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CASE STUDY

Mental health support service for mathematics and statistics students in Scotland

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ABSTRACT

Mental health conditions are increasing among young people in Scotland, with universities experiencing rising demand for support services. Long waiting times and limited resources have highlighted the need for innovative approaches. This article presents a case study of a Mental Health Support Service (MHSS) embedded within the Mathematics and Statistics department at a Scottish university. Since its launch in 2021, the service has facilitated over 100 appointments, providing confidential listening and signposting support for students. Analysis of service usage reveals engagement across all year groups and demographics, with common issues including anxiety, low mood, and stress. Feedback indicates that students valued the subject-specific understanding, accessibility, and responsiveness of the service. These findings suggest that departmental-level support can complement university-wide provision, enhance early intervention, and improve student wellbeing, offering a model for other faculties seeking to address mental health challenges in higher education.

KEYWORDS: mental health, higher education, student support services, SDG 4: quality education.

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Introduction

Globally, there has been a large rise in the number of mental illness diagnoses over the last 10 years (McManus et al., 2016; Wilson & Dumornay, 2022). Whether this is due to increased acceptance, a decrease in stigma, or a combination of reasons, the fact remains that more people are seeking help. In Scotland, it is estimated that 10% of all children and young people

have a mental health condition (Mowat, 2019). A direct consequence of this is that NHS Mental Health and Counselling services have long waiting lists. A study by the Royal College of Psychiatrists found that 64% of participants wait more than 4 weeks between their initial assessment and second appointment, 23% wait more than 3 months, and 11% wait longer than 6 months (Royal College of Psychiatrists, 2020). As a result, more people are seeking support via their local accident and emergency unit due to long waiting times (Royal College of Psychiatrists, 2020).

There was also a reported 22% rise in mental health referrals in Scotland between 2013/14 and 2017/18 (Audit Scotland, 2018). Child and adolescent mental health services aim to provide treatment within 2 weeks of referral for psychosis, between 2 and 4 weeks of referral for eating disorders, and within 18 weeks for all referrals (Care Quality Commission, 2017). It is unclear, however, whether or not the NHS is meeting these targets as service users report very variable waiting times (Thorlby et al., 2019). A 2014 study of Child and Adolescent Mental Health Services (CAMHS) reported a mean waiting time of 17.9 weeks for a referral (Smith et al., 2018). Another study in NHS England found the waiting time of child and adolescent mental health services to be extremely variable, with patients waiting up to 1,629 days. However, they found that 96% of patients waited 10 weeks or less for a referral appointment (Edbrooke-Childs & Deighton, 2020). Understandably, a delay in accessing mental health provisions can have a negative aspect on the patient (Punton et al., 2022; Tinklin et al., 2005). A recent qualitative English study found that all patients stated that the delays had a substantial impact on their life and made anxiety or anxiety-related symptoms worse (Punton et al., 2022). If members of the public wish to access therapy or counselling outside of the NHS, it can be costly, with private therapy costing anywhere between £35 and £150; depending on the region this figure can increase (National Health Service, 2025). These financial barriers mean that private care is not a realistic option for many, leaving long NHS waiting times as a serious barrier to timely support. These delays and barriers in accessing mental health support are also reflected in higher education, where students face similar challenges in obtaining timely care.

Similarly, to the general population, the student population is experiencing an increase in issues associated with mental health (Lipson et al., 2019; Macaskill, 2013; Quinn et al., 2009; Tinklin et al., 2005). Some studies have suggested that university students are deemed high

risk for mental health disorders (Baik et al., 2019; Browne et al., 2017; Eisenberg et al., 2013; Larcombe et al., 2016). There is no doubt that the COVID-19 pandemic has exacerbated this problem (Chaturvedi et al., 2021; Copeland et al., 2021; Elmer et al., 2020). A recent cohort study carried out by East Midlands University found that the COVID-19 pandemic had a negative impact on the mental health of its students within the School of Science and Technology, School of Arts and Humanities, and the Institute of Education (Savage et al., 2020). Students experiencing poor mental health are likely to have difficulty studying, attending lectures and tutorials, and just generally keeping up with the university work (Punton et al., 2022). In a study on postgraduate students at a UK university, it was found that over three-quarters reported experiencing some level of poor mental health, with common stressors including university systems, supervisors, and finance (Delderfield et al., 2020).

