Received: 16 September 2024 | Accepted: 17 September 2025

DOI: 10.1002/berj.70042

ORIGINAL ARTICLE

BERJ BERA

Disingenuous 'box-ticking': Undergraduate students' attitudes towards university mental health awareness efforts

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Abstract

Mental health problems are common among UK undergraduate students. In response, many universities have put considerable effort into raising awareness about student mental health problems and avenues of support (e.g., via workshops, posters, email newsletters and social media posts). Nonetheless, reported rates of mental health problems in students have continued to rise. Despite the ubiquity of awareness efforts, there has been limited research assessing students' attitudes towards and experience of these initiatives. To address this, in this study, $N = 15$ undergraduate students (aged 18 to 24) from 13 UK universities were interviewed in depth to explore their attitudes towards the mental health awareness efforts of their respective universities. $N = 11$ reported personal experience of mental health problems. Using reflexive thematic analysis, three themes were generated: (1) university life contradicts university mental health awareness efforts; (2) university mental health awareness efforts are perceived as disingenuous and inadequate; and (3) students don't want awareness—they want accessible help and supportive communities. These themes highlight the frustration students feel towards what they see as misguided efforts from their universities, and the structural problems at university that make living a mentally healthy life difficult. Simultaneously, the findings highlight the elements of mental health support that students value. The findings of this study have important implications for the design and implementation of

universities' efforts to improve and support student mental health, while also adding constructively to the wider societal conversation critiquing the impact of mental health awareness efforts.

KEYWORDS
mental health, students, university

Key insights

- Many universities run mental health awareness initiatives, but there has been limited assessment of undergraduate students' attitudes towards these.
- Some students feel that the inherent stress of university life contradicts university mental health awareness efforts.
- University mental health awareness efforts are perceived by some students as disingenuous and inadequate, often referred to as a 'box-ticking exercise'.
- Some students feel that accessible mental health services and supportive communities are more important and effective than university-wide mental health awareness.

INTRODUCTION

In recent years, reported rates of mental health problems in young people have increased (Newlove-Delgado et al., 2023). In this paper, we use the term 'mental health problems' to encompass diagnosable mental disorders, such as depression and generalised anxiety disorder, and elevated levels of their associated symptoms, such as low mood and anxiety. University students have become a particular focus of concern, since the undergraduate years are a common age at which mental health problems begin (Solmi et al., 2022), and there is some evidence that students have higher levels of mental health problems than their non-student peers (McCloud et al., 2023). The number of undergraduate students self-reporting a mental health problem has increased, from 6% in 2016 to 16% in 2023 (Sanders, 2023). Among students, mental health problems are associated with worse academic performance, university dropout and relative difficulty acquiring postgraduate employment (Lewis & Bolton, 2024). Given these risks, understanding how to improve student mental health has become an urgent priority for researchers, universities and the UK government (Department for Education, 2024; Hughes & Spanner, 2019; Sampson et al., 2022). For example, the University Mental Health Charter Framework, first published in 2019 and updated in 2024, provides a set of evidence-informed principles to support universities to adopt a whole-university approach to mental health and wellbeing; institutions can sign up to an associated programme, and those that implement the recommendations are accredited with the University Mental Health Charter Award (Hughes & Spanner, 2019).

Alongside offering targeted treatment approaches, such as counselling and cognitive behavioural therapy (CBT) (Barnett et al., 2021; Benjet et al., 2023), whole-university mental

health policies also include efforts to raise awareness about mental health among their student body as a whole. This can include efforts to promote mental health literacy, reduce stigma and encourage help-seeking, often with the goal of preventing mental health problems, or intervening early if they have begun (Aller et al., 2021; Duffy et al., 2020; Reis et al., 2023). Initiatives have been wide-ranging, from universal psycho-education and skills-based training delivered to students in person (Conley et al., 2015) or online (Bolinski et al., 2020) to 'canine drop-ins' (Binfet et al., 2018). These initiatives can be run by the university, the student union or both, and are typically promoted widely to the student body (e.g., via posters, email mailing lists and social media posts). In this paper, we will refer to these collective activities, both the initiatives and their promotion to students, as 'mental health awareness efforts' (Foulkes & Andrews, 2023).

While there has been some research asking what students think universities should be doing to improve student mental health (Baik et al., 2019), there has been very little research into what students think about mental health awareness efforts. Beyond the university context, there is some scepticism surrounding the usefulness of these sorts of awareness efforts (Arie, 2017; Foulkes & Stringaris, 2023). A growing body of empirical research indicates that teaching young people about mental health leads some individuals to report more, not fewer, symptoms (Foulkes & Stringaris, 2023; Guzman Holst et al., 2024), and that the delivery of public health campaigns more broadly can have unintended negative effects (Bonell et al., 2015). The 'prevalence inflation hypothesis' (Foulkes & Andrews, 2023) posits that awareness efforts may be 'an additional factor contributing to the recent rise in mental health problems' by serving to increase reporting through improving recognition (Najman et al., 2021), and also through over-interpretation of psychological distress symptoms (Conrad & Slodden, 2013; Haslam et al., 2020), which cyclically increases the effort and funding put into awareness efforts (Foulkes & Andrews, 2023). Some researchers have proposed that the same phenomenon may be happening within universities (i.e., that well-intended mental health awareness efforts may lead some students to over-pathologise everyday distress in a way that is ultimately unhelpful to the individual and to the wider population) (Bantjes et al., 2023; Saltmarsh, 2016).

