



A phenomenological exploration of the lived experiences of mature students with mental ill health studying for an Undergraduate Higher Education degree.

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A phenomenological exploration of the lived experiences of mature students with mental ill health studying for an Undergraduate Higher Education degree.

Abstract

Design/methodology/approach

A qualitative approach was adopted to explore lived experiences of mental ill health for mature students in Higher Education. The Interpretative Phenomenological Analysis (IPA) explores the experience of Higher Education mature students who self-identify as having mental ill health. Five participants were interviewed about their personal stories and perceptions.

Purpose

Mental ill health is on the rise amongst undergraduate students and has been investigated using both positivist / quantitative and exploratory / qualitative research methods. However, the lived experiences of mature students who have mental ill health have not been directly investigated. A limited research literature suggests that challenges particular to mature undergraduate students can cause mental ill health or exacerbate existing needs. Further research exploring the lived experiences of mature undergraduate students with mental ill health is thus warranted.

Findings

The study found that participants interpreted the experience of mental ill health as very difficult with no redeeming features reported. A lack of control over mental ill health experiences was contrasted with attempts to control mental ill health, whether successful or not, in order to progress with their learning. Participants conceptualised being mature undergraduate students as a last chance succeed in life, education, or a career. This increased stress that interacted with their mental ill health symptoms.

Research limitations/implications

Interpretative Phenomenological Analysis (IPA) calls for a small, homogenised participant sample. This limits generalisation of the research findings. Recruitment criteria welcomed participants who self-identified as experiencing mental ill health, leading to potential bias in reported lived experiences.

Practical implications

The research findings highlight the value of considering the lived experience of students experiencing mental ill health whilst studying. Whilst general approaches to support can be successful, this research demonstrates how Higher Educational professionals must orient towards an ideographic perspective when considering how to provide individualised, inclusive support for students experiencing mental ill health. A discussion on how this can be actualised is provided.

Social implications

The research provides impetus to the perspective that students have unique lived experiences of mental ill health, and that this is particularly so for mature undergraduate students. A key social implication of this is that, whilst positive based, one-size fits most, interventions for students

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3 experiencing mental ill health are useful, Higher Education educators must also be cognizant of
4 unique, dynamic experiences each student will have. As such, there is a need to move towards a
5 relational, dialogic approach when considering and designing tailored support.
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7 Originality / value

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9 Mature undergraduate students who experience mental ill health are at risk of not reaching their
10 potential. Yet despite this, exploration of mature undergraduate student's experiences of mental ill
11 health is nascent in the academic literature. Research considering their unique perspectives as an
12 avenue to develop joint compassionate understandings and interactions between students and
13 educators are additionally scant. The current study begins to address this dearth of exploration and
14 commentary. It provides an idiosyncratic, novel inquiry into this important issue.
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17 Plain language summary

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19 Mature undergraduate students can experience mental health needs that may have a negative
20 impact on their educational attainment in Higher Education. Understanding their perspectives and
21 opinions can help educators build positive relationships with them to better facilitate their learning.
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23 **Key words:** Higher Education, Mature Students, Mental health, Interpretative Phenomenological
24 Analysis IPA
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52 **Introduction**

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54 Mental ill health in undergraduate students is an increasingly common experience (Auerbach et
55 al., 2018; McLafferty et al., 2017). Starting University can be a stressful transition which can
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3 trigger a first occurrence of mental ill health or exacerbate existing difficulties (Bewick
4 Koutsopoulou, Miles, Slaa, & Barkham., 2010; Eisenberg, Gollust, Golberstein, & Hefner, 2007).
5 Unacknowledged difficulties can have a negative impact on academic achievement (Bewick et al.,
6 2010; Zivin et al., 2009). Recent statistics suggest this may be more of an issue for mature students;
7 16% of mature students self-report having a disability, including mental health conditions, which
8 is 12% higher than students entering education at ages 18-21 (Hubble & Bolton, 2020). In addition,
9 non-traditional student groups, within which mature students are classified, report higher levels of
10 mental ill health and experience multiple impairments (more than one mental health condition)
11 (Education Policy Institute, 2018; Office for Students, 2020).
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14 Despite a growing movement towards exploring individual lived experiences of having a mental
15 health condition (Palinkas, 2014), mental health research involving Higher Education students
16 continues to adopt traditional philosophical assumptions of positivism, employing quantitative
17 methods to explore student mental health. For example, quantitative research has demonstrated
18 financial problems as a significant influence for depression in undergraduate students, anxiety in
19 female students and risk and harm behaviours (McCloud & Bann, 2019; Richardson, Elliot, &
20 Roberts, 2013; Richardson, Elliott, Roberts, & Jansen, 2016). In addition, female students are more
21 likely to engage in risk and harmful behaviours because of emotional distress (Mallman & Lee,
22 2014).
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25 The qualitative research literature explicates a range of variables that can influence undergraduate
26 student mental health. Stress is commonly reported, particularly unanticipated stressors of
27 increased independence, workload, managing finances, student debt and managing part time work,
28 and social pressures (Denovan & Macaskill, 2013; Galvin, Suominen, Morgan, O'Connell, &
29 Smith, 2015; Laidlaw, McClellan & Ozakinci, 2016; Macaskill, 2018). Students tend to under
30 appraise the emotional effect of these long-term stressors and may be unaware that the feelings
31 they are experiencing are due to mental health and associated stress (Laidlaw et al., 2016; Quinn,
32 Wilson, MacIntyre, & Tinklin, 2009).
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35 Qualitative research has also explored student coping patterns. Students report turning to alcohol
36 to cope and have difficulty with engaging in positive coping strategies, instead engaging in
37 avoidance based strategies such as avoiding exercise due to being exhausted from studying (Galvin
38 et al., 2015; Quinn et al., 2009). Students also report a reluctance to disclose their difficulties to
39 university staff for fear they will be perceived as incapable, increasing social isolation (Laidlaw et
40 al., 2016; Macaskill, 2018; Quinn et al., 2009). It is argued that this reticence could be due to the
41 stigma still associated with mental health difficulties (Laidlaw et al., 2016; Quinn et al., 2009).
42 Those who do disclose their difficulties are often "signposted" to student services, although
43 students prefer to receive practical support from their tutors, such as an open-door policy or note
44 taking (Quinn et al., 2009).
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47 The closest qualitative study to the current research is a phenomenological investigation into the
48 lived experiences of first year undergraduate students (Denovan & Macaskill, 2013). Students who
49 lost control of the many facets of "student life" were impacted negatively regarding their mental
50 health (Denovan & Macaskill, 2013). Conversely, students who adopted a goal focus approach in
51 their first-year were more congruent in their motivation to continue their studies and reported fewer
52 mental health problems (Denovan and Macaskill, 2013). The importance of a sense of student
53 community and belonging has been further demonstrated to be an important positive mitigating
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3 factor in student mental health (Quinn et al., 2009; Denovan and Macaskill, 2013; Laidlaw et al.,
4 2016).