A consequence of this escalating problem is that universities are experiencing high dropout rates, partly due to the poor mental health of students (Zajac et al., 2023). Discipline-specific evidence reinforces this trend: for example, a 2019 study highlights significant mental health challenges among graduate students in Science, Engineering, and Mathematics, drawing on national survey data to show that these students experience heightened levels of stress and anxiety linked to the demands of their programmes (Bork & Mondisa, 2019). This suggests that the difficulties faced by Mathematics and Statistics students in particular may be compounded by both the general pressures of university life and the specific challenges associated with their discipline. The University of Strathclyde has also experienced a continual rise in the number of students seeking advice and help through the Disability and Wellbeing Service (DWS) since the COVID-19 pandemic, resulting in increased waiting times.

Despite the rise in the number of students with mental health conditions, only around one-third of students in the UK seek formal help from counselling services and there seems to be a general reluctance for students to ask for help (Macaskill, 2013; Quinn et al., 2009). The reasons for this are varied; for example, students may prefer to speak to their friends and family rather than seeking professional advice. One alarming reason which has been suggested is the shame culture around mental health within academia (Kotera et al., 2019a). This is where students feel guilty about seeking help due to, for example, parental pressure, being the first person in their family to go to university and thus not wanting to disappoint parents/carers, or their culture or upbringing (Hampton & Sharp, 2014; Kotera et al., 2019a;

Kotera et al., 2019b). Some students are also aware of the stigma attached to mental health difficulties and this can make them less forthcoming for help and support (Tinklin et al., 2005).

Less formal forums and opportunities for students to talk, share their problems, and receive directed advice are one way to address this problem, and examples of this include the Student Support Network at the University of Glasgow (University of Glasgow, n.d.). Within Mathematics and Statistics, these kinds of initiatives have also been developed to address subject-specific challenges. For instance, the Eureka Centre for Mathematics Confidence at Loughborough University sought to provide targeted support for students experiencing mathematics anxiety and confidence issues, which are known barriers to engagement and progression (Harrison & Petrie, 2009).

Aims and objectives

The aim of this paper is to describe the development, implementation, and evaluation of a Mental Health Support Service (MHSS) within the Department of Mathematics and Statistics at the University of Strathclyde. We first describe the rationale, structure, operation, and scope of the service and then present data on student uptake and usage patterns. Finally, we reflect on challenges and successes, reflecting on future opportunities and recommendations.

Methods

Service development and rationale

At the University of Strathclyde, teaching and academic staff are typically allocated five to eight undergraduate students per intake and act as their Personal Development Advisor (PDA), with the allocated students being known as Personal Development Planners (PDPs). This is a pastoral role and involves scheduling meetings once a semester (as a minimum) with the allocated PDPs. The PDA is generally the first person a student will contact when they have any questions. Most meetings are short and informal and can involve discussions on academic issues, such as progression and module choices, or staff can signpost students to relevant services (such as mental health, accommodation, and student finance) as required.

During 2019 and 2020, staff in the department began noticing an apparent increase in the number of students reaching out to their PDAs for mental health support or simply seeking someone to talk to. Due to a general lack of formal training in mental health, PDAs were often

left with no option but to refer students to the Disability and Wellbeing Service (DWS). In response to this growing need, the department decided to explore the possibility of creating a local support service. The aim was to establish a core group of trained staff who would be available to offer support at designated times.

Due to complexities associated with mental health issues, a wide variety of training options were investigated and considered for this core group (Table 1). Of these, the Leading First Aid for Mental Health at SCQF Level 6 was the most important qualification, as it allows the participant to qualify as a Mental Health First Aider, and several staff undertook this training. This qualification is valid for three years, after which the participant has to undertake the training again to ensure their qualification is up to date.

Table 1. Training undertaken prior to launching the Mental Health Support Service.

