

# Expectations of the university to post-graduation transition of students with mental health conditions

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*The number and percentage of students with mental health conditions (MHC) attending university is increasing. Students with MHC can be well supported during their time at university, but receive less support with the transition from university to post-graduation. This time is characterised by great change and can be accompanied by mixed feelings. This paper presents preliminary data on the transition expectations and perceptions of 35 students with MHC. High levels of fear and low levels of preparedness regarding the transition were reported. Only 55–60 per cent of students had accessed transition-related or careers-related support, but those who had found it productive. Students suggested that more condition-specific support, and support in the form of workshops, lectures and one-to-one meetings would be beneficial. This knowledge can be used to better support students with MHC with the university to post-graduation transition.*

**M**ENTAL HEALTH CONDITIONS (MHC) affect mood, thinking and behaviour. In the 2015–2016 academic year, over 10,000 first year UK domiciled undergraduate students declared a clinically diagnosed MHC (HESA, 2017), although the actual number of students meeting diagnostic criteria for a MHC is likely to be much higher (Eisenberg et al., 2007). Students with MHC can access support for their time at university, such as specialist mentoring to enhance academic skills, social relationships and wellbeing (Lucas & James, 2018). However, specialist mentoring does not typically focus on preparing students for the university to post-graduation transition. The transition not only involves leaving university but also moving into employment or further study. Accordingly, the transition is characterised by departure from routine, loss of existing support networks and loss of a ‘safe-space’, as well as adaption to a new environment, with a new role and new people. Thus the transition may be especially challenging for students with MHC.

However, there is a paucity of empirical literature on the university to post-graduation transition for students with MHC. This is of great concern given that six months

post-graduation, graduates with MHC are twice as likely as their peers without a disability to be unemployed and 10 per cent less likely than their peers without a disability to be in full time employment (Association of Graduate Careers Advisory Services, 2016). We are therefore undertaking a study examining the university to post-graduation transition for students with MHC. This paper reports preliminary findings from the first wave of participants in Phase One, which focuses upon students’ expectations and preparation for this transition.

## **Method**

### ***Participants***

Participants were 35 (29 female) final year undergraduate students from two universities who had declared to their university a diagnosis of a mental health condition. The mean age of the participants was 22.24 (SD = 3.10). Whilst 31.43 per cent of students reported having just one MHC, 48.57 per cent reported having two mental health conditions, most commonly anxiety and depression, and 20.00 per cent reported having anxiety, depression plus another mental health condition. Participants’ current level of psychological wellbeing was

assessed via the Warwick-Edinburgh Mental Well-being Scale (Tennant et al., 2007). The mean score was 37.60 (SD = 12.24), which is >1SD below norms seen on population surveys (Braunholtz et al., 2007), suggesting low wellbeing.

**Measures**

Participants’ expectations of the transition from university to post-graduation were assessed via an online questionnaire, lasting around 20 minutes. Participants rated eight emotions (based on Plutchik’s Wheel of Emotions) regarding the transition out of university, and how well supported they felt by the university with the transition and with preparing for their career, on a five point Likert scale ranging from one (strongly disagree) to five (strongly agree). They were also asked whether they had accessed support related to this transition or preparing for their career, and if there was any additional support for these issues the university should consider providing for students with mental

health conditions. The study followed the BPS ethical guidelines, and received ethical approval from both universities. Participants provided informed written consent and received a £5 Amazon voucher.

**Results**

**Current feelings**

The emotion felt most strongly about the transition out of university was fear, with students also feeling low levels of preparedness (see Table 1).

**Transition support**

Overall, participants were neutral regarding how well supported they felt with the transition out of university, with a mean score of 2.62 (SD = 1.01). Sixty per cent had accessed emotional support related to the transition from either a disability advisor, specialist mentor, welfare officer or personal tutor and this support was considered helpful (see Table 2).

**Table 1: Students’ feelings regarding the transition out of university**

	Fear	Sadness	Anticipation	Acceptance	Joy	Calm	Anger	Prepared
Mean	4.11	3.23	3.23	3.20	2.71	2.24	2.17	2.14
(SD)	(0.68)	(1.21)	(1.11)	(0.93)	(1.13)	(0.92)	(0.98)	(1.09)

**Table 2: Students’ use and perception of career-related support**

Sources of support	Transition support		Careers support	
	% utilised	Mean helpfulness (max = 5) and SD	% utilised	Mean helpfulness (max = 5) and SD
Specialist mentor	14.29	4.00 (1.10)	12.12	3.50 (1.00)
Welfare officer	25.71	3.22 (1.30)	9.38	3.50 (0.71)
Disability advisor	31.43	3.60 (0.70)	3.03	2.00 (0.17)
Personal tutor	44.11	3.87 (0.99)	33.33	3.75 (0.97)
Careers service	-	-	26.47	3.56 (0.88)

### **Career support**

Participants were also neutral regarding how well supported they felt in terms of preparing for their future career, with a mean score of 2.68 (SD = 1.25). Half (55.89 per cent) had accessed career-related support from either a disability advisor, specialist mentor, welfare officer, personal tutor or the careers service, and rated these sources of support as helpful (see Table 2).

### **Additional support**

Content analysis of students' responses determined that seven students suggested specific support for students with MHC (e.g. workshops, lectures) would be beneficial. Six students suggested providing more of, and greater promotion of, existing resources, and four suggested regular and compulsory meetings regarding the transition/careers, such as with personal tutors or the careers service.

### **Discussion**

The undergraduate students with MHC who completed our study reported high levels of fear and low levels of preparedness regarding the transition. Just over half the students had accessed transition-related support and career-related support, however, those who did access support found it helpful. Whilst specialist professional service staff may be best placed to deliver certain support, our preliminary data show that more students had contacted their personal tutor. This emphasises the importance of university departments' involvement in helping prepare students for the transition. Students suggested that increasing pre-existing support, as well as providing specialist support for students with MHC, would be beneficial.

In the full project we will examine in more depth the expectations and preparations of a wider range of students. In addition, we will examine the perceptions of professional support staff. Phase Two will

examine why all students are not accessing available support and how any barriers to accessing support could be addressed. By increasing our understanding of the university to post-graduation transition for students with MHC, we can better support these students, and ultimately make the experience more positive and successful.

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