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6 To the best of the researchers' knowledge, no research has been conducted to directly explore the
7 lived experience of mental health ill health in mature undergraduate students from a qualitative,
8 phenomenological perspective. Dunne (2019) explored mature students' narratives of entering HE
9 but did not report any findings specific to mental health. Skillen (2019) utilised photo elicitation
10 and thematic analysis to explore the wider range of mature student experiences reporting that stress
11 was prevalent and influenced a desire to prioritise emotional wellbeing. In addition, a limited
12 literature has demonstrated that mature students report a range of emotional challenges and view
13 mental illness as a significant influence on their studies (Busher & James, 2020; Carney &
14 McNeish, 2005), cite mental health ill health as a reason for studying part time (Swain &
15 Hammond, 2011), and feel that financial strain leads to mental ill health (Cuthbertson, Lauder,
16 Steele, Cleary, & Bradshaw, 2004). Consequently, this study aimed to explore the lived experience
17 of mature undergraduate Higher Education students experiencing mental health ill health from a
18 phenomenological perspective.
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22 **Method**

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24 The study adopted an Interpretative Phenomenological Analysis (IPA) methodology. IPA was
25 chosen as its central philosophical concepts are phenomenological, interpretative, hermeneutic and
26 ideographic, which enable participant's lived experiences to be closely examined as the primary
27 focus of analysis (Smith, 2004; Smith, Flowers, & Larkin, 2009). This analysis is positioned as a
28 uniquely interpretative methodology that moves beyond mere description to 'give voice' to
29 participants as a form of 'insiders perspective' (Larkin, Watts, & Clifton, 2006). As such, an
30 analysis offers an account of "what it means for respondents to have such experiences within a
31 particular context" (Noon, 2018, p. 75). ~~For these reasons IPA was deemed the most appropriate
32 methodology for exploring mature students' subjective reality of having mental ill health whilst
33 studying for an undergraduate degree, paying close attention to the hermeneutical processes they
34 adopt to make sense of this experience.~~ The researcher construing the interpretations of
35 participants in this way is known as the double hermeneutic and is also integral to the IPA process
36 (Smith, 2004; Smith, Flowers, & Larkin, 2009).
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39 **Participants**

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41 Five participants were recruited as Smith et al. (2009) recommends a small participant sample size
42 to retain ideographic perspective during data analysis. Equally, homogeneity is required to ensure
43 detailed accounts of an identified similar lived experience across participants (Smith et al., 2009;
44 Noon, 2018). Inclusion criteria were set as participants being required to be over the age of 21
45 (mature students) and studying for an undergraduate degree at the university where the research
46 was conducted.
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49 Participants were recruited who self-identified as experiencing mental ill health whilst studying
50 for their degree. Self-identification was deemed important as it reflected the phenomenological
51 and personal perspective approach adopted with IPA. This meant that the term 'mental ill health'
52 was constructed and contextualised broadly within the parameters of this study. By using this term,
53 the whole scope of human experience is referred to, from poor emotional well-being through to
54 professionally categorised and recognised forms of severe and enduring mental illness. Notes
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3 regarding participants' self-perceived experiences of 'mental ill health' are presented in Table one
4 to provide further ideographic detail.
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6 In addition, the five participants interviewed were all studying an arts-based subject. Purposive
7 homogenous sampling was applied to participant recruitment (Smith et al., 2009, p.49);
8 participants were recruited via a central email sent to all students studying in the School of
9 Education and School of Arts and via recruitment posters displayed around campus. Table one
10 shares key information about the five participants.
11

12 **Table one: Participant information**

13 ***Interview process***

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16 One to one Photovoice interviews were conducted with each participant in a seminar room located
17 in a quiet part of the university campus. Interviews were audio recorded and transcribed. They
18 lasted between 60 minutes and 120 minutes.
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20 An IPA investigation views data collection as less of a formal interview and more as a constructive
21 conversation (Smith, 2004). It is critical that the data collection method is not too prescriptive, as
22 may be the risk with a structured interview schedule, so as not to override the lived experiences
23 and individual interpretation the participant brings to the subject (Smith, 2004). Given the
24 importance of this, the study employed Photovoice as the primary method for data collection.
25

26 Photovoice was originally developed as a participatory research method for studies seeking to
27 promote the voices of marginalised groups (Strack, Magill, & McDonagh, 2004; Wang, Yi, Tao,
28 & Carovano, 1998). ~~As an emancipatory method, participants are asked to take photographs that~~
29 ~~represent their thoughts, experiences and perceptions of the topic being explored (Strack et al.,~~
30 ~~2004; Wang et al., 1998).~~ Photos are utilised as a form of communication which are then used as
31 a conduit for the discussion of participants' experiences and personal stories during photo-sharing
32 sessions with researchers and sometimes other participants (Strak et al., 2004; Wang et al., 1998).
33 Plunkett, et al.,(2013) suggest that Photovoice is a complementary method for conducting an IPA
34 as the combination of photography with a constructive conversation can "fill a void of
35 understanding" present when only spoken language is relied on (Plunkett et al., 2012, p. 3). For
36 previous examples of phenomenological research that has utilized Photovoice, see Lundy, Cuellar,
37 and Callahan (2009), Berinstein and Magalhaes (2009), and Genoe (2009).
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41 Before the scheduled interview participants were instructed to take new or bring existing
42 photographs that demonstrated their personal stories and perceptions of being a mature
43 undergraduate student experiencing mental ill health whilst studying. Photographs could be of
44 their own production or 'found photos', however all participants chose to bring photos of their
45 own creation. These were a combination of photographs they took especially for the research
46 project or photographs they had taken in the past. Participants chose to bring between 5-7 photos
47 each.
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50 During the interview each photograph was used in turn as the basis for conversation. In this way,
51 no interview schedule was used and the Photovoice method allowed participants to take the lead
52 in what they wished to discuss, enabling expression of their lived experiences (Smith et al., 2009).
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54 ***Analytic procedure***

