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The Development and Piloting of the 'Trinity Student Profile'. A Self Report Measure for Students Experiencing Mental Health Problems.

Submitted to the Discipline of Occupational Therapy,
University of Dublin, Trinity College,
in total fulfilment of the requirements for the
Degree of Doctor in Philosophy (Ph.D.)

2011

Clodagh Nolan M.Sc., M.A., Pg. Dip. Stats.,
Dip. C.O.T. (Lond.)

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Summary

The Discipline of Occupational Therapy in collaboration with the Disability Service in Trinity College established a support service entitled UNILINK in 2003. This service was developed in direct response to an increasing student population who were experiencing mental health problems from 11 in 2001 to 30 in 2003 (Disability Annual Report 2006). As part of the client centred service development a new instrument was designed to capture and profile the difficulties students with mental health problems were experiencing so that their needs could be met. This instrument was called – The Trinity Student Profile (TSP).

This study sets out to describe the developmental process and testing of the Trinity Student Profile. A two stage design was employed using a sequential mixed methods approach. Sage one, used focus groups and interviews with occupational therapy staff and students of the Unilink Service to develop the content for the new instrument. This instrument was then administered to students (Stage two) and all data from these profiles were then subjected to analysis to test for reliability and validity (Construct and Face) and to make comparisons between sub sets of data.

The Trinity Student Profile was developed using the constructs of the Person-Environment-Occupation Model (Law, Baptiste, Carswell, McColl, Polatajko, and Pollock, 1994) as well as the themes that emerged from the interviews and focus groups. These informed the content and the design of the profile. The profile not only establishes the level of difficulty a student experiences but also the importance for the student to work on a difficulty in the service (goal setting).

Therapists met 11 times over a three year period, twelve Unilink student interviews were conducted and 140 Trinity Student Profiles were subjected to analysis. Data was also compared to 974 Trinity Student Profiles that were completed by the general student population. This development included reflection, review and piloting with both students with a significant mental health problems and Unilink staff. The findings established that the Trinity Student Profile has good face validity and that it enabled a client centred practice approach to be facilitated by therapists and students working together in identifying needs and establishing goals for further intervention.

The results of this research suggest that the Trinity Student Profile is a reliable tool as measured using Cronbach's alpha (r=.845 to .518.). Data from the profile was then subjected to Factor Analysis to test which groups of items formed unique and

coherent subsets within the Person-Environment-Occupation structure. These subscles were found to be relatively independent of each other. Following this analysis, these subscales were then used to make comparisons between groups for gender, age, faculty, diagnosis, year of study, postgraduates and undergraduates and between Unilink students and students within the general student population. This study found that age was not a factor in identifying levels of difficulties being experienced by Unilink students. However, variables such as year of study, faculty, condition/diagnosis and comparisons between Unilink students and the general student population were found to be statistically significantly different, indicating that the new Trinity Student Profile is able to discriminate amongst students.

The Trinity Student Profile has indicated through this study that it is a worthwhile approach in working collaboratively with students experiencing mental health problems. The instrument does however, need further development particularly in the Environment construct and would need to be applied in greater numbers by students and therapists in a third level educational setting.

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CHAPTER ONE

INTRODUCTION

1. INTRODUCTION

1.1. BACKGROUND AND NEED – Policy Developments within an Irish context.

Mental Health Services in Ireland have dramatically changed since the publication of the Government Report *Planning for the Future 1984.* The view at that point in time was to set up psychiatric services close to where people live and work and a programme was devised to close down the large psychiatric hospitals around Ireland. The policies and practice were in line with a world wide movement on deinstitutionalization and community living.

In 2001 the new *Mental Health Act* was introduced to Ireland and following this piece of legislation in 2004 the Mental Health Commission established a committee to consider the recovery model within mental health services. In 2007 the Mental Health Commission published its *Quality Framework for Mental Health Services in Ireland* advocating for a recovery focused approach to treatment and care of service users as the standard, and in 2008 they published a *Framework for Development a Recover Approach within Irish Mental Health Services.*

1.2. BACKGROUND AND NEED - What brought me to develop the Unilink Service

However, long before these government publications I had established a support service for students with significant mental health problems in 2003, entitled UNILINK. This service was located within the Disability Service in Trinity College. This service was a collaborative development in direct response to an increasing student population registering with the Disability Service who were experiencing significant mental health problems from 11 in 2001 to 30 in 2003 (Disability Annual Report 2006). The following exploration should enable the reader to understand what was in my head and my thought processes and ways of viewing the world as Dickie (2003) and Sword (1999) recommend.