However, to date, there has been no empirical investigation into what students themselves think of these campaigns. It is unclear how helpful or unhelpful undergraduates find these efforts. For example, it's possible that some students have concerns about these initiatives, as hypothesised above. Alternatively, some students may find mental health awareness efforts helpful because they offer advice for seeking help or managing their work stress or make them feel supported by their university. To date it is unknown, because to our knowledge no research has examined in detail undergraduate students' perspectives on university mental awareness efforts.

The current study seeks to address this gap and explore the attitudes of students towards the mental health awareness efforts undertaken by their UK university. By interviewing students about their opinions and impressions, the purpose is to understand what students themselves think, through use of reflexive thematic analysis (Braun & Clarke, 2006, 2019). This study asked undergraduates how the mental health awareness efforts conducted by their universities affected them, what they did and did not find helpful, and how they thought their universities could better direct institutional efforts to improve student mental health. This research can add to the conversation about mental health awareness happening at large, investigating whether these efforts—including those employed by universities—are useful to the individuals who receive the information, especially those who are experiencing mental health problems.

METHOD

Participants

Participants ($N = 15$; 8 female, 7 male) were undergraduates aged 18 to 24 years (mean = 21.8, SD = 1.6) from 13 universities across eight geographical locations in the United Kingdom. The participants' universities ranged in size from 8000 to 39,000 students, and their position in the 2024/2025 Complete University Guide league table ranged from 1 to over 100. Five of the 13 universities were post-1992 institutions. As is typical in the United Kingdom, all of the participants' universities were independent bodies that are government financed (i.e., fees are subsidised) but not government owned. All of them offered student counselling through a mental health support service.

Eleven participants reported having experienced mental health problems (they were asked 'Have you ever experienced any mental health difficulties that have caused significant distress and affected your day-to-day life?', with a binary yes/no response). When given an open-text box to report their ethnicity, participants identified as White British ($n = 4$), White ($n = 3$), Irish ($n = 2$), British ($n = 1$), Asian British ($n = 1$), Indian British ($n = 1$), Indian ($n = 1$), Italian ($n = 1$) and South Asian ($n = 1$). Participants were recruited via advertisements on social media (Twitter, Facebook and Instagram) and word-of-mouth. To be eligible, participants had to be an undergraduate student at a UK university and aged 18–24 years; there were no other inclusion or exclusion criteria. Potential participants were asked to give initial consent and complete an online screening questionnaire about their demographics and university location. This was to ensure a relatively diverse range of participants, within the constraints of a small sample size. Fifteen participants that evidenced their student status by providing a university email address were selected for interview.

Ethics

Ethical approval was obtained from the authors' university divisional ethics board. Participants were asked to give initial informed consent before completing the demographic screening questionnaire; those who were invited to interview completed a second consent form at the start of the interview. The research was regarding mental health awareness campaigns and, while there were no explicit personal questions regarding participants' mental health, it was possible that interviewees might discuss their own mental health in the semi-structured interview format. The interviewer minimised potential participant distress in the following ways: reminding participants that they may stop or pause the interview at any time; signposting participants to mental health services at the end of the interview, should they feel they need to talk to someone; and reminding participants that they could contact the research team should any concerns arise about the content of the interview.

Procedure

One-to-one interviews with the first author were carried out on Microsoft Teams and followed a semi-structured format, approximately 45 min in length. The interviews were conducted in March 2024 ($n = 10$) and July 2024 ($n = 5$); the gap was due to difficulty recruiting participants during exam season. After obtaining consent, the interviewer gave a definition of mental health awareness efforts as 'efforts to improve the public's understanding of mental health' and told the interviewee that this might include 'posters, websites, emails, talks, workshops or other activities that have the goal of improving awareness, promoting mental health support,

or reducing stigma', following Foulkes and Andrews (2023). The interviewer then started the audio recording and moved on to the body of the interview, which consisted of eight central questions (see Table 1). These questions structured a discussion of the participants' impressions of their university mental health awareness efforts, but they were free to discuss ideas that felt relevant to them within the scope of the topic. The interviewer also asked clarifying questions and used reflective questioning to prompt further thought (Way et al., 2015). The audio of these interviews was recorded and transcribed by the first author. To protect the anonymity of participants, interview transcripts were cleaned of any identifiable information (e.g., names, universities, course titles or names of their city) prior to coding.

Analysis

Analytic approach

The data were analysed using reflexive thematic analysis, an analytic procedure that allows researchers to identify patterns of shared meaning across a dataset (Braun & Clarke, 2006, 2019). In reflexive thematic analysis, the researcher's theoretical knowledge, their analytic resources and skill, and the data are all used to interpret and generate themes. Meaningfulness, as opposed to mere recurrence, is central to identifying important patterns in the data (Byrne, 2022).