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3 Data was analysed by the interviewer and three additional members of the research team
4 comprising undergraduate students recruited to engage in paid research support work. The
5 interviewer is a lecturer in the School of Education and had delivered module content to two of
6 the participants, therefore it was important that the first stage of the analytic procedure was to
7 acknowledge this potential bias and how it could influence the interpretative aspect of the IPA.
8 Bracketing is a concept drawn from Husserl (1999) and involves consciously putting aside existing
9 biases towards an experience (Creswell, 2013). All four research team members engaged in the
10 bracketing process before analysis by completing a written statement of their personal experience
11 regarding the research topic (Creswell, 2013). Existing biases were noted and returned to
12 throughout stages of the analysis process to continue to bracket out personal perspective arising
13 from one's own lived experience.
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17 Interview transcripts were first listened to, each transcript was then coded for 'meaning units' for
18 each participant in turn (Grabeheim & Lundman, 2004). Smaller units of text were secondly
19 scrutinised to move closer to the text's "core-essence" and "gist" (Alase, 2017, p.16). The
20 subsequent category phase of data analysis grouped codes into larger meaning units within
21 transcripts, and then across participants to generate larger meaning units (Alase, 2017; Creswell,
22 2013). Larger meaning units were reviewed to form themes for each participant, which led to the
23 generation of four superordinate themes across texts (Smith et al., 2009).
24

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26 ~~First, each interview recording was listened to, and the transcript read three times noting what was~~
27 ~~being conveyed verbally and the participant's general state of mind (Smith et al., 2009). Each~~
28 ~~transcript was then coded individually for each participant in turn. Coding occurred line by line~~
29 ~~first seeking out 'meaning units', sections of text conveying the central meaning of the lived~~
30 ~~experience (Grabeheim & Lundman, 2004). Coding then explored smaller units of text, described~~
31 ~~in a few words (code generation) to move closer to the "core-essence" and "gist", referred to as~~
32 ~~the "condensation process" (Alase, 2017, p.16).~~
33

34
35 ~~Secondly, the category phase of data analysis involved grouping codes into larger meaning units~~
36 ~~(Alase, 2017; Creswell, 2013). Again, this initially occurred within transcript for each participant~~
37 ~~in turn. Larger meaning units within each participant transcript were shared and reviewed by all~~
38 ~~members of the research team to ensure saturation of the data. Larger meaning units were then~~
39 ~~reviewed or combined to form initial themes for each participant. The final stage of analysis~~
40 ~~categorised themes across participants to generate four superordinate themes (Smith et al., 2009).~~
41

42 **Ethics**

43
44 ~~The study gained ethical approval from the University's Ethical Research Board. The designed~~
45 ~~research procedure considered and responded to concerns of anonymity, data protection, and~~
46 ~~informed consent. In addition, participating students were deemed at potential risk of harm from~~
47 ~~talking about their mental health experiences. A safeguarding procedure was developed to mitigate~~
48 ~~against potential harm. This involved the following factors:~~
49

- 50 ~~● Students diagnosed with Post Traumatic Stress Disorder (PTSD) were exempt from the~~
51 ~~study as talking about experiences was felt to be at risk of re-traumatising and increasing~~
52 ~~risk of harm.~~
- 53
54 ~~● Likewise, students who were currently experiencing suicide ideation or had a plan to take~~
55 ~~their own life were exempt from taking part in the study.~~
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- ~~Participants understood that signing the consent form to participate meant that they did not have PTSD or were experiencing suicide ideation.~~
- ~~Standardised assessments for anxiety, depression and suicide ideation were administered at the end of interviews to review any potential distress caused, along with a clinical consultation. Students were deemed high or low risk as a result of this assessment. The assessment was carried out by a HPCP registered practitioner psychologist. Participants were aware of this process before consenting to take part in the study.~~
- ~~A referral to the university counselling service was made if the student was deemed at high risk of distress after the interview. However, none of the participants were deemed to be high risk.~~

Findings

Four superordinate themes were constructed: ‘A very difficult, uncontrollable experience’, ‘Symptom control required to succeed in Higher Education’, ‘Conformity to student social norms and belonging’, and ‘A second chance is a final chance’. The research narrative for each superordinate theme is presented in turn and presented across participants, predominantly focusing one participant at a time so that their personal experiences are not lost (ideographic perspective).

Superordinate theme one: A very difficult, uncontrollable experience

Participants presented an interpretation of their experiences of mental ill health rooted in the perception of it being hard to control and making life difficult to live. The experience was viewed as something that made daily life uncomfortable due to lack of control. It was therefore unwanted, with no redeeming features.

Stacey

For Stacey, this interpretation was first generated at the beginning of her interview by contrasting her experiences with the testimony of others who claim to have mental ill health:

“I feel like nowadays a lot of people say, like, they have mental health, or they have this, or they have that, and it’s like, but do you though? Like, or are you just, like, I think some people do think it’s like a fashion accessory and it’s like if I could not have this, trust me I wouldn’t.”

Stacey is questioning the severity, and therefore the validity, of others who claim to have mental ill-health by directly querying their claims with the question, “*but do you though?*”. She goes on to liken their experiences to a “fashion accessory”, something popular, frivolous and therefore desirable. In contrast, her experiences are those which she would never actively desire, demonstrating her interpreted unpleasantness of the experience. This interpretation is built upon throughout her interview through repeated use of adjectives such as “*horrible*”, “*the worst*” and “*awful*” used to describe her mental ill health experiences. This is exemplified in the following quote where she talks about what it is like to live with her challenges:

“like, this is the end of the world, this is the worst thing.”