Training course programme	Duration	Provider
Awareness for First Aid for Mental Health	1 hour	In-house
Leading First Aid for Mental Health at SCQF Level 6	2 days	Nuco Plus via in-house trainers
Safe Talk: suicide alertness for everyone	3 hours	Living Works via in-house trainers
Active Bystander	2 hours	In-house
Helping Students in Distress	3 hours	In-house
Emily Test LISTEN Risk Assessment Training	3 hours	Emily Test
Gender-Based Violence First Responder Training	6 hours	Glasgow and Clyde Rape Crisis
Supporting Neurodiverse Students (ADHD)	2 hours	In-house
First Aid at Work	3 days	British Red Cross

Following the training period, the proposal to establish a local support service was discussed with the Disability and Wellbeing Service (DWS). After finalising the specific details, the Mental Health Support Service (MHSS) was officially launched in May 2021, providing support to undergraduate (UG), postgraduate taught (PGT), and postgraduate research (PGR) students.

Structure of the MHSS

The MHSS runs every Wednesday from 14:00–16:00 and students book appointments via an online booking system. Students can book an appointment up to 6 weeks in advance and all appointments last 30 minutes unless otherwise requested by the student. Because the service was launched in 2021, most appointments at the start of the MHSS were online, but more recently almost all of the appointments have been in person.

The service is advertised to students at the start of each academic year. Details of the service are also available in the student handbook and the course page, which is accessed via the university's virtual learning environment. Students are asked to provide some details about the nature of their appointment if they feel comfortable in doing that.

The MHSS operates as a listening and signposting service. It guides students toward appropriate mental health support within the university, through the NHS, or via relevant external charities. In addition, the MHSS may direct students to specific university services, such as those related to finance, accommodation, or visa compliance.

Formal escalation protocols are in place to ensure that students whose needs exceed the MHSS's remit are promptly referred to qualified professionals, including those within the university's Disability and Wellbeing Service (DWS), for more comprehensive support. Staff who facilitate the MHSS are allocated time within the departmental workload model and are relieved of other duties, reflecting recognition of the importance of this work. This ensures that the service can operate effectively without additional financial costs.

Data sources and analysis

An anonymised service record has been maintained since the MHSS launched in May 2021. These records include the number of unique students, appointment frequency, gender, level of study, and year group at first contact. Usage trends were examined in relation to academic calendar events such as examination diets. The booking form offered an optional free-text field for students to describe the nature of their appointment. These comments were not systematically coded or retained as a variable; they were reviewed informally to provide contextual understanding of service use. Analysis was primarily descriptive, summarising usage patterns through counts, proportions, and temporal trends. No inferential statistical testing was undertaken, and all data were anonymised prior to analysis.

In addition to routinely collected service usage data, optional anonymous written feedback was sought from service users approximately three months after the MHSS launched. A small group of five students who had accessed the service during this initial period were invited via email to provide brief feedback on their experience of the MHSS and to suggest any changes that might improve the service. Some early service users had graduated by this point and could not be contacted. Feedback was collected between May and August 2021 to allow potential refinements to be implemented prior to the start of Semester 1, a period during which student engagement is typically lower due to the summer break. Of the five students invited for feedback, three students responded. These comments were collected to gain an initial sense of student experiences during the early stages of this new service.

Observations

Since May 2021, 55 individual students have had an appointment with the MHSS, and the service has facilitated 157 appointments. Generally, there are surges in appointments around the examination diet or after examination results have been released. There are two examination diets at the university: winter and spring. The winter examination results are released in January, and the spring examination results are released in June. Staff are encouraged to meet with their PDP students following the release of results. If PDP students are experiencing poor mental health due to the outcome of their examination results, their PDA will often refer them to the MHSS.

