Mental health support in higher education
Engagement findings
December 2022

As part of the Children, Young People and Education Committee's inquiry into *Mental health support in higher education,* Committee Members spoke with and heard from both staff and students at Welsh universities. This paper communicates the findings of those focus groups.

Engagement

On **10 November 2022** Committee Members visited Cardiff Metropolitan University and the University of Wales Trinity St David. The Citizen Engagement Team also facilitated online focus groups with Wrexham Glyndŵr University and the University of Bangor.

Two focus groups were facilitated at each university; one with frontline university staff and the other with returning students. A total of **8 focus groups** were held.

The objective of the focus groups was to gather the views of university staff and students, to further understand the extent of need, identification of provision, and recommendations for change

Thank you to everyone who contributed to the programme of engagement.

1. Views from frontline staff

An increase in the number of students seeking support

1. All staff agreed that there has been a significant increase in students needing support with their mental health. One university stated that since the academic year of 2021/22, there has been a 35% increase in referrals for the counselling and mental health teams. This figure is for students who haven't already declared a mental health condition:

> *Last year, 5% of students presented with clinical risk, compared to 18% this year. And, last year, half of the students had some degree of non-clinical risk compared to 70% this year*

2. One university explained that their student support team's caseload (which is not only mental health) has already surpassed their normal yearly caseload in the first term.

3. Staff explained that students are primarily presenting with anxiety and stress, including academic stress and depression, but there has also been a significant increase in students with suicidal thoughts and self-harm.

4. Many staff feel that students are heavily influenced and led by social media, particularly when considering emotional health and resilience:

> *Tik Tok is a huge influence; everyone wants a label! There is now a 2-year waiting list for an ADHD diagnosis through the NHS. Students want to label something so they don't have to face the emotion, which leads to confusing messages, stress can be beneficial and it develops your ability to cope with situations.*

5. Two universities explained that they had increased their capacity but the demand for services has also increased, resulting in a continued lack of recourses being a barrier to students receiving the correct mental health support.

The impact of Covid 19

6. Staff felt that Covid 19 has had a significantly negative impact on the mental health of new and returning students. Staff also feel the high spike in the number of students requiring mental health support is connected to the impact of lockdowns on young people.

7.   Staff described how students now struggle with social interaction and anxiety, mixing with people in person, and moving from working in a detached and online way to being in a different part of the country:

> *Students are doing an academic leap but are not emotionally developed enough to cope with that leap.*

8.   Staff spoke of how some students are anxious about walking across a threshold and meeting new people. Staff feel that students' social skills are not as well developed as in previous academic years and that there is an increase in students who have issues with confidence and imposter syndrome:

> *Students have lost the confidence to learn, we offered a course on how to write an essay, and over 300 students attended.*

9.   Some staff described how Covid 19 had adversely impacted particular groups of students. Staff spoke of students with autism who have struggled more than others with transitions and moving away from home:

> *[Students with Autism] may have lost out on opportunities, and taken a "backward step" in being at home more.*

10.   Staff also considered the impact of Covid 19 on students with chronic health conditions. Staff feel that they met fewer barriers during the pandemic, but they are having to adjust and make changes now, and re-engage with physically being on campus and in-person teaching and learning.

11.   Staff agreed that current first-year students are significantly different from four years ago. Some staff have witnessed an increase in students reporting sexual assaults, bullying, and hate crimes. Staff spoke of recent research that has shown that due to lockdowns students have missed out on normal and appropriate peer-to-peer interaction:

> *When students come to university and experience a sense of freedom they don't understand how to behave.*

12.   Staff also spoke of concerns about the way that students sometimes interact inappropriately and unacceptably with staff. Staff felt that this student behaviour may be influenced by increased time spent online, on social media, and distorted social boundaries due to periods of social lockdown.

The impact on staff

13. Staff agreed that the increase in the number of students seeking support and the impact of Covid 19 has created significant stress. Dealing with cases beyond their responsibilities and supporting students with conditions, for which staff do not have the skills or training, has exacerbated the situation.

14. Several staff highlighted that this impacted not only student support staff but the wider university staff. Staff from one university stated that 70% of students are referred to student support services through personal tutors as many students have a close relationship with their tutors. Therefore, the impact is experienced across the campus.