As founder of this service I believed that students could be successful in their chosen degree given the right practical support and the opportunity to learn skills to manage their mental health and to enhance their student role. I believe that each student is unique and that they have the capacity to self manage. I also believe that services should be student centred, have an emphasis' on health and wellness as well as academic and social integration within the college environment.

Trinity College is a university of considerable prestige with a 400 year old history of academic excellence. It is my belief that those who graduate with a degree from this university gain the benefit of status from an employment and social perspective by virtue of their degree. It could be argued for those with significant mental health problems to manage and be successful in obtaining their degree that they have provided themselves with a buffer to enable them to enter society at the same level as their peers.

These beliefs were influenced by the time I spent as a young therapist within a Professorial Psychiatric Unit which had the Trinity College, Dublin within its catchment area. There I would see young men and women being admitted to the psychiatric unit and often wondered if they ever completed their degrees. At that time in the 1980's services were in a state of flux, as policies for the development of community care were being rolled out, however, practice largely remained within the institutions under the influence of a medical model.

Towards the end of the 1980's I left the psychiatric services and took up a post as a lecturer to the undergraduate occupational therapy course within the Trinity College, Dublin. I was the first occupational therapist in Ireland to engage in a Master's Degree by research for which I choose to examine the attitudes of health care professionals towards community based psychiatric services as I believed that professional practice and values were a hindrance to community developments.

During this time I was greatly taken by the Model of Human Occupation and I attended courses in order to enhance my understanding of this model. During this period I became interested in the relationship between occupation and health and well being. I met Anne Wilcock and heard the words 'occupational justice' and its association with 'doing, being and becoming' for the first time. I subsequently developed a 'Life Management Course' for the occupational therapy undergraduate students as part of their personal/professional development strand. In the process of developing this course I became aware that these very able students were experiencing difficulties with their student life and with transitioning into college from secondary school and work.

Parallel to this I was acting in the capacity as a tutor to students within the University. Trinity College has a unique system of support for students within its tutor system. Each student on entering the university is assigned a tutor who is a member of the academic staff who's job it is to advocate for the student and to

steer them within the administrative aspects of the college and to point them in the right direction for support should they become unwell. I remember having a student who was within my chamber of tutees who left the course even though she had support from counselling. I thought of Anne Wilcock and of her concepts of occupational justice and wondered could more not have been done for these students. I wondered if she had been enabled to focus on her student role instead of her mood disorder would she have been successful in obtaining her undergraduate occupational therapy degree.

Being a tutor helped me become aware that the supports for students with significant mental health problems were over stretched and that although students were beginning to disclose on entry to college about their mental health problems staff were not feeling secure in dealing with them and indeed often did not know how to approach or help them. Tutors were struggling to understand the enduring nature of mental health and its impact upon the student's role. It was becoming more apparent that these student's needs were complex. Equally, the numbers accessing and using the counselling service were increasing and they began to offer a fixed number of sessions to students, pushing them in the direction of group counselling as well as online counselling. Although these types of services were novel and appropriate for the majority of students for those with significant mental health problems this presented more challenges.

While this was happening I was reading more and more about the concepts of occupation (Kielhofner, 2002;2008; Christiansen and Baum, 2005; Christiansen and Townsend, 2004; Whiteford and Wright St.Clair, 2005; Reed and Sanderson, 1999; Molineux, 2004; Pierce, 2003; Hasselkus, 2002) and health and well-being (Wilcock,2005; 2006) and began to understand that these perspectives could be delivered in personal supports as part of an occupational therapy service which could enable students with significant mental health problems stay in college and ultimately engage in their student role and college life.

Other philosophical influences on the development of the service were the positive aspects of the recovery movement such as hope, autonomy, self-management and responsibility, person-centred services and empowerment (Anthony, 1993; Anthony, 2000; Jacobson and Greenly, 2001; Copeland, 2001; Copeland 2002; Davidson and Strauss, 1992; Deegan 1988; Deegan, 1996; Deegan 2002; Dillon, 2008; Merryman and Reigel, 2007; Davidson and Roe, 2007; Mental Health Commission, 2008) and the occupational therapy philosophy of client centred

practice as outlined by Law et al (1996) and the work of the humanistic therapist Carl Rogers (1961).

1.3. CONTEXT FOR THIS STUDY - My vision for the Unilink Service

In 1998 I joined the then 'Special Needs Committee' within college where the emphasis was upon physical access to buildings and the provision of resources and accommodations for blind and deaf students which was appropriate in a university that was 400 years old. However, the traditional accommodations of extra time in examinations, library cards and tuition was not taken up by those with significant mental health problems and it became apparent that a new approach was required to cater for this group of students needs.

