature

---

Principal Investigator

---

Date






---







Signature

*To be signed and dated electronically for remote interviews.*

## Appendix D

### Examples of coded interview transcript extracts by both CH and CSS

<p>142 Researcher: Not necessarily. It could be in terms of anything that might help with your 143 anxiety, with how you've been feeling, anything at all.</p>	<p> <b>Charlotte Horner [ps15clh]</b> She shows good insight by acknowledging that she needs to work on being okay with not feeling in control – since she can't be under the covid lockdown</p>
<p>144 Margot: Um... There actually so many things. I feel like at this point I've done a lot of things 145 that help me progress toward sort of embracing this situation, but also looking for ways for 146 me to feel secure in a way I used to feel secure because now, what I mean is, obviously 147 because of this situation, I realized that it's impossible to keep track of everything, and I also</p>	<p> <b>Charlotte Horner [ps15clh]</b> Covid made her change course as she had a <i>crisis</i> of conscious at the beginning – if she could go back to normal and redo things, she would never have changed – so the lockdown has made a huge impact on her university studies</p>
<p>148 have to let go of the feeling of wanting to be in control. So, but if I was able to go back to 149 normal, so to speak, so to return to my normal life, I think I would definitely go back to my 150 previous course because although as much as I love academics and studying, when I made the 151 decision to change, I was still in the middle of my first year, and then when I actually came 152 back because of covid in March, I just studied so hard for three months at home because</p>	<p> <b>Charlotte Horner [ps15clh]</b> Stuck indoors, no reason to go out, nothing to do. Again – monotonous, lack of passion</p>
<p>153 there's no reason for me to go out or do anything. Except studying and then, I think by the 154 beginning of June, I just realized that I'm so done in studying. It just felt like I, I definitely 155 didn't want to go back to my first year at that point. But yeah, actually now I'm realizing that 156 it wasn't too late back then to change again, but for some reason I thought that it would be so</p>	<p> <b>Charlotte Horner [ps15clh]</b> Anxiety over people judging her as stupid because of these changes to her course</p>
<p>157 stupid and people would think that I'm so indecisive, which I actually AM. So yeah, but now 158 obviously it's a bit too late to do that. There are some major advantages of doing central 159 sciences as well, and I think I should just see the positive sides rather than slipping into 160 feeling so, so bored and depressed. But I would definitely want to leave [current location]</p>	<p> <b>Charlotte Horner [ps15clh]</b> She wants to leave her current flat because of the uncomfortable atmosphere, but she can't because no one wants to take her place – people aren't moving into the city as much because of covid, so she is stuck in this difficult living situation</p>

<p>8 Fawn: Yeah, I've really not been doing well I don't think. Part of me was hoping that I'd feel 9 a bit better as things went on, like maybe I'd get used to it, but that just hasn't happened at 10 all. I feel a lot worse and I'm just really sad all the time.</p>	<p> <b>Charlotte Horner [ps15clh]</b> Very upfront with her feelings and emotional response to the continuing lockdown – she thought she might have gotten used to the way things are, but this hasn't been the case.</p>
<p>11 Researcher: Okay... could you tell me a bit more about that sadness? What's that like?</p>	<p> <b>Charlotte Horner [ps15clh]</b> Expectations of university being different in terms of her mental health and her bettering herself; again, this hasn't happened. If anything, the added pressure of student living has made her mental health worse.</p>
<p>12 Fawn: I just feel so upset when I think about where I am right now and what I'm doing, like I 13 thought university would be different. I know I'd always struggle with anxiety and 14 depression, but there wouldn't be all this extra pressure and worry to think about. I get 15 overwhelmed by it all, and I feel like I'm stuck right in the middle with no way out. I've just 16 got to accept that I can't do anything, and that really hurts, but it's the best I can do. About 17 the sad that I feel... I think it's just I feel really hopeless. Like nothing has changed in half a 18 year, so why would it suddenly now? I can't make a difference to what university is doing 19 and it all piles up over me. It's not fair, and it's really hard to stop feeling that way when I'm 20 all by myself, but then I don't think I'd see anyone even if I could, so I don't know.</p>	<p> <b>Charlotte Horner [ps15clh]</b> Feeling stuck with all these additional worries and anxieties that she feels she placed on herself.</p> <p> <b>Charlotte Horner [ps15clh]</b> Things have been the same for so long, she can't see any light at the end of the tunnel. Very hopeless, bleak view of the future.</p>
<p>21 Researcher: Okay, there's a lot to unpack there. Could we start this extra pressure and worry 22 that you have? Is that something that's got worse as you've come through university?</p>	<p> <b>Charlotte Horner [ps15clh]</b> Feelings of isolate, pressure. Too much for her to cope with.</p>
<p>23 Fawn: Definitely. I've always been really worried about the virus and about what's going to 24 happen but the experience has been a lot worse than I thought it would. It's the pressure of 25 having to just do everything all alone and to just act like its fine even though it's not, I really 26 don't like causing a fuss or anything, so even though I might be having trouble I don't want 27 to tell people. And I'm really worried about my exams in a few months because the 28 assignments I got back just now haven't been as good as what I was hoping for, so there's 29 that too.</p>	<p> <b>Charlotte Horner [ps15clh]</b> Bottling up her worries so as not to bother people; not wanting to <i>cause</i> a fuss'</p>