A critical realist approach was taken to analysing the data. Critical realism considers the interaction between social structures and human interpretation as the basis for analysis (Wikgren, 2005); it accepts that both the participants' and the researchers' knowledge consists of subjective interpretations of real circumstances, and that those interpretations are formed in a given socio-cultural context, influenced by the individual's existing conceptual frameworks (Lawani, 2021). Meaning and experience described by participants in the interviews were interpreted as being produced by the participant but grounded in real material and social circumstances (e.g., exam deadlines and financial difficulties). Thus, we take the position that what participants reported in the interviews, and what we in turn are reporting in this analysis, is a product of participants' real circumstances and their subjectivity (Fletcher, 2017). Lastly, a combined deductive (top-down) and inductive (bottom-up) approach was taken to analysis (i.e., the researchers were guided by responses from participants, but also came to the research with pre-existing thoughts based on their existing theoretical and empirical knowledge) (Byrne, 2022).

The first author conducted multiple iterations of Braun and Clarke's six-phase approach to reflexive thematic analysis (Braun & Clarke, 2006), supported by NVivo 12. Throughout the process, crystallisation meetings were held between the authors. During these meetings, they discussed the data and shared thoughts with one another, temporarily suspending data

TABLE 1 Interview questions.

Central questions asked to all participants
1. Are you aware of any attempts by the university to spread awareness of mental health issues today? Can you tell me about them?
2. What do you think the university is trying to achieve with their efforts?
3. Do you think these initiatives have changed your behaviours? If so, how?
4. Do you think these initiatives have changed how you view your own mental health? If so, how?
5. How do you think these initiatives have impacted other students or the university community at large?
6. Would you change any element of the university's efforts? If so, which ones and why?
7. Do you feel supported by the mental health awareness efforts of the university? If so, in what ways?
8. Is there anything else you want to tell me about these topics?

immersion, to reflect on ongoing interpretation and identify patterns (Borkan, 2022). The first author kept a reflexivity journal throughout data collection and analysis (Smith, 1999); sample reflections from the crystallisation meetings can be found in Supplementary materials 1.

In the first phase, data familiarisation, the first author transcribed the interviews and then read the transcripts in full, documenting any initial notable patterns. In the second phase, the first author generated initial codes, using a mix of semantic and latent coding. Semantic analysis focuses on the overt and explicit information shared by the participants, whereas latent analysis explores possible underlying meanings (i.e., more abstract, implicit ideas and connections as interpreted by the researcher) (Terry & Hayfield, 2020). This resulted in an initial list of 43 codes (see Supplementary materials 2). The author carried out several steps to reduce and simplify these codes, such as collating those which were similar. For example, 'academic pressure', 'financial pressure' and 'worries about the future' were collapsed into the single code 'co-stressors'. Then, in the third phase, searching for themes, seven themes with 16 subthemes were initially constructed (see Supplementary materials 3). In the fourth and fifth stages, reviewing themes and defining and naming themes, three broader, more narrative themes were developed. For example, the codes 'positive things' and 'efforts being unhelpful' were subsumed under the theme 'students don't want awareness—they want accessible help and supportive communities'. The sixth and final step in Braun and Clarke's process is producing the report; the three final themes are described in detail in the Results section.

Reflexivity statement

Reflexivity involves considering how the researchers' background, experiences and values shape the themes that are produced from the data (Braun & Clarke, 2019). This statement thus acknowledges the relevant factors and circumstances that will have shaped the analysis presented here. The first author was a UK undergraduate student themselves when collecting and analysing the data, and has worked as a student welfare officer and peer supporter at their university. Furthermore, they studied psychology and volunteered for a mental health charity and listening service. Consequently, they have been party to many conversations about student mental health prior to this project and have a personal interest in the quality and impact of mental health awareness efforts. The second author is an academic psychologist whose programme of research examines potential downsides of mental health awareness efforts, particularly in young people. Thus, both authors began the analysis with existing knowledge of potential attitudes towards university mental health awareness efforts. Knowledge of these factors and conscious reflexivity from both authors allowed for examination of subjectivity throughout the analytic process, and they acknowledge here that these experiences have shaped their interpretation of the data and informed the results (Braun & Clarke, 2019).

RESULTS

When asked to describe mental health awareness efforts at their university, participants provided examples such as posters, workshops, emails sent to the student body via mailing lists and more specific initiatives such as dog-walking sessions and free handouts of teabags. To examine participants' attitudes towards these awareness efforts, the authors developed three intersecting themes: (1) university life contradicts university mental health awareness efforts; (2) university mental health awareness efforts are perceived as disingenuous and inadequate; and (3) students don't want awareness—they want accessible help

and supportive communities. Each theme is described in detail below, drawing on illustrative quotes from participants (see Figure 1).