In 2000 the college appointed its first Disability Officer and the committee changed its title to the 'Disability Committee'. It was at this point in time that I began to voice my concerns that the needs of students with significant mental health problems were not being met and that the pathway through college for these students was a difficult one. I offered to develop a practical occupation focused service which I called UNILINK an acronym for making university links and this offer was accepted by the committee. I then choose to set Unilink up in collaboration with the Disability service as opposed to the Health Service, as I felt that there was a natural partnership between the disability social model and occupational therapy theory and approaches. Occupational therapy has its roots in assisting people overcome practical issues by developing strategies and maximising the use of available environmental supports. Occupational therapy puts the person, in this case the student, at the centre of its planning and intervention and includes 'doing tasks' with the individual until confidence and skills have adequately grown. The social model of disability states that it is often only an environmental or societal barrier that ultimately disables people (Barnes & Mercer 2010). The marrying of these two world views I believe are pivotal in identifying and understanding the barriers for students in an educational setting, as well as the development of a new way forward for students support services.

The vision that I had for Unilink was that it would be easily accessible, practical, tailored to students needs and available for the duration of the students' time within the University which would complement and extend existing services such as counselling, careers and health. My focus for the service was to enable students with significant mental health problems to connect both academically and socially to

college life and to create a service that would have occupation, environment, the person and collaboration as its central tenets. I viewed each student as having unique abilities and experiences.

My vision was to also offer a safe therapeutic environment where students could explore their mental health problems and begin to understand how mental health impacted upon their student life. My view was to enable them to build confidence and practical strategies for the self management of their student role. This vision reflects the World Health Organisation's (WHO) directive on enhancing participation and quality of life for those with enduring mental health issues (WHO, 2001).

1.4. Challenges in Developing the Unilink Service

Unilink initially operated as a 'pilot project' from 2003 till 2006 when it was officially launched by the then Minister of State at the Department of Education and Science Sile de Lavera T.D. In 2008 Unilink under went an external review. The reviewer's report recommended that the service continue, 'as the practical aspect of Unilink was its unique and strongest feature'. The reviewers also recommended that a full time occupational therapist be employed to deliver the service as up to 2006 I, along with three part-time occupational therapists were delivering the service. The reviewers commented that 'assisting Unilink users with the basics of being a well functioning student was a key reason for its success' (Report for the Quality Review of Unilink, May 2008).

From 2003 to 2008 I worked part-time in Unilink along with three other therapists also employed part-time within the service. This had the advantage of allowing me to firmly establish, influence and monitor the direction of the service. One of the biggest challenges at this time was the sharing of the vision and bringing therapists into my world view of a person centred service, as well as allowing them to influence the emerging direction in which we were going. Researching the practice as well as monitoring its development also posed several challenges, which I had to constantly deal with, navigating personalities, shaping policies, challenging therapists, disability staff and the wider university community in their views of students with significant mental health problems.

1.5. Changing Influences in Service Delivery

Over the past 6 years the number of students accessing and using the Unilink service has increased from 25 students per annum in 2004 to 146 per annum in 2010 (Unilink Annual Report 2009-2010). More students than ever are disclosing a mental health problem on entry to the university and more males than females have consistently accessed the service, and although the number of students with mood disorder are the greatest number attending the service, there has been a three fold increase in the number of students with Attention Deficit Hyperactivity Disorder (ADHD) and Asperger's Syndrome (AS) disclosing their condition and accessing the service which has meant that the service has had to respond to these groups of students in adapting and tailoring its services to meet their needs. This growth is predicted to continue as in

> 'May 2009 the Trinity College, University Council approved recommendations as set out in the Access plan 2009-2013 to increase the number of places reserved on undergraduate courses for students from under represented groups from 15% to 22% of the Central Applications Office (CAO) new entrants by 2013' (Trinity College Dublin, Annual Report 2008-2009, .12).

This statement is also inclusive of students with disabilities and significant mental health problems, and is in line with Wilcock's view of occupational justice that a more 'socially inclusive acceptance of the value of participation in many types of doing is needed' (Wilcock, 2006, p. 254).

1.6. PURPOSE OF THIS RESEARCH.

The purpose of this research was to explore and capture the difficulties that were being encountered by students within their student role through the development of the Trinity Student Profile. The Trinity Student Profile is a self-administered instrument which seeks to identify the concerns of students with significant mental health problems. As will be shown this instrument was the outcome of an 'iterative process' spanning 6 years involving therapists and students.