Closely linked to this unpleasantness is a related interpretation made by Stacey that her mental ill health has its own power and is thus difficult to control. When speaking about it, Stacey gets stuck

on this idea and repeats herself whilst exploring the effect of anxiety and an associated behaviour of scratching herself:

“Yeah and I just, I can’t, I couldn’t, I can’t stop”

With this repetition it is almost as if the lived experience of lack of control inherent in the urge to scratch herself is conveyed through the temporary loss of command over language use. She lingers on the subject matter, stating several times what she can’t do. ~~At other times she is more resolute on the matter presenting a clear interpretation:~~

“there’s nothing I can do to stop me scratching”

~~Stacey relates this lack of control to the ‘horribleness’ of mental ill health when explaining that during university lectures she finds it difficult to stop scratching. In the following quote again note the repetition of language ‘can’t’, as if mirroring the force of the real-life experience:-~~

“I’ve started doing it in one lecture. It’s awful... like, this is horrible... but yeah I can’t, cos I can’t, I just thought what must I look like? I’m just like argh, I just can’t stop”

William

For William, there also existed an interpretation that his lived experiences of mental ill health were significantly unpleasant and difficult to control. The ideographic perspective personal to him was that he felt he suffered repeated and intrusive overthinking. He focused more on the impact this had for studying, rather than for multiple life domains as some other participants tended to do. William’s personal interpretation of overthinking as being a significant and negative difficulty in his life often occurred through metaphor and imagery, such as in this quote where he develops the idea of his overthinking being a knock on the back of his head:

*“it’s just sort of like, *sigh*, the back of my head there’s always this sort of like *knocks on back of head with fist*. I like to think of it as a knocking in the back of my head.”*

The use of his fist on the back of his head can be interpreted as a physical demonstration of his metaphor to fully communicate the impact and force that overthinking has on him; a desire to signify to the interviewer the level of significance by bringing parity between mental and physical discomfort. ~~This negative impact is associated with a lack of control through a positioning of his brain as different to himself, which is attributed for being responsible for the over thinking:~~

“my brain travels so quickly and then like it’ll tell [me] when I’m thinking really quickly...because my brain’s going, firing on all cylinders at all times.”

~~Here there is a sense of ‘othering’ of his brain apparent in the language and imagery conveying speed, and his reference to the idiom of ‘firing on all cylinders’. The pace of his brain is set as different to that which he would like to operate and so creates a distinction between himself and it as an object other to himself. He wishes to have control over the speed at which it thinks, but it is separate to him and so runs under its own autonomy.~~ This lack of control is in turn re-associated as having a negative impact on his life in the following quote where William explains that because he can’t keep up with his brain, as it never stops, it leaves him with no energy or speed of his own:

“I’m just mentally exhausted because I just don’t feel like my brain stops, like I don’t give my, myself a moment of reprieve, so even those moments where I feel like drained mentally.”

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3 He highlights the practical implications this has for attempting to study and learn, such as:

4
5 *“because my mind’s racing, so for assignments, like, I’ll find myself taking for hours”*

6
7 And how in lectures he must:

8
9 *“be having to put my everything into having to listen to what they have to say because otherwise I’d be like consumed by my own thoughts”*

10
11
12 *Jack*

13 Jack was somewhat removed from the negative reality of his mental ill health as he felt more
14 intense experiences of depression to be in the recent past, with anger and anxiety remaining. Yet,
15 the passing of time did not appear to have lessened the interpretation that it had been an extremely
16 difficult experience with no positive impact on his life. This is apparent in the following quote
17 where he gives details of an extreme case example, that of never leaving the house, as if to pick an
18 apt exemplar to portray the devastation it had on his daily life:

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21 *“it was depression. I was terrified of everything. I didn’t want to leave the house... I don’t want
22 that again.”*

23
24 Of all the participants, Jack was the one for whom lack of control featured most heavily in his
25 interpretation of the distress his mental health experiences had caused him. Initially, this had begun
26 with out of control eating which he interpreted as being a result of his past depression:

27
28 *“I started to get really depressed, I started to eat, started to because I kinda lost emotion”*

29
30 This interpretation that his eating was out of control was also present in two photographs he shared,
31 one of his fridge and one of him in the past when he weighed more. He explained that it was
32 upsetting but important to share both photographs as he felt autonomy over his life diminished as
33 the depression and associated eating both increased their power over him. The above quote situates
34 this lack of control as emanating from an inner desire to replace lost emotions (because of
35 depression) with food.

36
37 ~~In the personal story of lived experiences Jack presented he had recently overcome his lack of~~
38 ~~control with eating but a lingering fear of not being in control was still affecting his life in a~~
39 ~~negative way, especially in the context of studying for his degree. He spoke about how group~~
40 ~~assignments were anxiety provoking for him due to a diminished sense of control when group~~
41 ~~input trumped individual direction (also exemplified by sharing a photograph depicting his group~~
42 ~~at work). This interpretation of a lack of control is also apparent in the following quote from Jack~~
43 ~~where he is explaining how using assignment submission technology “Turnitin” makes him~~
44 ~~stressed as he feels he has limited control over it:~~

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46
47 *“Turnitin is stressful... yeah, it’s just, I don’t really trust it. I’m not giving it in. Oh my god it’s*
48 *that control again. Ok, I didn’t think about this before you asked the questions but again if it was*
49 *a physical copy then I’d know that I’ve given it to them, whereas I don’t trust it. I don’t know*
50 *that it’s gone in. If that goes down will I not get my mark?”*

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52
53 *Amber and Rose*

54 Like Jack, Amber and Rose clearly situated the negativity of their mental ill health as being more
55 in the past than the present and associated this with degrees of personal control. For both, the
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diminishment of unpleasantness and impact on daily life was a result of feeling they had gained some control. For this reason, they have been placed together in this part of the research narrative as their experience is picked up and covered in detail in the next theme: ‘Symptom control required to succeed in Higher Education’. The two themes link as lack of control and negative impact on daily life led participants to the related interpretation that they had to make attempts to control their mental ill health in order to succeed in Higher Education.

For Rose, the interpretation that her past experiences of mental ill health had been difficult and uncontrollable was present in the first photograph she shared. This was of her car dashboard displaying an empty tank of petrol via a lit-up petrol warning light. Rose used this image as an example of daily life events that can potentially make someone feel out of control. She explained how her past interpretation of this situation would have been that she had little influence and this would make her feel bad:

“I [would have] felt a bit deflated by that because I am actually going to uni and I [would have] thought oh god this is how my day is going to start”

However, her interpretation that her thinking has shifted, and that she would not now view such an event this way is prevalent here where she demonstrates an internal monologue of asking herself questions to manage the situation:

“but I do not want my day to finish like this so how am I going to get out of it?”