Misunderstanding of universities' responsibilities in wider society

15. It was said there is a lack of understanding, outside university staff, of what a university's responsibilities are to the students:

> *I think there's a really poor understanding across the wider community and the country on what a university should do or could be doing, and what they're doing ... we are primarily here to help and support students to gain their qualifications and sometimes it feels like we are social services.*

16. Some staff explained that following incidents where students have died by suicide, the media narrative has focused on what more the university could have done:

> *The bottom line is we are an educational institution and that's what we should be supporting students on.*

> *We've recently been helping a homeless student. We have that pushback saying that it's actually our issue as an institution and that we should be housing them, that we should be providing accommodation for them. That's just one small example of that kind of dialogue.*

17. Some staff suggested that education about practicalities and life skills for students should start early on in their education at school, particularly on topics such as budgeting, resilience and independent life skill:

> *There can sometimes be a perception that universities are in "loco parentis", which needs to be challenged. Universities provide education to adult students, and understanding the relevant responsibilities is important.*

Accessing and working with statutory services

18. Staff recognised that external agencies are also struggling due to increased demand but illustrated the benefits of working in partnership:

> *In terms of working with external agencies, we struggle because they struggle. NHS services are so strapped that they do not have the time to necessarily engage with us in a way that would be extremely healthy.*

> *The connections we have [with the local Health Board] are fantastic. We know the individuals, and the intent and purposeful way in which they do their work is brilliant. They are stretched and they are finding it so incredibly difficult to manage. We need to build those relationships, but can't. It's very difficult to build relationships either on an individual or a group level if people are pushed and stretched.*

19. However, some staff feel that universities don't have the necessary connections with statutory services. Staff explained how students at risk of suicide who had consented to this being shared with the university, had found that the university was not informed.

20. Staff described statutory services as the "bit that is missing." Staff agreed that they will support students and help them achieve their potential, but outside of the university, there's a lack of resources to refer students. Staff said that there are lots of students presenting with experiences that need longer-term therapy and support, such as childhood trauma and abuse. But staff agreed that statutory support is not available:

> *If there was a better service in CAMHS, students coming to the university with existing mental health conditions might be better prepared.*

21. It was stated that university support services provide short-term support rather than long-term trauma-informed therapy. Staff illustrated how students fall back on university support systems as they are unable to access some services in the community. Staff explained that students presenting with a risk of self-harm or suicide should be supported by secondary/tertiary care, not by university support services:

> *Statutory services are on their knees anyway, so there's nowhere to send these students and they're sitting with us and we're holding quite a lot of that risk, which actually should be sitting with secondary, and tertiary care really not with the university.*

22.   Staff feel that services are missing from the statutory services support, particularly for eating disorders and gender identity issues:

> *There is no service within Wrexham for eating disorders, so students have to go to Bangor for support.*

> *[We were] recently working with somebody who had been hospitalized for anorexia and that condition had changed into a binge eating disorder. They were told that they weren't entitled to a service. We're not specialists in that area. We don't get training in that area. But, we're then expected to support students with that, which is a real problem.*

23.   Some universities have more formal links to statutory mental health services. Staff referenced pilot schemes in England, such as in Greater Manchester and Liverpool, as well as the Mental Health University Liaison Service in Cardiff. Staff saw benefits to these projects including standardised advice, risk management and risk assessment, and felt that this could be a protective factor for students, particularly those at severe risk or international students who might not be registered with a GP but through this sort of service could still be seen quickly.

24.   Staff felt that having a link to a specialist mental health service helps reduce risk because students can go directly to statutory services rather than the university holding that risk where they are not equipped to help that student. An agreed working process, rather than ad hoc arrangements, is also useful with its structures and policies.

> *They have a clinical psychology team, and they were able to offer a specialist service, which eased the pressure on the mental health practitioners within the university to hold and contain that risk for such a long period... It was an agreed way of working rather than an ad hoc or vocal kind of collaborative way. It was structured and had agreed, monitored policies, agreed ways of working. That was a really, really productive way of working.*

Recommendation 1. Direct referrals, to enable collective risk management and multidisciplinary meetings.

Recommendation 2. Sharing the outcomes of the Cardiff and University South Wales project on linking the universities and statutory services.

Transitions

25. Staff agreed that the transition process before students arrive at the university could be developed further. Staff saw opportunities to identify students' needs at pre–application, application, and pre–entry.