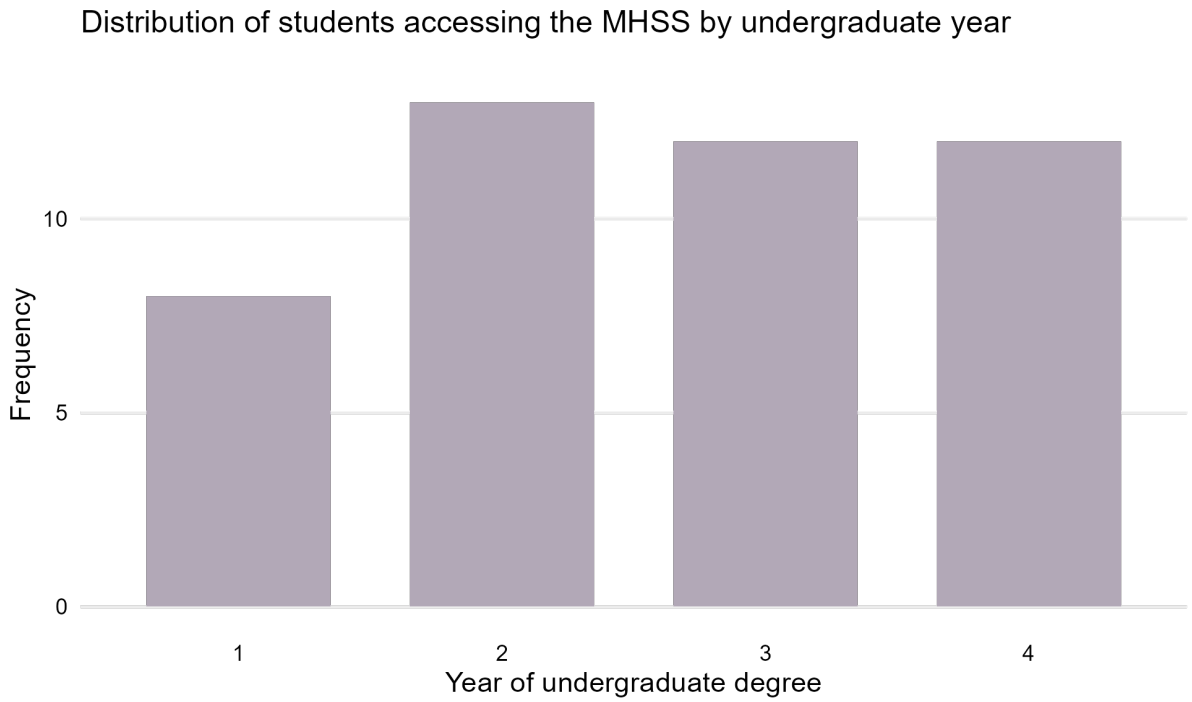
As mentioned previously, the MHSS is open to all UG, PGT, and PGR students within the Department of Mathematics and Statistics. In Scotland, UG programmes last for four years. There are students who have accessed the service across multiple undergraduate years; the results will only consider the academic year group a student was in when they first accessed the service.

Of the 55 individual students who have accessed the MHSS, 28 are female and 27 are male. It was initially anticipated that the service would be accessed by more women. There are studies which indicate that young men are the less likely to seek help from mental health professionals than any other demographic (Rickwood, 2012). Within the eligible student population, approximately 54% are male, yet males account for 49% of MHSS users. This suggests that male uptake is slightly below their representation in the population. This pattern indicates that, while the service is reaching male students at rates similar to their

representation in the population, continued efforts are needed to encourage engagement among this group.

Of the 55 individual students who have accessed the MHSS, most users are undergraduate: 45 (82%) UG, 3 (5%) PGT, and 7 (13%) PGR. It is not surprising that it is mostly UG students accessing the service, as they make up a higher percentage of the student population. In our department, there are approximately 600 UG students, 170 PGT students, and 50 PGR students. It is not known why so few PGT students are accessing the service. It is hypothesised that it could be to do with the length of a typical MSc programme (one year), which may limit the time available for students to become aware of and engage with the service. A similar pattern is seen among Year 1 undergraduates, whose uptake is around two-thirds of that in Years 2–4. This suggests that students who have been at the university for more than one year may be more likely to use the MHSS, possibly due to increased familiarity with departmental support structures and awareness of available resources.