Similarly, Amber spoke of the control the level of intensity of her mental ill health had had in directing her life choices, interpreting the degree of unpleasantness as equal to the degree of control over her decisions. For example, in the following quote she is pondering her past career choices, having made a choice to study Primary teaching over educational psychology:

“I think, I think had, had I been [in] a better place in Sixth Form I probably would of gone for educational psychology”

As she thinks this through the interpretation clearly emerges and is supported by her final thought presented resolutely on the matter when she concludes that when she began to study Primary Education:

“I was in a good place to go”

Theme two: Symptom control required to succeed in Higher Education

The interpretation that mental ill health had a power of its own and made life difficult led to a related interpretation that in order to succeed in Higher Education attempts to control mental ill health are required (this is what is meant by the adopted term *control attempts*). Obviously, this somewhat contradicts the prevalent ‘uncontrollable’ interpretation, but here the ideographic perspectives of each participant demonstrate that those less inclined to the ‘uncontrollable’ interpretation reported more successful control attempts and impact on studying (e.g. Rose and Amber, and to a lesser extent Jack). Conversely, those who interpreted their mental ill health as particularly uncontrollable reported a lesser degree of success from symptom control attempts (Stacey and William).

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3 It was clear from the data that despite the varying degrees to which the participants felt that their
4 mental ill health had control over them, all participants attempted some symptom control attempts
5 to try to do well in their degree. It was the experience of success as a result of symptom control
6 attempts that differed.
7

8 *Amber*
9

10 Symptom control attempts to make her Higher Education experience smoother formed the
11 overarching approach Amber took to the interview and her stance on the proposed research topic.
12 This was present in the photographs she chose to bring, with each photograph depicting a strategy
13 used for controlling and managing. For example, she shared an image of a chocolate tin neatly
14 organised as a container for her medications. She provided the following description in relation to
15 the image:
16

17
18 *“umm. I’m on, how many have I got there? One, two, three, four. I’m on five*
19 *prescribed medications and then two prescribed painkillers and I’m umm yeh, two prescribed*
20 *painkillers. Umm, it’s all sort of interlinked. Those are for what? They’re all for everything*
21 *really”*
22

23 Such a pragmatic description, evident in the care taken to count exact quantities and use of
24 medication, was common in relation to every control strategy detailed by Amber. Immediately
25 after this quote Amber went on to provide further practical detail such as how often she took the
26 medication and the names and purposes of each. In the following quote another example is given
27 of where a strategy of physical placement in public spaces at University helps her reduce risk of
28 experiencing social anxiety. Again, note the lack of embellishment or emotional language used to
29 describe the experience, leaving a simple focus on the practicalities of what is done and the
30 outcome:
31

32
33 *“I have my own little hidey hole in the canteen where nothing’s behind me so I can see everyone and that*
34 *sort of puts my mind at rest knowing that somebodies not behind me doing something stupid or saying*
35 *something.”*
36

37
38 ~~One interpretation of Amber’s hermeneutical take on her experience of trying these strategies is~~
39 ~~that she focuses on the practical elements to evidence that they work. The practicable aspect of~~
40 ~~each strategy is highlighted and in doing so the success it has for controlling and managing her~~
41 ~~mental ill health is demonstrated. Contrastingly, across her interview she also provided examples~~
42 ~~of how a lack of control returns if she doesn’t implement symptom control attempts, such as in~~
43 ~~the following quote when discussing coming off medication and her having no autonomy over the~~
44 ~~process as ‘it wasn’t an option’:~~
45

46 *“we did try and come off them, ummm, a year or so ago but it put me in such a low place that it*
47 *sort of wasn’t an option.”*
48

49 *Rose*
50

51 Rose had a strong interpretation that her symptom control attempts had had a positive outcome on
52 her experience of studying in Higher Education. Her management attempts had coalesced with her
53 success in Higher Education so that studying and learning themselves had become effective
54 strategies for managing and controlling emotions and thoughts implicated in mental ill health. She
55 interpreted this as occurring on an emotional level and also in the cognitive domain. In the
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following quote she speaks of how her thinking skills developed through studying and had in turn benefited her management of interpersonal conflict:

“I love that about uni. It is not just come here, learn this and then you get your degree. It actually develops your mind and strengthens. I feel like my mind has grown like a muscle. When you go the gym your muscles grow and grow and grow. That’s what my brain feels like, that it’s stronger. And another way I know that is that I did not like confrontations [before] because I felt like I could not argue back. Like, my mind wasn’t quick enough, I did not know, have any answers I could not articulate very well. Whereas now, I feel like I can articulate quite well to an argument.”

Likening her brain to a muscle is an attempt to interpret her Higher Education experience as one that has led to whole person growth contrasted with a learn by rote “come here, learn this” approach. There is a clear interpretation made that her success in controlling her mental ill health is rooted in thinking skills developed through studying.

~~This is furthered in the following quote where she discusses a photograph which was a selfie of her smiling whilst studying in the university library. She spoke of an overwhelming sense of “calm” that being in this location and engaging in study gave her:~~

~~*“You can see by the look on my face and the fact that I’m smiling about it, it was such a moment to be in. I felt really honoured and it was quite a nice moment for me and I felt great.”*~~

~~Her choice of emotional language here serves to portray the in-the-moment and visceral quality of the experience. This language choice heightens her expression of the joy felt as a result of being able to study, the antithesis to the mental ill health emotions she had experienced historically and in other aspects of her life when not studying in the library.~~

Jack

Jack presented the idea that his symptom control attempts- in order to succeed at university were bound up in conceptions of himself being a “failure” having not passed a year during his first university experience; he had dropped out and also developed depression (which he interpreted to have lessened at the point of our interview). In response to the lingering fear of not being in control of his life and this negatively effecting his studying (see theme one), Jack’s symptom control attempts were centred around “collecting” work experience opportunities.

He interpreted this behaviour as demonstrable of a need for “ownership” and his view point that ownership of many opportunities was something successful people had. This is exemplified in the following quote where he likens himself to a “hunter gatherer” curating his own success:

“I’ve had to go out. I’ve had to hunter gather and find all these things”

On the surface, relating his behaviour to historical conceptions of man being self sufficient *hunter gathering* appears to be a confident statement devoid of any underlying feelings of fear of lack of control. However, this was immediately followed with the self-questioning:

“I like to think I work hard for the things that I get and it’s not like I show off about it, but I also don’t want to let it go.”

The wish to retain and not let go belies a fear of failure and lack of control, positioning this behaviour as a control attempt to succeed during his second attempt studying for an undergraduate

degree. Jack went on to explain how he had too many opportunities and that they were in fact eating into his time and having the reverse effect, but he still could not let them go. This demonstrates the strength of his interpretations which influenced the continued pursuit of the control attempt.

William and Stacey

William and Stacey's experiences aligned in the sense that both felt that whilst they made symptom control attempts in order to succeed in Higher Education their effect was limited. William's strategies were implemented to try to quieten existing anxious thoughts and to avoid further ones so that he could study effectively. Like Amber, several of his chosen photos depicted these strategies. He shared that he would walk or drive late at night as a diversion tactic and in the daytime listen to music through headphones:

"I'll put music on as well, so like, I've got, I've got a picture of my Spotify playlist because that's like a lifesaver for me."