26. Staff described how admissions decisions are made about academic performance and that more time and opportunity are needed to know the extent of need and make arrangements for students before the start of term.

> *There's a tendency within universities to make an academic decision on admissions and that's absolutely right. But there are also students coming in with complex needs. We do need to think about some kind of process, assessment, and support plan before they actually walk through the door because we need to prepare them for that. That transitional piece of work is something that needs a greater focus and there needs to be buy-in from FE colleges as well.*

27. Staff also illustrated how the transition process seems to be more challenging for this generation than previous generations. Staff feel that this may be the effect of the transition into lockdown being fast and potentially traumatic and that the experience may have stayed with some students:

> *One of the things we need to do is try and make those transitions less dramatic. The speed at which we're going, what they need to assimilate, how they need to develop, how they need to learn how to live independently, that's not possible. So it really is a catch-22 situation of how do you put that support in, how do you enable somebody to become an independent adult when in fact that's work that should have begun before but possibly hasn't.*

28. Some staff described that some students proactively reach out to student support services during the transition process, and the positive impact this can have:

> *You get students self-referring, sometimes even at Open Days. Now we get students who will start to engage with us once they've been to an open day or an applicant day. And that has consistently happened over the last year. So that's really, really positive. But they don't tend to be the ones who actually struggle as much because they're obviously prepared.*

Recommendation 3. To develop the student transition process to enable universities to gather not only academic information but also student support needs. Transition programmes should be developed in partnership with and supported by further education providers.

Funding and budgets

29.   Many staff welcomed the funding received from Welsh Government over the last three years as it has enabled services to develop. For example, Wrexham Glyndŵr University has set up a clinical helpline similar to that at Cardiff's talk Campus.

30.   However, all staff agreed that funding restrictions placed upon Universities are a significant barrier to meeting immediate demand and enabling the long-term development of services. Staff highlighted the limited time in which they have to spend the funding and restrictions on how it can be spent, as significant challenges.

31.   Staff said that Welsh Government spending restrictions (for example, conformity with UK's Stepchange Framework) can cause service planning issues:

> *We try to be as strategic as we can, it can be a challenge to maintain stability and consistency when working with these restrictions.*

32.   Staff also illustrated the difficulties faced due to the way the Higher Education Funding Council Wales (HEFCW) allocates funding. HEFCW uses a formula based on the number of students without consideration of need. Staff at Wrexham University said that 30% of their students have a disability and staff are seeing high levels of need. Staff agreed that context is needed in the allocation of funding:

> *There should be consideration of student demographics, levels of need, and complexity of need in funding allocations.*

33.   University staff also agreed that the financial support provided to universities shouldn't be based on the number of full-time equivalency students at an institution.

Recommendation 4. To give universities longer funding windows to enable long-term financial planning and development of student support services.

Recommendation 5. Financial support allocated to universities should consider not only the number of full-time equivalency students but the percentage of students accessing support services and students that are already arriving with complex needs, such as disability support.

Disabled Student Allowance Reforms

34.   Staff spoke of the Disabled Student Allowance (DSA) reform project, which at the time of the focus group were going through the tender process. Some staff felt that there was a risk of the Welsh Government's approach changing the provision of DSA assessments:

> *Currently the DSA assessment is undertaken in-house, which speeds up the process and gives students a choice about whether they would prefer internal or external provision. However, if this system is changed it could have a detrimental effect and impact on the high number of students we have declaring disabilities at our university.*

35.   Other staff agreed that the DSA funding model worked better in Wales than in England as there is more flexibility, especially for non-medical helpers. However, they illustrated that:

> *…a medicalised and individual funding model makes it hard to establish longer-term support and money is wasted through the system. It would be more useful to have funding for mentoring schemes that are not tied to individual students and can employ mentors on a more sustainable basis.*

2. Views from students

General causes of poor mental health

36.   Students felt that homesickness, difficult or distressing life events and academic stress can be the trigger or primary causes of poor mental health within the student population. Students agreed that money worries and concerns over the cost of living are also causing anxiety. Students knew of other students who had to choose between eating and going out or socialising.

37.   Students also spoke of the support needed to prepare them for higher education:

> *Support at school would have helped 100%. At school I had anxiety, which got worse in school I also had panic attacks and no one helped, I was bullied for hair loss, I only had three friends and a teacher was told about it, I felt so isolated.*

The focus should be on the child rather than the results. High school was so focused on getting us to university, I really felt the pressure to go but I probably wasn't ready to go.