The purpose of the profile is to understand and add to the knowledge base of the occupational needs of students with significant mental health problems.
To establish a collaborative way of working within the practice.
To enable students with significant mental health problems to identify their level of difficulty, importance and to set priorities for dealing with their student role.

1.7. RESEARCH OBJECTIVES

The research objectives specifically chosen for this work were as follows:

1. To create a deeper understanding of the practical needs of students with significant mental health problems from the therapist and student perspective.

2. To develop an instrument that would identify and profile student's needs.

1.8. RESEARCH ASSUMPTIONS

1. That the needs of students could be identified.
2. Students would report and rate their difficulties in an honest way.
3. The items within the profile are representative of the tasks and activities necessary to support the student role.

1.9. RESEARCH QUESTIONS

1. What are the difficulties students are experiencing and what is important for them to work on in the Unilink Service?

2. Is the Trinity Student Profile (TSP) a valid and reliable tool for identifying these difficulties/concerns?

1.9.1. SECONDARY QUESTIONS:

3. Are the types of difficulties as identified by the TSP that Unilink students are experiencing different for males and females?

4. Are there differences in the types of difficulties across age as identified by the TSP for Unilink Students?

5. Are the types of difficulties as identified by the TSP that Unilink students are experiencing different across faculties?

6. Are the types of difficulties as identified by the TSP that Unilink students are experiencing different between postgraduates and undergraduates?

7. Are the types of difficulties as identified by the TSP that Unilink students are experiencing different across years?

8. Are the types of difficulties as identified by the TSP that Unilink students are experiencing different across diagnosis?

9. Are the types of difficulties as identified by the TSP that students are experiencing different between those undergraduates accessing the service and those of the general student population?

10. Are the types of difficulties as identified by the TSP that students are experiencing different between those postgraduates accessing the service and those of the general student population?

11. What are the Unilink student's expectations, academically, socially and personally as identified by the TSP?

12. What are the types of goals Unilink students set for them selves as identified by the TSP?

1.10. DEFINITION OF TERMS

1.10.1. UNILINK

Unilink is an abbreviation of the two words 'university links' coined by the author the founder to the service. It symbolises the difficulties experienced by disabled students.

1.10.2. SIGNIFICANT MENTAL HEALTH PROBLEM

A significant mental health problem can be defined as a mental illness or a condition such as Asperger's Syndrome (AS) or Attention Deficit Hyperactivity Disorder (ADHD), Anxiety, Depression or psychosis which interferes with thought processes, perceptions of reality, emotions and judgement. All of which can in turn result in low self-esteem, poor concentration, poor organisational skills, inability to complete projects or reach deadlines, make decisions and have difficulty in establishing and sustaining relationships as well as inappropriate behaviour. Mental illness impacts significantly on social, occupational and vocational functioning. For the purposes of this study the term 'mental health problem' is the term chosen for this study and is synonymous with the terms mental illness, mental health difficulty, mental health condition.

1.10.3. MEASUREMENT

Measurement can be defined as quantifying or assigning a number to express the degree to which a characteristic is present (Hemphill-Pearson 2008).

1.10.4. ACCOMMODATIONS/REASONABLE ACCOMMODATIONS

Within higher education a reasonable accommodation means any action that helps alleviate a substantial disadvantage. Examples of reasonable accommodation include the provision of additional services e.g. examination arrangements, materials in large print etc. modifying the method of assessment or making alterations to the physical environment. (DAWN 2008)

1.11. FORMAT OF THE THESIS

This research is presented in two parts and is based on a mixed methods approach (Tashakkori & Teddlie 2003). **Part One** uses a qualitative approach to develop the items within the Trinity Student Profile which also adds to refine the profile. **Part Two** uses a quantitative approach to test the psychometric properties of the Trinity Student Profile and to examine comparisons within and between data sets.

CHAPTER TWO

LITERATURE REVIEW

2. LITERATURE REVIEW

2.1. INTRODUCTION

The purpose of this research is to describe the issues and concerns of students experiencing significant mental health problems and to present the development of the Trinity Student Profile which seeks to capture these concerns.

By reviewing the literature, the following aims were achieved:
An examination of the theories and concepts addressed in this study increased the understanding of the topic.
It allows for this study to be placed in the context of similar and related studies.
It also highlights the need for this study and the importance of issues.

The literature was reviewed under 9 headings:
1. Issues and concerns of students experiencing mental health problems including those with ADHD, AS and Schizophrenia.
2. Retention of Students.
3. Models of Support for Students with Mental Health Problems
4. Models of support for students within the UK and Ireland experiencing mental health problems.
5.Gender issues in accessing support services
6.Unilink Service - Model of Support for Students with mental health problems in Trinity College, Dublin
7. Philosophical Orientation of Unilink Service and Theoretical Influences on the Practice
8. Suitability of Assessment of Needs for students with Mental Health Problems.
9. Instrument Design.