However, he made a constant emphasis that these symptom control attempts did not ultimately resolve the difficulty of his lived experience of mental ill health. They only served as a temporary distraction. ~~This interpretation is most powerfully evident in the following quote where he contemplates the option of a more serious and lasting symptom control attempt, that of taking his own life:~~

~~*"so, like, not to get too dark but like I've even, when I've been really struggling with it, I've never wanted to hurt myself or die but there's been times where I just don't want to exist."*~~

~~The desire to not exist is expressed as only occurring when he has really struggled. In effect, it is the only option that would fully extinguish his negative experience, rendering the other strategies as symptom control attempts whose effect can only be temporary and fleeting (of note: William also shared that he did not have a plan to take his own life and these were merely imaginations. From a safeguarding perspective he was not deemed at risk).~~

Similarly, Stacey shared that she made some symptom control attempts, especially to try to manage her scratching during lectures. But she too provided the interpretation that the influence of her mental ill health was too powerful for them to be fully overcome and the strategies to be deemed successful. For example, in the following quote she discusses the strategy of a stress ball recommended by her university support worker:

"It's these, like erm, stress balls. But I said because I want something to kind of dig my nails into she was like get a material one, yeah. Which, I mean, sometimes I have just been messing about with them."

Here she speaks about how she doesn't necessarily use them for their intended purpose, the idea of her "messing about with them" diminishing their influence. ~~This is developed further:~~

~~*"Stacey: I don't think it's completely stopped it because it's so easier to just do that than oh let me just grab that out of my bag."*~~

~~*Interviewer: Right, so it's like you have to learn a new behaviour isn't it? Almost, transferring it"*~~

1
2
3 *Stacey: Yeah. It's like, I'm trying with it. I'm trying to stick with it but it's like, I don't know, it is*
4 *easier to just scratch."*
5

6 She later delivered a clear interpretation here that she has-had tried her best to utilise the strategy
7 but despite efforts the scratching urge still remains, interpreting the impact of the control attempt
8 as minimal.
9

10 ***Theme three: Conformity to student social norms and belonging***

11
12 The majority of participants presented an interpretation that strong social norms exist in the
13 undergraduate student community. They felt high pressure to conform to these in order to perform
14 a cultural ideal of what being a 'student' is. In relation to this, a desire to be themselves and not
15 conform to prominent social behaviours resulted in the tension of feeling this meant they didn't
16 belong; yet they wanted or needed to belong. This tension resulted in stress that was interpreted as
17 exacerbating existing mental ill health, although not viewed as a cause of mental ill health
18 experiences. Most participants attributed some of the desires not to conform as arising from their
19 status as a mature student.
20
21

22 The following presents the research narrative across participants by grouping Stacey with Jack and
23 William with Amber as these pairs presented similar experiences. Rose's experiences are not
24 explored during this theme as she did not present any interpretations that related to it.
25

26 *Stacey and Jack*

27
28 Stacey related many examples of the pressure to follow student social norms in a range of contexts
29 including nights out, lectures, shared housing and societies. The one which is most representative
30 exemplary of the pressure she felt occurred during a Dance Society practice trip to a dance studio.
31 She shared a photograph of her in a large group of student dancers during this trip. The
32 accompanying story was how no one asked her permission to take her photograph and that it was
33 shared without asking on the society's social media page. Across this and several other story
34 examples she explained her view how there is social pressure to always be jovial and outgoing
35 with other students. This photograph was used as an interpretation of this as the photographer had
36 caught her unaware and she wasn't smiling. Another shared photograph depicted her and friends
37 on a social occasion where Stacey explained that she was smiling, but that it was a fake smile to
38 fit in.
39
40

41 Stacey felt that the Dance Society photograph "*wasn't real*" and explained her desire not to partake
42 in the social performance in her wish for it to be taken off the social media page. However, the
43 pull to conform and belong is present in the following extract where Stacey clearly identifies that
44 it was the "*social terms*" that led her to behave in a way incongruent with these inner desires:
45

46 *"I think, in social terms, I didn't want to be that person, do you know what I mean? Like, as*
47 *much as it's like, you shouldn't have took that photo, I didn't want to be that person causing a*
48 *fuss."*
49

50
51 In accordance with unwritten student social norms the person "*causing a fuss*" would not be fitting
52 in as it is not easy-going, jovial social behaviour. She spent a few occasions during the interview
53 musing on this idea, making sense of it. Her final interpretation was that ultimately despite "*not*
54 *being ok*" she chooses to perform socially for the sake of making others feel comfortable:
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1
2
3 | *“I think I do a lot of social performances because I want to make sure that everyone else is*
4 *happy. I do a lot to make sure that everyone else is okay and then I’m like, I’m, to myself, I’m*
5 *like, I’m not okay though. And it’s like, I don’t know, I tend to put on a face a lot of times.”*

6
7 | ~~Right at the end of Stacey’s interview she concludes that:~~

8
9 | ~~*“you don’t know our stories. I don’t know why it grates on me but it’s like, like, you don’t know*~~
10 ~~*what’s going on and its, its so easy to hide.[from others]”*~~

11
12 In a similar vein to Stacey’s photos, Jack shared a photograph of a night out playing ‘pub golf’ a
13 game he explained as involving:

14
15 *“(not being able to) enjoy yourself because you’ve got to neck your drink.”*

16
17 Jack positioned part of his lack of enjoyment as arising from being different, being a mature
18 student. This interpretation is evident in his focus in the following quote on the different styles of
19 drinks between mature and younger students:

20
21 | *“they were drinking this [referring to a photo of a bottle of Smirnoff Ice], and I was drinking*
22 *vodka. So that’s what the young people were drinking.”*

23
24 As with Stacey, Jack relates that he wishes to resist conforming to the social performance required
25 of him on the night out:

26
27 | *“I’m like, I’m not playing [pub golf]. Like, I’ll go and it’s the first time I’ve been out my flat*
28 *properly since we moved, I moved in. So I was like I’ll go, but I’m not playing [pub golf]. So I*
29 *purposely forced myself out of the group a little bit.”*

30
31 However, after delivering this strong statement of his purposeful behaviour he immediately retracts
32 by stating that such non-conformity creates “worry” as he is thinking too much about changing
33 himself:

34
35 | *“And I don’t know, I worry I do too much and then I’m like but that’s who I am. Why should I*
36 *change who I am? So that’s another cause of worry”*

37
38
39 *William and Amber*

40
41 William and Amber related the same conformity pressures and associated stress but provided an
42 interpretation that they had managed to somewhat overcome this. William shared photos of the
43 university campus bar and stacks of alcohol in the student union shop. He explained that he chose
44 these photos because drinking alcohol used to be a problem for him exacerbated by its presence
45 being ubiquitous with the “*university culture*”:

46
47 | *“it’s just part of the university culture, isn’t it. So if you have (mental health) problems then there’s*
48 *always that sort of backdrop where people are sort of insisting”*

49
50
51 His reference to a social backdrop of other students “*insisting*” highlights his interpretation that it
52 is a constant social pressure to drink alcohol as a student. However, later on in his interview he
53 explained that he didn’t drink as much anymore as he felt it was a management strategy that wasn’t
54 effective in the long term.
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Amber's references to student social norm pressures were less specific than other participants and were used to contrast with her own reasons for being at university, which she attributed to being a mature student:

"I'm not here for the uni life. I'm not here for all of that. I'm here to get my degree, get my qualified teaching status and get teaching."

In this quote "*uni life*" and "*all of that*" is dismissed as not for her by being directly contrasted with a clear personal goal of becoming a qualified teacher.

Theme four: A second chance is a final chance

Being a mature student meant trying again. This meant trying again after feeling they had failed at a previous educational or career attempt. Jack and William had attempted and not finished an undergraduate degree before their current one. Stacey and Amber felt they had been unsuccessful at sixth form and college and so university was presented as a second educational chance. Rose hadn't found her previous career in retail to be fulfilling or successful, and so university was a second chance at finding meaningful work.

This second chance was not interpreted in a positive or liberating way by participants. Instead, it brought a lot of pressure as it was interpreted as a one-shot opportunity; a final chance to succeed at education and prove themselves capable. As this theme had the least ideographic divergence between participants this part of the research narrative presents all participants together.

William expands on this thematic interpretation in the following quote:

"When I came to [university name omitted] university there's a part of me that's like, okay you only get four years' worth of funding, I've used one and this is a three year degree, and most degrees are three years. So if this now doesn't work out then there's no sort of future at university for me. So there's like that added level of pressure which you, like, I should have been chilling out in freshers and that sort of thing, but that was all I could think about all the time. That sort of knocking in the back of my head. Sort of, you can't cock this up because if you do then there's nothing there for you if you don't"

In this extract William refers to practical elements of the funding structure that have led him to the interpretation that he is now under pressure to succeed at his second Higher Education attempt. He links this directly to his experiences of mental ill health via a referral to his previous metaphor of the knock on the back of his head. His final statement that there's "*nothing there*" for him if it doesn't go well is an all or nothing catastrophizing of a potential second failure that generates the interpretation of a final chance.

Jack presented a very similar interpretation when talking about the ongoing influence of his last university failure:

"I think that's affected this, in a way, this degree. Because I worry I am going to lose everything again"

He's sees his past experience as suffering a total loss, one that lingers as a reminder that it may happen again. As this is something he really doesn't want to happen again the pressure this time is higher and he spoke after this about having to "*do better this time*".

~~Similarly, Stacey states that upon starting university:~~

“I felt like I was behind”

~~This alludes to an interpretation that she should catch up in order to succeed at this second chance, which has an inherent pressure for success.~~

Rose’s interpretation that this was a second opportunity that came with pressure is apparent in her stylistic choice of questioning the experience from different perspectives, demonstrated in the following extract:

“I have got to this stage and what would have happened if I hadn’t taken that journey? Would I be here now? Would I be in my situation? Would I have met that person? Would I planning for this or aiming for that? It was really humbling, if I make a choice I live by that and I stand by that.”

The multiple questions display the sense of unease a second attempt can generate. She finishes by emphasising that as it was her choice she must stand by it, an interpretation that the responsibility of succeeding at the second attempt is a pressure for her only.

~~Lastly, Rose states clearly that:~~

“I had a lot of anxieties at the start of the year”

~~She relates this to her past experiences of not enjoying sixth form, contrasted with a need to enjoy and do well in Higher Education as she has a clear goal to become a teacher. As such, for all participants there was a strong pressure to succeed underpinned by the belief they had a second chance, namely a last attempt.~~

Interpretive summary and discussion

Summary of findings

The current research set out to develop a phenomenological and ideographic understanding of mature students’ lived experience of having mental ill health whilst studying for an undergraduate degree. Participant’s stories and perspectives demonstrated that their personal reality of experiencing mental ill health was interpreted by them as something unpleasant, difficult and with no redeeming features reported. All participants reported feeling that this was a powerful force that led them to perceive they struggled for control, although the degree of this interpretation varied across participants. This perception led all of them to engage in symptom control attempts to try to succeed in their studies. Some participants reported more success with their symptom control attempts than others. For those who were successful they perceived this to have a positive impact on learning. For those who interpreted their symptom control attempts as less successful they perceived this had a negative impact on learning.

Participants reported unique pressures that came with being a mature student that had an additional impact for their mental ill health. Being a mature student was perceived as a second chance and even, in some cases, a last chance meaning they experienced higher stakes in the pursuit to succeed educationally. Being a mature student also meant feeling outside of norms and expectations associated with the social performance of being an ‘undergraduate’. This too created additional pressure as participants interpreted a conflict between wanting to belong through conformity but also wishing to retain a sense of their own independent selfhood.

Positioning findings within wider literature

The theme of mental ill health being unpleasant with no positive elements expounds a difficult personal reality that is arguably played down in representations of mental ill health in the public sphere. It can be argued that when stories of mental health are presented in the public domain the difficulty of the experience is edited to be more palatable. For example, population level campaigns to reduce mental health stigma shy away from stories that promote messages of intractable adversity and predominantly focus on recovery-oriented and hope-oriented messages (Clement, Jarrett, Henderson, & Thornicroft, 2009). Similarly, mental health apps promote personal responsibility and a 'can do' attitude to facilitate a hope-oriented perspective (Parker, Bero, Gillies, Raven, Mintzes, Jureidini, & Grundy, 2018). The current study's findings suggest that framing mental health experiences in this way is shying away and glossing over lived experiences. Whilst a hope-oriented perspective has its place for reducing stigma and promoting personal resiliency, it can potentially disenfranchise those experiencing mental ill health as very difficult and uncontrollable experiences, who don't see themselves in these messages.