Theme 1: University life contradicts university mental health awareness efforts

This theme highlights how participants felt that there are societal and university-wide structural issues that contribute to mental health problems in students, and that risk making many efforts towards promoting good mental health ineffective. Specifically, they described how the factors that contributed to their stress or poor mental health—such as academic pressure, financial pressure, living alone for the first time and worries about the future—were inherently and unavoidably a part of university life, and often not what university efforts are directed towards fixing:

> *The issues that affect students are like money, housing, revision, the library not opening, unaffordable food on campus, transport, cost of living crisis, I think that's making things difficult. Or I've got my final exams in 2 months, and I only get a week of study leave—that's what's affecting my mental health*.
>
> (Participant 04)

> *Academia in itself is quite stressful… But I think that is part and parcel of the education process*.
>
> (Participant 08)

Importantly, participants felt that these stressors were not adequately addressed by their universities' mental health awareness efforts, especially during specific challenging periods. One participant described the lack of sympathy for first years regarding the difficulty of the move to university, saying: '*There's so much thrown on you at the very start, so much in Freshers week when you're trying to make friends and do this and do this… just a bit less pressure at the very start would be quite nice*' (Participant 03). Another described final year and the '*unbelievable*' (Participant 08) pressure due to impending exams, results, decisions about the future and comparison with other people's achievements and plans. Other participants described how being neurodivergent negatively impacted their mental health, and that this was not something that was addressed or helped by their university's mental health awareness efforts:

> *It's… not very fair, even down to things, like, if you're dyslexic, things like that can obviously have an impact on your mental health… If they're not providing you the small adjustments a lot of the time… that can have a bigger impact on your performance. And then you're being told, 'Oh well, you're not going to pass*

FIGURE 1 Schematic summary of the three themes.

> *placement then'*, [and] *you start to panic. I don't think students should have to go through that*.
>
> (Participant 12)

Relatedly, there was also a sense of frustration that messages promoted by the university about mental health sometimes seemed to be directly contradicted by the behaviour of individual staff members:

> *I think this is part of the problem with the image thing, it's all great doing that for* [the university's] *image, and it's all great putting out good resources and having Nightline and things like that. All of those things are really important, but if your staff are treating people like sh*t, and your administrative staff don't have that compassion on many levels for students' mental health, then I mean, it's sort of irrelevant, isn't it? Because those issues are still going to keep appearing and they're gonna just not be remedied by the quite limited mental health provisions. It's a cycle of pain*.
>
> (Participant 09)

One of the elements of university life that was repeatedly raised by participants as being both unavoidable and stress-inducing was there being '*no standards*' (Participant 10) when it comes to staff/student interactions. One participant captured this lack of standards by saying: '*My supervisor would hurl verbal abuse at me… some of my friends went out for dinner with theirs*' (Participant 04). Another participant agreed that, when it came to supervisors, it was '*just luck whether you get* [a] *good one or a bad one*' (Participant 01). The participants who had difficult or neglectful supervisors felt that it was therefore unhelpful or irrelevant when university-wide messaging spoke of care and support towards students.

Often, there being no guarantee that staff would 'care' resulted in students not knowing where to turn for help. This meant that even if there was an effort to promote good mental health at an institutional level, a sense that one could not expect staff members to be helpful contradicted this messaging. One participant noted how this effect can prevent any help-seeking behaviour:

> *If you're actually going through something and you want to get help and then when you try and get help it's poor, then it just makes you want to stop seeking help at all*.
>
> (Participant 11)

In summary, most participants believed there were fundamental aspects of university life that made the maintenance and promotion of good mental health very difficult, regardless of the mental health awareness efforts of their university.

Theme 2: University mental health awareness efforts are perceived as disingenuous and inadequate

This theme highlights the way in which participants often felt angry about their university's mental health awareness efforts. Many felt that their universities cared more about the public image of the university than the students themselves, and that any efforts to raise awareness about mental health were therefore disingenuous:

> *Sometimes I just don't feel it's like genuine; it's almost like a tick-box exercise. I do appreciate there are people on the other end who do genuinely care and like do actually want to do stuff* [to help]. *But sometimes it just feels a bit like oh, they're just saying this because they need to say this, as opposed to that they're genuinely caring. Our university doesn't necessarily feel like they're doing it because they care all of the time*.
>
> (Participant 11)

Participants seemed to distrust universities, some seeing them as corporate bodies, rather than primarily educational, pastoral institutions:

> *I think it's above everything else a business, and as much as any other business. It wants to make money and keep people coming… If I was in charge of the university, my main thought wouldn't be 'are they happy?' My main thought would be 'are they happy enough to like keep coming here?' So, I don't think they're doing it for any reason other than that*.
>
> (Participant 14)

Participants felt that many of the awareness efforts, such as '*handing out teabags saying you are loved*' and '*wheeling out two semi-arthritic dogs*' (Participant 04), were not useful. Many participants described feeling that, with mental health awareness efforts, their university merely aimed to '*tick a box*' (Participant 06), to be seen to be doing something, rather than '*actually helping*' (Participant 08). Many referenced awareness efforts they felt to be '*irrelevant*' (Participant 09), and described a '*frustration*' (Participants 02, 04 and 12) with the system for prioritising more surface-level '*performative*' (Participant 11) initiatives and interactions over genuine support:

> [University staff] *are going to give you a response that covers their back and it's almost like a tick-box exercise for them… It's just to show that they've tried*.
>
> (Participant 10)

> *They have a really bad reputation so they're pouring money into student support, hence all the teabags and the dogs and stuff*.
>
> (Participant 04)

One student said that these types of light-touch awareness efforts made them feel worse, because they personally were '*obviously… so past*' these campaigns, which were '*of no use*' and made them '*feel like there's nothing out there to help* [them] *because* [they're] *too far gone*' (Participant 01).