A preliminary review of the literature was conducted in summer 2006 and subsequent reviews have taken place on an ongoing basis since that time.

The computerised library catalogue at Trinity College Dublin was searched using the following search engines: AMED. PubMed, PsycARICLES, CINAHL, OViD, ProQuest, ProQuest Dissertations and Academic Search Premier. Conference proceedings as well as government and official publications were also searched. Relevant internet sites were accessed. The review incorporated literature from U.S, Australia, Britain, Europe, Asia and Ireland. Review terms used included: mental health; mental illness; mental health problems; supported education; support services; students;

students with mental health problems; issues and concerns; recovery; needs; needs assessment; social inclusion; occupational therapy and support services for students.

2.2. ISSUES AND CONCERNS OF STUDENTS EXPERIENCING MENTAL HEALTH PROBLEMS.

More students than ever with pre-existing mental health problems are entering the Universities and higher education (Stanley and Manthorpe, 2001; College of Psychiatrists 2003, Collins and Mowbray, 2005; Beamish 2005; Soydan 2007; Collins and Mowbray 2008).

The completion of a course in higher education demands not only focused intellectual skills but also a considerable amount of self-direction, motivation, self management and coping abilities. In addition the social interaction with others in a university promotes personal as well as intellectual development in those sufficiently skilled to partake. The attainment of a third level award is a recognised and valued achievement and carries with it a certain status which reflects well on the achiever. The rewards for most students are the attainment of an academic qualification and increased employment opportunities, the development of social skills and a range of practical and technical skills (Nolan and MacCobb 2006, Lindsay 2005; Mansbach-Kleinfeld, Sasson, Shvarts, and Grinshpoon 2007). For students with mental health problems the attainment of a qualification is often marred by difficulties of a social, personal and academic nature. Often the onset of a psychiatric illness or mental health difficulty coincides with late adolescence and early adulthood, when individuals are about to embark on their higher education experience. The initial onset of a mental health problem is often marred by a denial, confusion, a difficulty in medication management and often individuals may experience a cycle of failed attempts in pursuit of their higher education award (Unger, 1990, 1993; Nolan & MacCobb, 2006; Gutman et al. 2007; Burris, Brechting, Salsman, and Carlson 2009).

Anthony and Unger (1991) describe the unique challenges of young adults with long term mental health problems as having deficiencies in interpersonal skills and lacking in social resources and are often non compliant with treatment regimes. Dougherty and Hastie (1992) found that students reported some anxiety on returning to school, in particular the participants in their clubhouse supported education programme. They described the difficulty of course work and stress as

the issues of most concern to them. They also describe the stigmatization of mental health and fear of being identified as a mental health service user by people they meet on campus. Cooper (1993) described the concerns of students with mental health problems as having fears about stigma resulting in isolation and lack of friends, concentration difficulties, feeling overwhelmed or overloaded, feelings of insecurity, having low self esteem, having to take medication that slowed their thinking, negotiating systems such as financial aid, registration and dealing with large numbers of students in classes. In a study of 467 undergraduate and postgraduate students at the University of Rhode Island, Disch, Harlow, Campbell and Dougan (2000) measured student concerns targeting ten areas, 1. Drug and alcohol consumption, 2. Social and sexual behaviour, 3. Use of time, 4. Consumer and finance issues, 5. Physical and mental health issues, 6. Multicultural and gender issues, 7. Learning style, 8. Career and employment issues, 9. Crime and violence issues and 10. Living issues. The findings indicated that students with decreased positive attitudes to life and who have less concern for the consequences of their behaviour have and are more likely to have an increase in mental health concerns. Bovier, Chamot and Perneger (2004) in their study of 1257 students found that perceived stress was an important risk factor for low mental health and that mastery and self esteem are important protective factors of mental health amongst young adults.