~~The perception of lack of control regarding mental ill health and reported symptom control attempts align with the experiential avoidance model of mental health. Boulanger, Hayes, and Pistorello (2010) argue that experiential avoidance, the desire to control emotional experiences to diminish their unpleasantness, is more than an emotion regulation strategy and underpins a broad spectrum of psychopathology symptoms (for recent reviews see: Brereton & McGlinchey, 2020; Kirk, Broman-Fulks, & Arch, 2020; Newman & Llera, 2011; Oreutt, Reffi, & Ellis, 2020). Experiential avoidance therefore is a suitable theory for explaining the finding that whilst all participants focused on the strategies they employ to try to diminish and avoid difficult emotional experiences, they each reported a range of differing individual symptoms prompting this behaviour.~~

~~Similarly, the~~ finding that those who perceived themselves to have more successful symptom control attempts and a minimal lack of control, relates to the narrative psychology work of McAdams and McLearn (2013). The theoretical perspective that individuals who construct life stories involving personal redemption and exploration can be applied to understand why those who succeeded in developing more agency through symptom control attempts also interpreted associated reductions in the uncontrollable aspect of their mental ill health and associated studying success.

Narrative research exploring how self-authoring of personal narratives can impact the development of mental ill health coping behaviours over time can also be applied to interpret the theme 'A second chance is a final chance'. Despite their perceptions of the difficulty and force of their experiences, all participants felt an internal desire to 'try again' at Higher Education. All engaged in symptom control attempts to exert personal agency to succeed at this 'second chance' and 'last chance' situation. It is possible a re-authoring of their personal story was taking place where, despite fully acknowledging the difficulty of their experiences, they still sought to believe that they could exert some influence over them (Grant, Leigh-Phippard, & Short, 2015). Emerging attempts at agency and redemption such as these have been shown to lead to positive outcomes for mental ill health years later (Adler et al., 2015) and can be applied to explain why participants engaged in symptom control attempts and wanted to 'try again' despite the difficulties they faced.

Lastly, the relationship found between social belonging and mental ill health is not surprising given the extensive research literature extolling the benefits of perceived social connectedness in positive

emotional well-being and resilience (Fraser & Pakenham, 2009; Lamblin, Murawski, Whittle, & Fornito, 2017). The unique perspective the findings offers in light of this literature is that a sense of social difference and isolation can arise from discord between social norms for what is often referred to as 'typical' HE undergraduate students and the behavioural and experiential profile of a mature student. Systemic strategies aimed at increasing feelings of social belonging in mature students offer a clear point of intervention, the harnessing of which would potentially be effective in mitigating negative educational consequences (Erb & Drysdale, 2017; Kahu, 2014; Kember, Lee, & Li, 2001)

Benefits and limitations to study

The main benefit of the research is that it contributes an ideographic and phenomenological perspective for the lived experiences of mature undergraduate students in Higher Education experiencing mental ill health. This specific perspective is currently missing from the qualitative literature. Further research could seek to replicate this homogenous sample or homogenize further by recruiting participants with specific mental health conditions, e.g. Generalised Anxiety Disorder.

However, whilst a homogenised sample is called for in IPA a potential limitation of the research is that because all students originated from the same university, a post-1992 university, and studied similar subjects, their experiences and interpretations may not be reflected in a sample taken from a traditional university and / or other subject areas, e.g. the physical sciences. Likewise, the recruitment method of allowing an inclusion criterion of self-identification of mental health needs may have broadly increased the spectrum of emotional distress experienced. Future research may wish to design inclusion criteria where participants have a professionally diagnosed and/or long-standing mental health condition to compare the lived experiences of this sample.

Conclusion

~~In conclusion, the five mature students illuminated a lived experience of mental ill health and studying that was interpreted by them to consist of great difficulty and a lack of control. This led to a need to attempt to gain control to succeed with their learning. Their existing mental health difficulties were perceived to be exacerbated by conflict arising from a desire to socially belong, but that characteristics of being a mature student made it hard to conform to undergraduate social norms. Additional pressure also came from the belief that being a mature student was a second chance at education and building a career, and a last chance to succeed personally.~~ If the personal lived perspective of mature students is to be prioritised, these findings and those of previous research suggest the following support to be enacted at Higher Education level:

- Acknowledgement and validation of the depth of difficulty and unpleasantness mental ill health can bring into a mature student's whole life and university experience.
- Working with mature students at the systemic level to explore positive symptom control attempts, their implementation and monitoring of their success.
- Acknowledgement of the significance of social belonging and difficulties this may present for mature students when undergraduate social norms have been formed based on the experiences of 18-21 year-olds. Working closely with mature students to explore innovative ways to promote their social belonging.

- Providing not just direct relational and therapeutic support for the common symptoms of mental health conditions but also for the perceived pressure of Higher Education as a second and last chance to succeed and the stress this may induce.

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Participant (Pseudonym)	Gender	Age	Degree subject	Year group	Notes on self-identification of 'mental ill health'
Stacey	F	21	Education Studies	Y1	Stacey reported daily anxiety that she perceived to impact her studying and life functioning (such as, self-organization). This was perceived to have been present since she was 16 years old. She was known to her GP and had a diagnosis of Generalised Anxiety Disorder. She received support from the University Disability Support Service for her anxiety and a dyslexia diagnosis.
William	M	22	Primary Education	Y2	William reported experiencing symptoms such as uncontrollable anxious thoughts, trouble sleeping and physical uncomfortableness. He felt that this was best described as anxiety, but also used words such as 'worry' and 'stress' interchangeably. This experience had been consistent since his late teens.
Jack	M	24	Media Studies	Y1	Jack perceived that in the past he had experienced depression and uncontrollable eating as a result of his depression. He felt this had been overcome but described himself as currently anxious and fearful, including being emotionally uncomfortable in social situations. He also reported a fear of feeling out of control.
Amber	F	24	Primary Education	Y2	Amber reported having been diagnosed with Generalised

					Anxiety Disorder and Fibromyalgia by medical professionals. She also felt she had social anxiety as a result of bullying experienced at secondary school. She received support from her GP and was taking a range of medications. She also received support from the university Disability Support Service.
Rose	F	30	Education Studies	Y1	Rose described herself as a worrier and prone to bouts of low mood. She felt this had been part of her experience for most of her 20s. She reported that life stressors would exacerbate her worry and make her more prone to experiencing low mood.