Another aspect of concern about university mental health awareness efforts was that students might have become too aware of mental health problems. Participants spoke of their generation as being '*over-aware*' (Participant 08) towards discussions of mental health, irrespective of the awareness efforts made by their universities:

> *Well, I think we're quite lucky as a generation… the stigma of mental health has definitely decreased… One thing I think where it could have had a negative effect on the community is over-awareness, where people will say, 'I'm depressed' or something very casually, which obviously destigmatises it, but I think also desensitises the issues as soon* [as] *it becomes a throwaway phrase. So, I think*

> [awareness] *has created a more open atmosphere but also potentially dulled the implications in ways that it shouldn't have for people*.
>
> (Participant 08)

In some participants, this desensitisation seemed to result in an apathy towards any talk of mental health awareness. This was particularly evident in relation to efforts to disseminate mental health information widely to the student body, such as emails and posters:

> *We get weekly emails… I've never looked at them that deeply*.
>
> (Participant 01)

> *I don't read the emails because there's way too many of them, it's too much for me to keep up with*.
>
> (Participant 06)

> *I'm not trying to speak on behalf of everyone, someone might find a poster really profound, and it genuinely helped them, I'm not trying to say that they're not useful. I think I'm just probably a bit too… I've just used a lot of mental health services, so just a bit self-aware of it all*.
>
> (Participant 04)

While some students felt resentment towards their university for the superficiality of their efforts, others expressed anger that their university made no effort at all to raise awareness about mental health problems, with one participant stating: '*It seems bad because I'm not frustrated with everything. It's more just I think* [my university] *could be a bit more open about different things, like just be more inclusive to everyone*' (Participant 02). Some described a complete ignorance of the topic by their university, stating that they '[don't] *really do much*' (Participant 07). Contrary to other participants, these participants actively wanted resources such as posters to prompt conversation, with one participant saying that '*even having a poster of that around… it's such a small thing but… I can imagine at least once someone would say something*' (Participant 02). Others felt that their university obfuscated the topic by using words like '*wellbeing*' (Participant 10). One participant said: '*An avoidance of the word*[s] [mental health] *maybe is just an avoidance of the problem*' (Participant 10). There was a desire from some participants for more '*explicit*' (Participant 05) discussion of mental health at their university.

There was also a common feeling that universities and tutors aren't doing enough to reach out to individual students or start targeted conversations about mental health, and that the burden for accessing help lay too heavily on the student:

> *They're almost telling us, 'You have to make the first move, you have to be the one to contact the advisors', as in, you do not get access to support unless you're self-aware enough to realise, 'Oh wait, okay, so this is my problem. This is who I need to reach out to'. And it's really not that simple, because most people are not going to be aware of how severe what they're suffering with is, and if they are, then they have to be the ones to accept that first and then go type a request and then go through God knows how many people to access any type of support…* [the university] *don't seem to initiate much themselves*.
>
> (Participant 10)

Even if there were awareness campaigns, some participants resisted the idea that this meant universities were paying sufficient attention:

> *There are posters up and everything, but it doesn't really feel like there's any active outreach. Like you can look at the poster. That's by no means an instigation. I think there could be more sort of encouragement from the university to go towards help sources and to access counselling*.
>
> (Participant 08)

Finally, there was a sense of resentment from students that they had tried to tell their universities how student mental health might be improved, but felt that their suggestions were ignored, or that they must '*argue… to get* [their] *point heard*' (Participant 10). Multiple participants spoke of this specifically in relation to neurodivergence, feeling like they '*had to fight for*' (Participant 03) the support they needed. Participants felt that university staff (including academics, senior management and administrators) '*do speak to students, they're fully aware of the problems*' (Participant 04) but that '*nothing's really done*' (Participant 07) about what they hear, or that they are not listening at all. One participant said of their university: '*they'll try and guess at what* [students] *want to do rather than asking what they do want to do*' (Participant 06). Students overall expressed a desire for their universities to be '*more receptive to student demands*' (Participant 04).

In summary, this theme highlights the resentment, anger and disinterest that some students feel about their university's mental health awareness efforts. In particular, participants felt that awareness efforts were disingenuous, insufficient, self-serving or, in some cases, entirely absent.

Theme 3: Students don't want awareness—they want accessible help and supportive communities

Participants had many suggestions for how universities might better support the mental health of their students. This theme captures how many students felt that, instead of light-touch university-wide awareness efforts, they would rather see energy targeted towards things that would make a more meaningful difference. Reflecting on their experiences, participants often commented that their university's mental health efforts were being misdirected, concentrating too much on awareness-raising rather than offering support:

> *Having the awareness helps, but then also following that up with what to do with that awareness… is the problem that needs to then be looked at*.
>
> (Participant 06)

> *It's one thing to have a mental health awareness scheme like a big dog walk… you have to have mental health good practice in all elements of a university's involvement with the students*.
>
> (Participant 09)