<p>85 <b>Arati:</b> Whilst my approach to doing the content and managing my time has changed, I do feel  86 overwhelmed a lot of the time. Particularly with the [modules] I do as I know that this is a  87 skill I lack. But this semester, the lecturers have really taken on a lot of the feedback I gave  88 them last semester to change things up and make it more doable. It's more of a case of online  89 learning taking a lot more time to absorb information, and having a lack of people to talk to  90 about the content in an ongoing conversation that's affecting me handling the workload</p> <p>91 Researcher: Ah, okay. That does make sense... Can I ask how else things have changed for  92 you since our last chat in December? You mentioned your family, and struggling more with  93 sleep in your diaries...</p>	<p><b>Charlotte Horner [ps15clh]</b>  Sense of being overwhelmed during work and online lectures is still there, despite her having made efforts to cope better; arranging a study buddy for video calls, for example. Gives her some of that human contact so she doesn't feel quite so alone.  The online learning is isolating to her, though, and she is struggling to handle the workload owing to the distance between herself, her teachers, and her peers.</p>
<p>94 <b>Arati:</b> Yeah, communication with my family has broken down completely because my  95 parents couldn't really respect the way I wanted things to be done. When I was in the isolated  96 flat, as my mental health was bad, my ability to sleep was bad. At one point, I couldn't fall  97 asleep unless I was on the phone to my partner and fell asleep whilst on call to him. But this  98 had affected him greatly, so I couldn't use this during the pandemic lockdowns. Instead, I had  99 to resort to using a bedtime podcast</p> <p>100 Researcher: Have you been able to get restful sleep with the podcast? Or has it been more  101 exhaustion?</p>	<p><b>Charlotte Horner [ps15clh]</b>  Sleeping is a major issue for her – the only way she could sleep was being on the phone to her partner, but this wasn't always possible so she has tried to find other ways to help. It all links back to hearing other people's voices, not feeling so alone.</p>
<p>102 <b>Arati:</b> Some nights yes, but most nights, it feels like I haven't slept properly. But that's  103 particularly on the days when I've worked long hours and haven't been able to have some  104 down time. Of course there's no one but me putting that time requirement in place, but I'm  105 definitely under a lot of pressure from myself this year in terms of making sure I pass all of  106 my modules. If I don't, then it means I don't go on to second year, and that will really mess</p>	<p><b>Charlotte Horner [ps15clh]</b>  She puts a lot of added pressure on herself to pass everything, to succeed at everything, and that impacts her sleep as well – because she feels guilty for not having done enough and so her mind can't switch off.</p>

<p>3 Becca: I can, yeah.</p> <p>4 Researcher: So first of all, if I can little bit about you personally, the study asks for people  5 who have had experience of poor mental health in the past. Could you tell me a little bit about  6 how that applies to you?</p> <p>7 Becca: I don't have like massively bad proper mental health, like, disorder or depression or  8 anything like that. I was- I had a bad trauma a few years ago that affected me a little bit. I was  9 referred to a psych- clinical psychologist at [hospital location] for support, but it was kind of  10 one of those like... I'm quite independent so I didn't... You know, want to lose that. You  11 know, I might try make small talk with the psychologist, but, like I didn't actually want [it].  12 Yeah, so I didn't really engage with very well, but to be fair I don't feel like it was needed that  13 much anyway, but I think it was just one of those things that the doctors wanted to do in  14 relation to... like my recovery thing, it was due for the physical health, rather than mental  15 health that though, but then I can be like- with in relation to covid situation and the whole  16 like, interview thing. Um, obviously balancing full time work and uni has taken a bit of a toll,  17 like it hasn't been as bad in lockdown just because I don't feel like I'm missing out as much.  18 But you know, like everyone had developed this like, student sleeping pattern of like, so it  19 felt like I was awake when my flatmate were sleeping and vice versa, and it was kind of one  20 of those, like, I don't want to sound like a nag, but like I have work in the morning, like and I  21 can't watch my lecture later like this is work. I can't postpone it. I feel like that got me down  22 a bit, I ended up coming home from uni. I've ended up staying like I've got my room and  23 stuff, but I've been home now since the start of November.</p> <p>24 Researcher: Right, OK?</p> <p>25 Becca: But that gets me down a bit because I feel like I'm missing out.</p>	<p><b>Charlotte Sadler-Smith</b>  Previous trauma - Becca stated this only affected her 'a little bit', however, she has brought it up very early in the interview - the present situation may have brought up these feelings again.</p> <p><b>Charlotte Sadler-Smith</b>  Interesting point and view on Becca's thought on 'getting help'. Maybe Becca thinks if she engaged more with therapy then she will be too reliant on it?</p> <p><b>Charlotte Sadler-Smith</b>  Work/life balance has been difficult for Becca. However, she says that it has not been as bad in lockdown - perhaps because of working from home and other impacts of COVID.</p> <p><b>Charlotte Sadler-Smith</b>  Lockdown has impacted on other people's sleeping pattern - making it harder for her to interact with her housemate. Which does seem very important to her, as she states 'I feel like I'm missing out'.</p> <p><b>Charlotte Sadler-Smith</b>  Becca seems self-aware and does not want to come across as a 'nag'</p> <p><b>Charlotte Sadler-Smith</b>  Lockdown and her struggles with balancing uni and work, as well as the incongruence with her flatmate/impact on social interaction has really affected Becca - so much so that she has had to move back from and as been since November</p>
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## Appendix E