38. Students agreed that the demand for university student mental health support is complex and that each student has more than one support need.

Recommendation 6. All new students should take a short module on emotional resilience, budgeting, and the available support at the university. Students could sign up to peer lead support groups relevant to their needs.

The needs of specific student groups

Disabled students

39. Some students described the difficulty faced by neurodivergent students. Students highlighted that people with autism, for example, have a higher risk of suicide. Students also spoke of the difficulty in managing more than one neurodivergent condition and feeling too overwhelmed to access support or ask for help.

40. Others shared concerns about students with health conditions and how sometimes they are unable to attend university in person. It was felt that the list from Disability Services is limited in terms of which conditions enable access to remote learning. Some of the conditions raised that are not covered but may necessitate access to remote learning include endometritis, post-partum depression, and anxiety. This can add additional stress. It was felt there should be more opportunities for students with health conditions to join online.

41. Some students recognised that the additional funding from the DSA was useful to help those who might need to work, so they can focus on their studies without the time constraints and additional stress of working.

42. However, some students felt there is a need for support in filling in the DSA application form. One student, who knows the application system well, described how they are now setting up a support group for students who are accessing DSA:

There are too many people involved in the process which actually leads to more anxiety. You spend so much time saying how able you are and then for DSA you have now say what you can't do it. Often the needs are non-visible.

Recommendation 7. The university should support students in completing and submitting Disabled Students Allowance application forms.

Mature students and students with caring responsibilities

43.   Students felt there was not enough readjustment time given to mature students, that is anyone going to university after a period of time away from full-time education. Some students described how this could contribute to the anxiety felt when starting at university. They felt that an induction programme specifically for mature students would be useful:

> *UWTSD does offer "boot camps" over the summer, which was helpful.*

44.   Students explained that not being able to secure appropriate childcare was not classed as a reason for securing digital access to classes rather than in-person attendance. Students felt that the way absences are recorded can be a significant issue for parents, especially as it can be difficult to secure childcare. It was highlighted that parents often need support in terms of confidence or in seeking assurances from staff.

45.   Students also explained that there is no consensus on maternity leave, so people can feel "hounded" in coming back to university soon after the birth of a child.

46.   Students who are parents, or who have caring responsibilities might be unaware of childcare and other sources of financial support. Students suggested that academic staff could be better at signposting that information, and deadlines should take into account students' different circumstances, particularly for students with caring responsibilities who may struggle to meet deadlines with children and other responsibilities.

47.   One student highlighted their positive experience of studying while raising their child. They said that university staff were understanding, and student finance staff were supportive. Other students also felt that the university provided support and understanding for students with caring responsibilities, or who had experienced a traumatic event during their studies. Extensions and flexibility around deadlines were particularly appreciated.

Recommendation 8. Universities to ensure that provision for baby-changing and breastfeeding facilities and spaces are provided.

International students

48.   International students suggested that they may also need support to fully integrate with the student community. Failing to provide that support may have "serious" consequences for their mental health.

49.   Students agreed that to address mental health issues, a common understanding or definition of what constitutes a mental health issue would help. For example, some international students spoke of the different understanding of the term and cultural differences, and how that can impact how people define mental health. Participants knew of instances where international students didn't come forward because they were scared of the stigma around mental health.

Stigma and the confidence to talk

50.   One student mentioned that some students might not come forward as they do not feel they are "bad enough":

> *I thought support wasn't for me. My dissertation tutor validated how I was feeling. I thought I didn't need it." Validation is so important.*

51.   Students feel that some students might not feel able to ask for help and admit that they have poor mental health for fear of appearing "weak". Students agreed that there is a fear of asking for help:

> *I think that a lot of young people don't necessarily talk or feel a bit ashamed to talk, and haven't got the confidence to be able to say "I feel really sad today and it's hard".*

52.   Students recognised that a lack of confidence in making that first contact with student support services can be a barrier:

> *If a student speaks out about their mental health, or asks for help, and are knocked back, they might not have the confidence to do it again.*

53.   Students said that there is more willingness to talk about certain topics such as breast cancer or prostate cancer but that some subjects, such as menopause or men's poor mental health, still have a stigma attached to them. Students agreed that not talking about problems or accessing support can be isolating.