Instead of awareness efforts, students sought '*actual… tangible difference*' (Participant 04), and almost always this meant positive relationships and meaningful support. For example, participants mentioned things like a good counselling system with scheduling flexibility and minimal waiting times. Other participants mentioned financial aid, timetable restructuring, a free bus service, affordable food on campus and subsidised access to a

subject-specific app that students use. Concrete support and ways to combat or manage many of the stressors identified in Theme 1 were spoken of positively, as opposed to '*copy-and-pasted online ads*' (Participant 11), deemed to be '*empty words and empty promises*' (Participant 10). The students who spoke well of their university's awareness efforts cited efficient and internally well-connected systems, and a sense that they were being listened to and supported to effect change for themselves:

> *Proper pastoral support, where they're like, 'You're having a rough time, let's organise you to take time off placement, let's move this assignment for you'. Those kinds of things make such a difference*.
>
> (Participant 04)

> *They did a check-up as well, to see if I did get my bursary. They were checking up to see when I would get it and if it had been approved and stuff like that. So they were very good at cross-communicating between different teams and kind of helping me by doing it for me*.
>
> (Participant 13)

> *When I had really bad insomnia one of my tutors did a night tutorial for me… I think that's the best singular thing that has ever happened in this university for my mental health is that one tutor kind of being like, 'We can find a way', and if only they all replicated that attitude. I'm not saying that they should all be doing like working overtime, but that attitude of trying to find ways to work with students as opposed to against them would be I think a good thing for this university*.
>
> (Participant 09)

Many participants described the value they saw in communities in university, and how these contribute to a more positive atmosphere for their mental health. One participant at a collegiate university described the difference in community atmosphere between their college and their wider university:

> *I think I'm a bit more hopeful about college. Maybe colleges have more of a direct sort of physically linked community. There might be a more of, 'We want a happy community because we ourselves are part of that' sort of thing. The university is a little bit more abstract…* [College] *is a smaller place, it's a bit more physically connected. These are people that speak to each other every day, like the college psychologist or the Head of Wellbeing herself is speaking to students, a bit more connected with it all. There might be a bit more of, 'Oh, let's actually try and cultivate a happy community'*.
>
> (Participant 14)

Many noted that they found smaller community-based mental health awareness efforts and support more useful than university-wide campaigns, whether that be in a college system, a department or other small communities such as societies or friend groups:

> *With uni… there's not really a name or face to all the information being pushed out… But for college… there's always been people that care*.
>
> (Participant 06)

> *I've found that a lot of my support has come from the friends I've made, and the support groups within those… sometimes that feels more meaningful, because students can sometimes tell you more practical things… like sometimes you see things on placement* [in a hospital] *that you just can't like talk about, you see people dying, you see some really awful things and it can be hard to explain that to other people but like my friend who was there too, sometimes it just hits different because you've both been through that*.
>
> (Participant 04)

Communities were typically described as being conducive to good mental health if they were '*student-focused*' (Participant 01), '*open*' (Participant 12) and '*inclusive*' (Participant 01). Participants said that the more useful community-focused initiatives were those that provided social opportunities, such as society events or free dinners, as '*social interactions impact mental health positively*' (Participant 10). In-person interactions with staff were deemed important from this perspective too. For example, one participant said: '*Some guys can just eyeball you and think, gosh, they don't look good. You can't tell that over an email*' (Participant 12). Small communities were seen to help build connections and friendships: '*a support system*' (Participant 06) and '*an environment to make people more comfortable*' (Participant 06). Scenarios that brought small numbers of students together were also seen as helpful:

> *I met a lot of my friends because they were in my tutor group and we're still friends now, so it was a very good way of meeting people in small amounts I think, because it is quite scary meeting loads of people at once. So it definitely helped me meet new people, in like a small space*.
>
> (Participant 13)

This type of support was seen as more effective, compared to more '*formal*' and '*impersonal*' (Participant 06) university-wide efforts to raise awareness about mental health, and something that students wanted to engage with more.

In parallel, some participants acknowledged a concern that other students, who are '*also doing their studies*' (Participant 06), should not be the ones exclusively providing mental health support to their peers. This was considered an unfair burden, with one participant saying that helping others was '*a lot of pressure… you've got someone else's mental health* [to deal with]' (Participant 06). Another participant thought that '[The university should] *take matters into their hands as well, and… do more rather than having the students do everything*' (Participant 14). One participant said that being relieved of the pressure of looking after their friends who were struggling was one of the greatest benefits of their university's mental health support system:

> *… if someone's really freaking you out because they're going through it themselves… people don't have to deal with other people all on their own… you actually have someone who's an official place right at the doorstep, just to direct people to… When it's someone that you sort of know, one of your mates or something like that, that can be more stressful almost than dealing with your own stuff*.
>
> (Participant 15)

To summarise, this theme highlights how participants felt that, rather than raising awareness, the most effective way to improve student mental health is through smaller communities and individualised, one-to-one social support (both via peers and staff). Indeed,

initiatives that foster these social connections can have positive effects for how students view their university as a whole:

> *I think it gives me more respect towards my university, seeing the mental health initiatives from your uni… You kind of get a feel-good feeling for it because you know they're actually doing it from a good place*.
>
> (Participant 13)

DISCUSSION

In this study, 15 undergraduate students were interviewed about their attitudes towards mental health awareness efforts at their respective universities. Eleven participants had personal experience of mental health problems. Using reflexive thematic analysis, the authors generated three themes: (1) university life contradicts university mental health awareness efforts; (2) university mental health awareness efforts are perceived as disingenuous and inadequate; and (3) students don't want awareness—they want accessible help and supportive communities. These themes highlight students' scepticism of university mental health awareness efforts, the frustration they feel towards their university and the structural problems (e.g., academic pressure, financial pressure, living alone for the first time and worries about the future) that make living a mentally healthy life as an undergraduate student very difficult. Simultaneously, this analysis highlights elements of mental health support that students value. The findings may have important implications for university mental health policy, and the distribution of universities' efforts in improving student mental health. The research also adds constructively to the conversation happening on a wider, societal scale, taking a critical lens to mental health awareness efforts and empirically examining their impact.