### Example reflexive piece on the interview process per participant

Annie was incredibly open about her difficulties and was happy to share details with me, which made the interview process very smooth. I was initially concerned when she spoke of feelings of not wanting to be alive, however she felt reassured by the support systems she has in place – she is in contact with medical professionals and so I was confident that she wasn't at risk. As an interviewer, it was a positive that I felt able to judge her risk level and manage concerns.

I felt very privileged to speak to someone who had been through the process of self-isolating, and through having significant covid symptoms. It was the first time the subject had come up and so it was an interesting experience. I enjoyed talking to her, and I feel like we established a comfortable rapport together.

She was the second person I interviewed, meaning I was still relatively new to the initial round. I did feel some nervousness in the run-up to our discussion, but those feelings soon fell away as time went on. Overall, I feel that this was a good quality interview and I gained some excellent data.

## Appendix F

### Example pen portrait written after interview

Rose experienced a very anxious world-view regarding social situations and her health, feeling frightened at the prospect of interacting with other people and the thought of getting sick. The first lockdown was hard on her during the initial months of the pandemic with A-level anxieties which then grew and developed with the second lockdown into health anxiety and anxiety over university involvement; what she should expect and be expected to do.

She felt worried that people would see her differently online than in-person, and struggled to think that she was not in control of that perception. Because of this, she puts on a façade on camera, acting formal and restrained; this ensures that no one can see and judge her real personality, acting as a defensive coping mechanism for the online medium. If her classes were in-person she thought she would be more open.

She hasn't had chance to make more friends and feels isolated after leaving student accommodation when she got ill. This triggered a powerful stress response as, in her mind, the fact that she got ill at all confirmed her health anxiety fears and made it harder to move forwards. The illness set her back academically too; she felt like she had to do it all by herself and felt frustrated and helpless at the university response. Unable to sleep or relax due to stress and anxiety, her symptoms worsen when she suffers from lack of sleep. Her thoughts are impossible to shut off when she can't be productive, which creates a negative reinforcement cycle; she can't sleep and feels frustrated, which makes her ruminate more about what she should be doing, which in turn means she can't sleep at all. Background noise sometimes helps, or else she tries to meditate, but it doesn't always work.

Rose felt trapped with her thoughts and as though she can't experience anything. She really values "making memories" and hasn't had that chance. Despite this, she feels as though she shouldn't be complaining because other people have it worse. She lost her retail job owing to covid, and explained that if she didn't have the scholarship she wouldn't have enough money to support herself. Her low-income background makes her always anxious about money, and this is yet another addition to her overall worries.

Key Points: Anxiety, Isolation, Trapped, Lack of Sleep, Personality Façade, Fear of Sickness, Negative Reinforcement Cycle, Multi-dimensional Anxiety

## Appendix G

### Example completed diary entry

Participant ID: F573

Please answer each prompt, thinking about your experience over the last month.

How have you been feeling?

Turbulent. Each day feels completely unrelated to the previous, and can be anything from amazing to awful without any warning. When I look at my academics, I feel frustrated, hopeless, a little unheard and forgotten by the governments responses and overall just a bit lost. I'm sometimes irritable, and I feel this great big pause in my brain whenever I have a responsibility to do something.

Please tell me about any challenges you've faced, and how you think you've managed with them. This includes anything related to the pandemic as well as life more generally.

I had a backlog of work and upcoming January deadlines and met with my support worker to plan how I'd tackle it. We worked out going to the library would be better as working from home feels impossible because of too many distractions and lack of a distinction between work and play. Support worker wouldn't be available over the Christmas period, and I go to plan my library trips and realise the only local library is only open until 3. Getting up and dressed obviously takes a lot out of me for my depression, so going there and not being able to stay all day felt so pointless I just didn't go. Tried working out of a

Has anything affected your wellbeing? This includes anything related to covid, lockdowns, university in general. In particular, think about the recent government announcements around university.

So I'm writing this on 05/01/21, the day after the third national lockdown has been announced. I'd just moved BACK to Leeds 2 weeks before any of my courses are due to start (even though face-to-face teaching is basically just a hopeful myth they keep telling us to make us feel like we're not throwing nine grand a year at an institution that can do very little for us right now). Because I couldn't find study spaces at home in Liverpool, I came back seeking that and then as soon as I'm back a lockdown gets announced so it's not like I could even go to the library if I wanted to. I'm isolated from my family for no reason other than a lack of communication on the governments part. The only way I'm not at mental breakpoint is by working out I can make a support bubble with my partner, because the thought not being able to see them (while I'm constantly alone in the house and always really jumpy because of my anxiety and paranoia) sounds completely impossible.