The most frequent issues for student with mental health problems identified by Collins and Mowbray (2005) in a national survey of campus disability services in the USA were accommodations and supports coping with school and attendance. Individuals also identified anxiety, social skills, poor memory, low self esteem, concentration and conflicts with faculty as issues for themselves. Lindsay (2005) found the most commonly reported areas of concern for students with mental health problems was managing stress in relation to academic demands. Students also reported high levels of anxiety not only in regards to academic demands but also in relation to practical and social problems, similar to Collins and Mowbray 2000; Skalski and Smith 2006; and Cook 2007. The Royal College of Psychiatrists maintain that the stresses of university and college life may exacerbate pre-existing emotional or psychiatric problems in some students, and precipitate disorders in others. They believe that the pressures on students have increased as a result of financial constraints, growing competitiveness, and heightened aspirations for achievement and material security. They also maintain that vulnerable students need higher levels of support in order to achieve their potential (Royal College of Psychiatrists, 2003). However, the Unilink Service identified and defined issues for

student with mental health problems as being functional in nature in other words mental illness can interfere with the thought processes, perceptions of reality, emotions and judgement. These in turn can result in low self esteem; poor concentration; poor organisational skills; inability to complete projects, reach deadlines or make decisions; difficulties in establishing and sustaining relationships and inappropriate behaviour (Nolan and MacCobb 2006).

Dolan, Maye and Monahan in 2008 surveyed both post graduate and undergraduate students at the University of Dublin, Trinity College using the Trinity Student Profile. The main aim of the research was to establish 'the concerns and issues experienced by university students at the University of Dublin, Trinity College? The areas of concerns identified by participants within this study (n=974) included difficulties with studying, sleeping, diet, time management, dealing with work overload, managing finances and balancing life within and outside of college. Undergraduates were found to experience more difficulties than did post graduates, women were also found to experience greater levels of difficulty with saying 'no to people', 'getting involved in societies', 'managing their diet' and 'dealing with work overload'. Student from the Faculty of Engineering, Mathematics and Science significantly differed from students within the Health Science Faculty and the Arts Humanities and Social Science with 'getting started with studying' and 'getting down to writing'. Junior Freshman students were found to experience the most difficulty with 'getting enough good quality sleep' and 'managing their diet' where as Senior Freshman experienced most difficulty 'maintaining concentration during study' and Junior Sophisters most difficulty 'getting started with study' (Dolan, Maye and Monahan, 2008). A Japanese study of health checks on 8287 students who were entering the university for the first time, identified the following variables which they associated with an increased need for support with mental health: 1. students who smoked, 2. lived alone away from home and 3. majoring in subjects such as philosophy (Kawase, Hashimotot, Sakamoto, Hideko, Katsuki, Iida, Umekage, and Fukuda 2008).

2.2.1. Issues for student with Asperger's syndrome and Those with ADHD

Within Trinity College there has been a notable increase in individuals with Asperger's Syndrome and ADD accessing the University and utilizing the Unilink Service (Nolan, Quinn & Gleeson 2009). People with Asperger's Syndrome have a unique cognitive style and often experience the world in a way that is different to individuals without Asperger's Syndrome. Often there is a lack of flexibility, a

weakness in problem-solving skills and a difficulty in imagining futures, however each person is unique and their condition is also affected by their personality, life experiences intellectual ability and genetic inheritance (Powell 2002).Treanor and Kenny (2006) in their document identified individuals with Aspergrer's Syndrome as having a dislike of change, having good factual but poor autobiographical memory and as individual who are prone to clumsiness and hypersensitivity to sensory stimuli particularly noise. In a study of parents perceptions of the expected supports for students with Asperger's Syndrome (Morrison, Sansosti and Hadley, 2009) found that parents expressed a desire for students to be matched with instructors who understood the characteristics of AS. They also expressed a need for 'increased advocacy for students to assist them through difficult moments' p. 83. Jamieson and Jamieson (2004) published a resource manual for students, tutors and support services on 'Managing Asperger Syndrome at College and University in 2004, however no specific services were found that catered for the needs of this group at a university level, they advocate for students to be catered for within the 'disability services, where they may be provided with technological and personal assistance and counselling services if they are experiencing emotional or psychological problems' p.23.

Students with Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) experience difficulties in all occupational domains work, school, family life, social relationships and self organization. In particular they have a heightened sensitivity to sensory stimulation and can be prone to both sensory over and under load. These students tend to be highly sensitive to light, noise, temperature, tactile sensations, odours and strong tastes, which can have a direct affect on their mood, alertness and performance levels (Gutman and Szczepanski, 2005). More recently Reilly and Lewis (2010) on reviewing 75 personal statements from applicants found that students reported memory problems, poor organisation and time management, impulsivity, reading and writing difficulties, dyspraxia, dyslexia and other mental health problems as issues associated with their condition. (Weyandt & DuPaul, 2006; DuPaul, Weyandt, O'Dell, & Varejao, 2009) in a review of the main research findings concerning students with ADHD in third level found that college students with ADHD are at greater risk for academic and psychological difficulties. However, they found that little information is available concerning the neuropsychological functioning of college students with ADHD. Wolf (2000) maintains that support services and accommodations for students with ADHD should be aimed at reducing the effects of the disability which would in turn increase the likelihood of the students completing their programme, but again there

appears to be no services for this group at the university level and like those with AS they are catered for under the disability services or counselling.