Figure 1. Distribution of students accessing the Mental Health Support Service in the department of Mathematics and Statistics by undergraduate year.

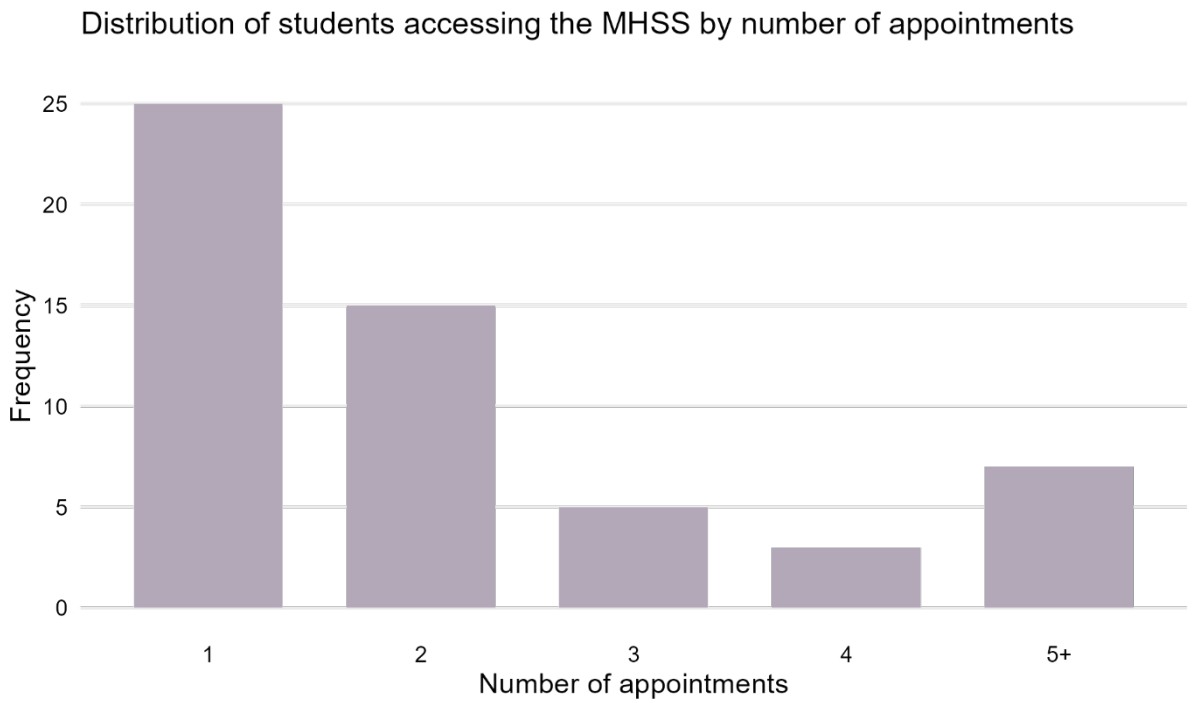


Given that most service users are UG students, it is useful to look at the distribution across the year groups. From Figure 1, the plurality of UG students accessing the service have been in their second year. This may reflect greater awareness of the service among students

enrolled in core Year 1 and Year 2 Statistics modules, as the service is introduced during the induction sessions for these cohorts. However, this pattern may also be coincidental.

As mentioned previously, the MHSS often has repeat users. This can be students who access the service multiple times throughout the academic year, or students who access the service multiple times in multiple academic years. Figure 2 shows the number of appointments per student. A total of eight students had one appointment, either because their needs were beyond the MHSS remit or they sought other university services (e.g., finance or accommodation). The other students with one appointment could have been recent users of the MHSS and had not set up a follow-up appointment or had decided to pursue other options. In contrast, seven students had five or more appointments with the service, generally across multiple academic years. These students' appointments were typically informal check-ins, and most of these also had a personal counsellor (either private or through the NHS).

Figure 2. Distribution of students accessing the Mental Health Support Service in the Department of Mathematics and Statistics by number of appointments at the MHSS.