Across the dataset, there was a pervasive sense of frustration from participants towards their universities' mental health awareness efforts. Throughout the interviews, there tended to be a back-and-forth between the interviewer and the student: when the interviewer asked about awareness efforts, students would divert to talking about what they considered to be the 'real problems', such as structural inequalities and societal problems, microcosmically represented within the university system. Thus, while our questions were about mental health awareness efforts, the frustration from participants often seemed to be directed at something broader than this—they felt that universities were not doing enough to connect with students and provide support. Students often felt that their mental health was only of concern to the university when it impacted their corporate image. This is in line with critiques by researchers of workplace mental health awareness campaigns, in that awareness efforts are often ineffective (Tan et al., 2021), leading some commentators to describe these initiatives as 'virtue signalling' (Grubbs et al., 2019), or an example of 'wellbeing-washing' (Jackson et al., 2022) (i.e., too superficial to be meaningful or helpful).

Participants in the current study were especially frustrated when mental health awareness efforts were delivered across the wider university body, as opposed to in smaller, more intimate communities such as colleges or departments. There were concerns that the anonymity of the system resulted in a lack of concrete, targeted outreach efforts, favouring instead one-dimensional solutions that put the onus of good mental health on the students themselves. Participants did tend to acknowledge the difficulty that universities face in providing pastoral care to students, displaying a sympathetic awareness of the challenges faced by university staff in caring for a diverse cohort of individuals who were legally adults. This reflects a well-established complexity facing the sector: how institutions can ensure that a

large body of staff, all with their own stressors and demands on their time, offer appropriate and timely support to many students, and how feasible this is (Brewster et al., 2022). Equally, many participants expressed frustration that they were encouraged by their university to maintain good mental health when the university systems and structures themselves were so often seen to be a source of their mental health difficulties. Not only did participants often label university as a source of academic, social and financial stress (Karyotaki et al., 2020; Moore et al., 2021), but also their universities' response to that stress greatly affected their individual outcomes.

Participants felt that mental health awareness efforts within universities often put the burden of symptom recognition, help-seeking and support on the individual. This concern has been raised in other contexts: for example, there has been criticism that the 'self-care' movement, contributing to a culture wherein mental health problems are considered to be a personal issue, as opposed to symptomatic of structural and cultural problems (Lieberman, 2018). Relatedly, research suggests that, in a workplace context, interventions that change work conditions are more effective at improving mental health than interventions that target individual-level change (Fox et al., 2022), which tend to be ineffective (Fleming, 2024).

More broadly, the current findings can be interpreted in the context of critiques of other public health campaigns. As a demonstrative comparison, awareness campaigns for physical disabilities, intended to reduce stigma, have been challenged for 'depoliticising' disability, and presenting it 'more as nature than culture' (Kafer, 2013), rather than acknowledging that physical disability is at least partly a social construct (Jones, 1996; McCourt, 2015). In contrast, the social model of disability intends to allow for an examination of the role society plays in 'disabling' people with impairments (McCourt, 2015). The current study indicates that there may be a similar phenomenon happening with regard to university mental health awareness efforts. As with the criticism of public awareness campaigns more broadly, participants in the current study felt that universities often put the burden of symptom recognition, reaching out and care on the individual (Lieberman, 2018). It will be valuable for future research to further probe students' attitudes towards this individualised account of mental health problems, and the impact it has on how students experience mental health problems and possibly recovery (Frazer-Carroll, 2023; Greener & Moth, 2022).

The current findings underscore the value of asking students what they want and need from their university (Campbell et al., 2022). Millions of pounds are being invested in student mental health by the government, leading to important changes such as the implementation of the University Mental Health Charter, initiatives to bridge the gap between child and adult mental health services, insights into how data can be used across institutions to support students and the funding of Student Space, an online support platform (The Education Hub, 2021). However, there seemed to be a lack of acknowledgement of this work by participants, and a sense from them that the money is being put to ill-use. Findings from the current study indicate that some students find the efforts misguided or actively unhelpful, or at least the efforts that are visible to them. Instead, what students seem to want is for universities to make practical changes that would make terms and exams less stressful (e.g., by having more reading weeks and flexible time off, financial support to reduce cognitive load, efficient counselling services and reliable staff and communities that care about them as individuals). Students express resentment that their voices aren't being heard in conversations concerning their own wellbeing and are resultingly disillusioned or distrustful of their institutions (Holt & Powell, 2017). These findings are in line with other qualitative research with students that has asked them what they ideally want when it comes to university mental health support, particularly regarding positive individual relationships with staff (Baik et al., 2019). More broadly, the qualitative approach taken here supports other research advocating for the importance of young people's perspectives when it comes to designing

and evaluating mental health initiatives and interventions in educational settings (Bland & Atweh, 2007; Foulkes & Stapley, 2022).