54.   Students agreed that more must be done to address the stigma around discussing poor mental health. One student described the perception amongst students that if a student needs counselling there is "something wrong with them":

> *People should know that just because you're seeing a counsellor, it doesn't mean that there's something radically wrong.*

The impact of Covid 19

55.   Students discussed the impact of Covid 19 on their learning and wellbeing. Students described how social interaction could cause anxiety and that mixing with people in person could be challenging for some.

56.   However, some students welcomed the return to normality and the increase in social connection. It was highlighted that it was difficult not having in-person contact and not being able to go in person to speak to someone and get help.

57.   Students agreed that having resources online and being able to go back over lectures was useful. However, students also understood that having lectures recorded could also encourage some students not to attend, which could contribute to problems of loneliness and isolation.

58.   Some students spoke of the difficulty in transitioning from online learning to being back on campus, particularly for exams where students have become used to doing assessments online. Students said that there is worry amongst the student population about going in to sit exams in person, where they might have less support than they have had over recent years.

59.   Disabled students are particularly struggling with transitioning out of Covid. It was suggested that it would be useful for them to have some mitigation between blended and in person learning. This particularly affects disabled students who may already be struggling with their mental health:

> *Disabled students, who are really struggling with the transition out of COVID, could have some sort of mitigation in place to support them in returning from blended learning to only in person. It is having quite a big, disproportionate impact on some students and that does include students who are struggling with their mental health, to the point where some are considering dropping out of university because they can't attend via live stream anymore.*

Recommendation 9. Universities should continue to provide learning materials and resources online.

Accessing statutory services

60.   Students shared their concerns about accessing statutory services, particularly about waiting times and changing to a new GP:

> *When you change GP's you need to start the process again, which can mean you go to the back of the queue and start a new waiting list. It's also a nightmare getting an appointment at the GP. When you do get one, they know nothing about mental health.*

61.   One student described having to reapply for Adult Mental Health support having been under CAMHS, with a 12-18 month waiting list. They also had to go through telling their story again. They felt they were in a privileged position as they were able to advocate for themselves and access self-funded support, "but not everybody else could do that".

62.   Students shared challenges of getting written correspondence from the GP to support applications for extenuating circumstances. One described having to get the GP to write on three separate occasions as the exact wording wasn't what the university wanted, and that each letter had cost £15. Others also had similar experiences, where the information provided by a GP was not accepted because "the wording wasn't correct". Again, they had to pay for any correspondence from the GP. One described being told by their GP that it was "not the job of the NHS to write a medical letter". Students described getting "caught up in paper trails". Students did say that the Wellbeing Service was aware of the challenges in getting the GP letter.

63.   Students were concerned over the lack of NHS support whilst on a waiting list, and that joined-up statutory and university support could be effective here:

> *I've heard horror stories about people waiting on the NHS, with people not getting help or being placed on long waiting lists. When you are on the waiting list for NHS support this is the best time for university support to kick in.*

64.   A student said that whilst the support from the university was great, what was "ultimately" needed was "more funding for the NHS." They said it wasn't for the university to "carry that burden", and that the pressure shouldn't be on the university staff. They said that the NHS was great but there just isn't enough funding. They agreed that funding should be on a longer-term basis.

Benefits and barriers to accessing student mental health support

Benefits

65.   All students spoke very highly of the support that they had been given from all student support services:

> *Nothing is too much for the inclusion team, and that extends to tutors and academic staff. The support staff took the time to understand my needs and arranged support for me from the first day.*

66. Students also agreed that staff want to do the best for them and that this sometimes impacts staff personally. One student gave an example of staff working through lunchtime or missing meals to support students.

67. Students talked about the challenges of juggling work and study. One student described how their personal tutor had been "insanely amazing" and knew when the student was struggling.

68. Students said that the support offered by the university is unlike the support available in the workplace, or outside the university environment. For example, counselling waiting lists in the NHS are long, but the university can offer support more quickly and that's a safety net for some students. Several students made it very clear that without the support they would not have been able to progress to postgraduate study or finish their degree.