During the initial implementation of the MHSS, five students who had accessed the service were invited to provide anonymous feedback, of whom three responded. All respondents reported positive experiences of the service. Students described appointments as useful and supportive, noting that they felt able to speak comfortably, talk through concerns logically, and gain perspective on their situations. One student noted, 'I found my appointments really

useful. You could speak comfortably and were able to chat things through logically and put certain things into perspective'. Others highlighted the value of simply having someone listen, with one commenting, 'It was good to talk to someone about things going on in your life and mind', and another stating, '[it] was an amazing help, [they] listened to everything and knew lots about mental health. Very inspirational'. Students also offered constructive suggestions, such as increasing appointment availability and offering more staff choices. Overall, the feedback indicates that the MHSS provides a highly valued, accessible, and effective source of support for students.

Discussion

From May 2021 to August 2022 the MHSS was fully booked almost every week. However, with a full return to in-person teaching in September 2022, the number of students accessing the service has reduced, and typically only 60% of appointments are booked per semester. During the first year of the MHSS, a high percentage of the students were experiencing symptoms of loneliness. As anticipated, the return to campus has reduced the number of students accessing the service with feelings of loneliness. In addition to this shift in student need, a further possible contributing factor to the lower booking rate is the transition from online to in-person appointments, as some students may find online meetings more convenient or discrete. In a busy on-campus environment, attending in-person appointments may feel less private, particularly if students are with peers beforehand. To accommodate student preferences and maintain accessibility, students may request online appointments where this better suits their needs, although in-person meetings remain the default.

While most students scheduled appointments in advance and respected the structure of the service, a small minority required additional management. On occasion, students arrived without an appointment or needed extended support during sessions. These instances were infrequent, and students were usually apologetic for the extra time their queries required. This illustrates that, although boundaries are generally respected, occasional flexibility may be necessary. Overall, students were very appreciative of the service and consistently conveyed gratitude for the time and support provided.

While the MHSS is not a clinical service, common themes emerged in the kinds of difficulties students discussed. We are not trained to provide diagnoses, but the Mental Health First Aid

training has equipped facilitators to recognise symptoms and listen effectively. Students often described experiences of low mood, anxiety, stress, depression, and imposter syndrome. In several cases, service users were already engaged with a counsellor or therapist through the NHS or privately, and used the MHSS as an additional layer of support within the department. This highlights the role of the service as a first point of contact and a source of complementary guidance, rather than a substitute for professional care.

When students registered for the service, we checked whether they had any previously declared additional needs with the Disability and Wellbeing Service (DWS), such as conditions requiring exam accommodations for chronic illness, dyslexia, or autism. Of the 55 students who used the service, only 9 had registered with DWS. This suggests that the majority of service users did not have formally recognised learning differences or disabilities. The proportion of students with additional needs varied by class and module, typically ranging from around 7% to as high as 20%, particularly in smaller classes. Data at a programme-wide level were not accessible, so it is unclear whether the service user profile is fully representative of the wider student population.

Additionally, in the first year of the MHSS, teaching was still delivered online, and as a result, a lot of students were accessing the MHSS for mental health conditions with an academic undertone. For example, students were experiencing anxiety or anxiety-like symptoms due to a lack of knowledge about academic procedures, such as the resit examination period, choosing final year modules, registration issues, or general issues with course content. These questions should usually be directed to the student's Personal Development Advisor (PDA); however, some students reported that they did not know who their PDA was, or felt that they could not approach them.

In order to address the academic-related questions raised at the MHSS, academic liaison officers were implemented. These are a small number of staff members who are happy to answer academic-facing questions posed by students accessing the MHSS. These staff are extremely well informed on university policy and procedures and are an invaluable resource.

Some students use the MHSS as a last resort. They have tried to contact their GP or DWS within the university but have been put off by long waiting lists or a feeling of indifference. Many students using the service stated that their GPs are interested in prescribing medication without listening to the root cause of the issues. One other issue is that a lot of GP practices

are still using phone appointments, and many students would rather speak to the doctor in person, and as a result they turn to the MHSS.