There are some limitations to this study that should be noted. Firstly, although 15 participants is a sufficient sample size for interview research, particularly if the aim of the study is narrow and the sample have had similar experiences (Malterud et al., 2016), this study does not allow us to assess whether the attitudes shared here are representative of UK university students more widely. Our participants' attitudes towards university mental health awareness efforts were largely negative, and it's possible that participants only signed up to the study because they had something negative to say. It is therefore important to examine in future research whether different perspectives would be ascertained from a larger and thus more diverse sample of participants.

Secondly, it is important to note that the majority of participants ($N = 11$) responded in the affirmative to the question of whether they had experienced any mental health difficulties that had caused significant distress and affected their day-to-day life, but information on professional diagnoses was not gathered. This will likely have informed their responses to the interview questions in important ways (e.g., these participants may have felt that mental health awareness efforts were inadequate for them, even though they might be helpful for students without experience of mental health problems). In future research, it would be valuable to examine opinions in students with varying levels of mental health problems—from those who report no difficulties to those who have clinically significant symptoms and/or a clinical diagnosis—given that university-wide awareness efforts are, by design, delivered to the whole student population regardless of need. Given suggestions within the literature that universal mental health interventions might have iatrogenic effects to those already experiencing symptoms, it would be pertinent to investigate whether these efforts are problematic for those who are already vulnerable (Foulkes & Stringaris, 2023; Guzman Holst et al., 2024; Montero-Marin et al., 2022), whilst perhaps being beneficial to students who are not experiencing symptoms.

It would also be valuable to examine whether students' need for mental health support, and thus attitudes towards mental health awareness efforts, vary depending on the time of year. Interviews for the current study were collected at two time points, in March (around typical dissertation deadlines, but before exams) and in July (soon after graduation). In general, participants at the second data collection point were more positive about their university's mental health awareness efforts than those at the first data collection point. While both groups shared similar concerns about their universities, those interviewed in July tended to express less frustration—in particular with regard to individual staff members—than those interviewed in March, who appeared more stressed and resentful of university systems. This indicates that there may be interesting differences in students' attitudes to their universities' mental health awareness efforts depending on the time of year, which should be assessed with future research. It would also be interesting to examine potential differences in awareness efforts led by universities compared to student unions, and if students have differing attitudes towards these.

In this vein, future studies should also investigate university staff's attitudes towards student mental health awareness efforts, particularly regarding their role in promoting mental health initiatives to students and whether they feel they have the capacity to do so (Brewster et al., 2022; Ramluggun et al., 2022). Initiatives directed at both staff and students might help clarify the pastoral role of the institution and the tutor. It arose multiple times throughout the interviews that individual members of staff were essential to fostering a supportive environment for students. Finding ways to better support staff, who themselves are often experiencing stress or mental health problems (Morrish, 2019), and exploring the challenges associated with delivering care to students, may help them to better support students. As

students themselves noted, the pressure on academic staff to be educator, disciplinarian and care-taker is immense, and a difficult role to play for many students (Payne, 2022).

It should finally be acknowledged that, while one-to-one interviews allow in-depth exploration of people's experiences, it would be useful to complement the current findings with large-scale quantitative approaches to assess how representative these issues are across the UK student population. For example, this would allow an examination of whether demographic variables or existing contact with mental health services predicts attitudes towards mental health awareness efforts, which could be used to develop more targeted support. Furthermore, although the first author's position as a recent undergraduate student has some advantages in terms of their being embedded in the phenomenon under consideration, it would be interesting to conduct additional analyses with researchers of different backgrounds and roles to broaden the perspectives.

To conclude, this study provides novel insights into the underexplored phenomenon of students' attitudes towards university mental health awareness efforts. The findings illuminate the frustration and anger students often feel towards their universities relating to these efforts, with participants expressing concern about issues that they feel need to change before they can feel supported by their university. Participants highlighted that more mere awareness is not always better, and that what really matters is social support, from both peers and staff, and accessible mental health services. These implications offer constructive criticism for universities for the need to establish trust between students and institutions, build communities and offer suggestions for how they might better support their students and concentrate their efforts when it comes to mental health.

ACKNOWLEDGEMENTS

The authors would like to thank the participants for their thoughtful reflections and insights.

FUNDING INFORMATION

There was no specific funding for this project.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

To protect the anonymity of participants, this qualitative dataset has not been made public.

ETHICS STATEMENT

The authors confirm that the research presented in this paper was carried out with due consideration to all relevant ethical issues and in line with BERA's Ethical Guidelines for Educational Research.

PATIENT CONSENT STATEMENT

All participants provided informed consent.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Finan, S. & Foulkes, L. (2025). Disingenuous 'box-ticking': Undergraduate students' attitudes towards university mental health awareness efforts. *British Educational Research Journal*, *00*, 1–20. https://doi.org/10.1002/berj.70042