2.2.2 Issues for student with Schizophrenia

A qualitative study of 8 university students experiencing schizophrenia in Korea, reported more negative than positive life experiences, most encountered loneliness and had difficulty making friends, had periods of absences due directly to their illness, experienced periods of difficulty in concentrating on their studies, comprehending lectures, taking tests, completing their degrees. Some had a loss of interest in life, loss of feelings of reality in everyday life and powerlessness in social role performance. Others reported that they kept a balance life and encountered enhanced self esteem and a sense of belonging (Sung and Puskar 2006; Sung, Kim, Puskar and Kim, 2006). Similar to both students with AS and ADHD there appear to be no specific services for these students but they are catered for within the disability and counselling services. These studies are similar to Megivern, Pellerito and Mowbray's and Pardon findings where students with mental health problems experienced difficulties with social isolation, lack of money and financial problems, poor concentration, reduced self-confidence and missing college due to an increase in psychiatric symptoms (Megivern, Pellerito and Mowbray's 2003;Pardon 2006).

2.2.3 Retention of students

In a study on the retention of first year students with mental health problems Nolan, Quinn and MacCobb (2009) found that students were experiencing difficulty with their coursework, balancing their activities and self management. They concluded that the attrition rate of first year students with mental health problems could be reduced with the right support. They advocated that in order to retain students with mental health problems in college students individual goals needed to be catered for, communication channels need to be open and flexible and students needed to have an ongoing connection with at least one supportive staff member who gave them time and advocated for their needs (Nolan, Quinn and MacCobb, 2009). In a large scale study of the drop out rate for student in Universities and colleges across the United Kingdom (Smith and Naylor 2001) it was found that students who were older, not academically prepared, and were from poorer socio-economic backgrounds were more likely to drop out of university. In a further study of first generation students in the U.S also found that the drop out rate for students in the lower socio-economic groups was higher (Ishitani 2006). However, these studies did not take cognisance of those with disabilities. Burris,

Brechting, Salsman and Carlson (2009) in a sample of 353 university students found that optimism was the best predictor of both psychological well being and lower levels of psychological distress. A report entitled Students with Disabilities Tracking Report – 2005 Intake: An analysis of their progression, retention and success through Higher Education Institutions within Ireland (Twomey,, Amberson, Brennan, 2010) found that there was a significant difference in the entry rates of individual categories of disabilities with mental health having an entry level between 2% and 5% respectively. 'Students with mental health disabilities were found to have the lowest retention rates in the national sample with only 56% of students being retained over the course of their studies, and the largest number of student withdrawals occurring in the first year of study.' p. 6 Twomey,, Amberson, Brennan, 2010). Tinto (2002) maintains that the first-year learning experience is 'the key to student retention' and that patterns of interaction between staff and students and the general integration of students into their environment in the first year of study is of critical importance (Mooney, Patterson, O'Connor, and Chantler, 2010). Shevlin, Kenny and McNeela (2004) in a study on Irish students with disabilities maintain that a positive and informed staff/college attitude was crucial in ensuring access and equitable treatment for this group of students and that there is a need 'to ensure that inclusion of students with disabilities is treated as a cultural change' p.29

2.3. MODELS AND TOOLS IN EXISTANCE THAT SUPPORT STUDENTS WITH MENTAL HEALTH PROBLEMS

The models of support for students can be divided into two distinct era's. The first era covers the period from the 70's, 80's, and 90's when the rehabilitation movement was prevalent. The primary focus of this movement was on the acquirement of skills and knowledge to minimise disability. Programmes were designed as a partnership between the professional and the person with the disability and the focus was on individual recovery through adaptation to the demands of daily life (Mowbray. Collins, Bellamy, Megivern, Bybee and Szilvagyi, 2005). As can be seen from the literature below this was the mainstay of the impetus for the development of supported education programmes within the U.S.A. The second era was one of social inclusion and disability rights and entitlements and social models of disability which emerged around the same time within the late 80's and early 1990's (Barnes and Mercer, 2010). This is the movement which sees the issues and problems as residing within the community and the environment both, physical, cultural and social. It has given disabled people a basis on which to organize themselves collectively, and it:

> 'has enabled them to highlight the barriers they face, the patronizing attitudes they have to deal with, the low expectations invested in them and the limited options available to them' P.33 (Swain, French, and Cameron, 2003).

It is this movement that had most influence upon the emerging disability policies within Europe, the UK and Ireland.