Delivering the MHSS requires staff to engage empathetically with students' concerns, which can be demanding. Ensuring staff wellbeing and providing appropriate support is important for the sustainability of such a service (Savage & Morrissey, 2021). As such, the facilitators of the service can access support from DWS if required. The service relies on staff who have received targeted training in mental health support (e.g., Mental Health First Aid) and pastoral care, ensuring that students receive informed and empathetic guidance. Other institutions considering implementing a similar model would need to ensure staff have comparable expertise and access to appropriate training and support.

The MHSS is embedded within our departmental workload model. It does not incur additional costs, and staff who participate are relieved of other duties, reflecting the importance the department places on this work. The service is bespoke to our department, which may also make it attractive to prospective students and could influence university choice. The model is flexible and scalable, so it could be adapted by other universities with similar departmental structures. While the service has been positively received within our Faculty of Science, further work would be needed to assess perceptions at an institutional executive level and to explore economic benefits, such as potential reductions in pressure on central wellbeing services or improvements in student retention.

Conclusion and recommendations

This paper has described the establishment and evaluation of a Mental Health Support Service (MHSS) within the Department of Mathematics and Statistics at the University of Strathclyde. The service functions as an accessible, appointment-based point of contact for students, bridging the gap between university support systems and NHS provision.

Service use data indicate that the MHSS is valued by students across all study levels, with the majority of users being undergraduates. Usage patterns suggest that demand peaks around examination periods and that repeat attendance is common among a subset of students. In several cases, students accessed the MHSS due to uncertainty about academic regulations or procedures, particularly where they were unaware of or reluctant to approach their Personal Development Advisor (PDA).

To enhance sustainability and effectiveness, the following recommendations are proposed:

1. Increase the number of trained Mental Health First Aiders in the department to expand service capacity and distribute the demands of the role.
2. Incorporate annual briefings on the MHSS into departmental meetings to ensure consistent awareness among staff and clear referral pathways for students.
3. Review the Personal Development Planning (PDP) system to ensure consistent engagement by PDAs, improve students' awareness of their assigned advisor, and provide clear, accessible guidance on academic regulations and procedures. Strengthening the PDP system in this way may reduce the number of students seeking MHSS support for academic uncertainty and allow the service to focus on its primary role in mental health signposting.
4. Service usage data indicate lower uptake among certain groups, including male students, first-year undergraduates, and postgraduate students. Targeted approaches to improve engagement among these groups should be considered. These could include tailored communication strategies via the Virtual Learning Environment and explicit promotion of the service during first-year and postgraduate induction activities. Further work could also explore potential barriers to engagement within these groups, including stigma, awareness, and perceived relevance of the service.

Overall, the MHSS is valued by its users and has supported numerous students from all levels in dealing with their mental health and wellbeing. Its accessible, department-based model demonstrates how targeted, local provision can complement central university and NHS services. By maintaining and enhancing the service through increased staff training, stronger referral pathways, and improvements to the PDP system, the MHSS can continue to provide timely, relevant support while focusing its capacity on mental health needs rather than academic uncertainty.

For other institutions, this model offers potential benefits including improved accessibility, early signposting, and reduced pressure on central wellbeing services. However, successful implementation depends on institutional recognition of staff workload, access to appropriate training and support, and clear referral pathways. While the MHSS described here is embedded within a specific departmental context, the principles underpinning the service are

transferable and could be adapted within other disciplines or institutional structures where staff expertise and workload allocation are appropriately supported.

Disclosure statement

The author used the following generative AI tool in the preparation of this manuscript: Microsoft Co-Pilot. The tasks performed by Microsoft Co-Pilot were limited to refinement of phrasing to improve clarity and enhance the overall readability of the text. No content, augmentation, or structure was generated by the AI, and all ideas remain the intellectual work of the author. The author complied with the journal's principles of AI use.

The data that support the findings of this study are openly available in Mendeley Data at: http://doi.org/10.17632/8tbxv69nm5.1. As this data has already been collected as part of the routine feedback process, it would be considered secondary data and so is excluded from the University Code of Practice, requiring no ethical approval.

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