69. Moreover, students felt that universities are more understanding about poor mental health and provision of support is more effective than that offered by the NHS:

> *The NHS will just throw stuff at you like CBT and Mindfulness but this doesn't work for everyone.*

> *My GP recommended that I take up running even though I have arthritis.*

70. Students feel that building a relationship with a specific person and continuity of care is important. Students spoke warmly about having support from the same member of staff throughout their learning and stressed how helpful that was:

> *It's great to have someone who knows what's going on. We have an amazing wellbeing officer who has set up monthly meet-ups for people with autism. Peer support is so important, especially if your parents don't get it.*

71. Some of the students in the focus group are involved in a project, which provides students with peer connections rather than specific advice. It is a "social safe space", with crafts, walk-and-talk sessions and other projects. Mental health advisers attend in the background and can intervene if appropriate, but the focus is less on the formal mental health care aspect and more on the social environment created. Some students felt this was preferable to "labelling" support as *mental health* care. Students felt that if services were promoted as student support, the

stigma around mental health would be reduced. They felt an emphasis should be on building resilience and supporting students to cope on their own:

> *Community is really important. Having a group to meet with, not just to talk about mental health, but to chat with peers. I would attend, mental health can be so isolating.*

Recommendation 10. The development of informal peer support groups, with an emphasis on social connection rather than counselling.

Barriers

72.　Students agreed that, due to the demand for student support services, waiting times are often long and immediate support difficult to access. One student claimed that the "wait is the worst part, so you don't get the help when it's needed but some time afterwards".

> *When you do see someone there will be a delay in appointments. You might need to wait two weeks to have an appointment but availability is hit-and-miss. There is no immediate help and this should be a must.*

> *I asked for support when I started but I'm only now receiving it, halfway through the term.*

73.　Students praised the counselling support they had received but described how they can only access six sessions, and some students with more serious or ongoing issues might need more than that. At present, students stated that they have to re-apply if they need further support, and might have a different counsellor which feels like they are starting the process again.

Recommendation 11. Universities to expand the counselling services with less formal, longer-term, and lower-level support and tools, such as art therapy and rolling interventions.

> *Expanding what the counselling service offers currently to include more lower-level but longer-term support. So instead of just talking therapy, have art therapy for a six-week block. Also, rolling interventions that students can go to which are less formal and have less stigma than approaching a counsellor one-on-one.*

Promotion and knowledge of available support

74.   Many students felt that their university does a good job at promoting mental health services, for example through student union-run campaigns or the awareness of teaching staff. One student was particularly happy with how they were supported and spoke of the good relationship with the academic staff who respond quickly.

75.   Students recognised the part played by tutors and academic staff in signposting students to student support services when needed, as they are often the people who will identify when someone is struggling either academically or personally. A student described their tutor agreeing an extension without the need of going through the formal process because it wasn't their usual level of quality.

76.   Students said that some students don't understand how useful the support offered by the university can be and that more should be done to tackle this assumption.

77.   Students questioned whether there is enough information about what is available. For example, there are mental health advisers and counsellors, but students might not be clear about what the difference is and who they would be seeing. Students felt there might be a lack of transparency about what is available and what is appropriate:

> *I don't know if there's enough information about exactly what's available. So there are Health Advisers as well as Counsellors, and students aren't always clear on the difference between those. Then, which one will they be offered and what the difference is between the services? So there's not very much transparency about exactly what help they're applying for.*

78.   One student said that awareness of the postgraduate course, which has a range of students including some from a professional background, could be improved. Some students felt that on-campus visibility of services would improve students' knowledge and awareness of support, particularly among first first-years:

> *Visibility isn't always good and you don't always know what you need. There are just a few leaflets, there is nowhere on campus where you can see any signposting an easy solution would be some posters.*

> *The university provides too much information in emails which we don't always read and there aren't many posters around the campus signposting.*

79. One person described the challenge of knowing what practical support is available for academic work. They described struggling with their productivity, and that support they accessed was "very helpful....should have been offered at the outset." They continued to get this practical support throughout their studies and claimed that had they had this support at the outset they would have avoided an episode of poor mental health.

80. Most students felt that the promotion and interaction with student support services relies too heavily on email as a form of communication.

> *It can be hard to find how to apply, and when you apply there can be an email loop, with forms, emails, responses, and being asked to confirm if you want to continue. It is a lot of admin for people already struggling to function and cope with the day-to-day, particularly if they are less comfortable with technology.*

Recommendation 12. Development of different ways to access student support to account for the different needs of the student population. e.g. using a QR code, texting, or an app.