Karen Unger of the Boston University Center for Psychiatric Rehabilitation (Unger, 1990; Bellamy, and Mowbray 1998; Mowbray, Gutierrez, Bellamy; Szilvagyi and Strauss, 2003). first defined supported education as

> 'education in integrated settings for people with severe mental health problems from whom post secondary education has not traditionally occurred or for people whom postsecondary education has been interrupted or intermittent as a result of a severe psychiatric disability and who, because of their handicap, need ongoing support services to be successful in the education environment' (Anthony and Unger, 1991, p.146)

The first supported education programme was offered to individuals with mental health problems by two instructors from the George Brown College in Toronto Canada at the Lakeshore Hospital in the early 1970's. This programme which is entitled a Redirection through Education (RTE) programme by the 1980's had over 100 students registered. The model of support offered was one of a self-contained supported programme and included social skills groups, academic for credit and non-credit classes, vocational testing and cooperative work placements, and individual counselling. By the 2000's the programme was assigned to the Access Centre of Excellence and was grouped with English as a second language, the Academic Bridging Program, and with pre-programs in Health Sciences, Hospitality, Community Services and Business. This meant that the program moved from a self-contained classroom to an onsite program under mainstream college division which gave students' greater access to mainstream college classes (Gilbert, Heximer, Jaxon and Bellamy, 2004).

In recognition of providing meaningful programmes for young adults with a history of mental illness, the Center for Psychiatric Rehabilitation at Boston University established the Continuing Education Program (CEP) in 1984. This programme prepared young adults with mental health problems to obtain employment or additional education or training that would lead to employment.

Other colleges within the USA followed the lead of the Boston University Center for Psychiatric Rehabilitation and Karen Unger (1990) described three types of supported education programmes that had emerged since the Toronto RTE model.

1. Self-contained classroom. This is where students attended classes on a postsecondary site with other students who were characterized as people with mental health problems. The curriculum is set and students take all their classes in the same environment. They are free to use the universities/colleges facilities but are not integrated in other programmes within the university/college.
2. Onsite Support. This is where students attend regular classes at the postsecondary site for which they are matriculated and receive credit. Support is provided by staff from the postsecondary site through such services as the disability service, counselling services or college health services.
3. Mobile Support. This type of support is offered by staff from community based mental health services to students already engaged in the postsecondary education courses. They meet with students on the campus to provide the support. Sullivan and Nicolellis (1993) and Soydan (2007) describe the 'choose-get-keep' programme model at the Center for Psychiatric Rehabilitation at Boston University which emphasised three goals the first was for the participant to 'choose' or select an educational site that was compatible with their own values, skills and learning needs. Individuals were encouraged to make informed choices about where, when, why and how they would return to school. The second goal was that of 'getting', that is to secure admission to a preferred educational programme or training site. Students were supported though the enrolment process with assistance, guided through the form filling and essay writing which was needed to secure a place in a program or staff acted as an advocate for the individual if needed be in the interview process. The third goal of 'keeping' was to sustain enrolment, student success and satisfaction by development of their skills particularly interpersonal skills. Findings from these programmes, suggest that adults with mental health problems were interested in pursuing higher education (Collins, Bybee, and Mowbray, 1998).

In the 1980's a clubhouse model of supported education was developed at Laurel House in Stamford, Connecticut (Doherty and Hastie, 1992). This programme aimed to enable club members to access college level or post high school technical programmes by providing supported education staff to work with members to meet the school requirements. Interviews with students in the programme found the assistance that enabled them to address life issues to be of most benefit and the

social supports and friendships they found in the clubhouse model were identified as key factors in their success.

Cooper (1993) describes a mobile support service developed by Mental Health Association in Ulster County. This program was offered in two phases. Phase 1 provided a number of supports which included assistance in applying for financial aid and in registration and a 25 hour orientation programme at the start of the academic year which included organisational and time management skills. The second phase of this programme introduced an education coach who provided emotional and social support as requested by individual students. Outcomes reported for 22 students in this programme include that students availed heavily of the supports provided, and having access to Academic Coaching for Educational Success appeared to make a difference in students remaining in and managing the college environment (Cooper, 1993).

Michigan University followed Boston Universities' curriculum and began to develop a supported education programme in the mid 1990's. The mission of their programme was to enable adults with serious mental illness to reach readiness for matriculation at a community college. This objective was accomplished by helping participants choose and attend career and education goals and acquire the skills necessary to achieve these goals. Individuals with mental health problems were encouraged to attend an onsite classroom and obtain credit for their course. The course was designed around the participants needs. Each person is asked to think about what kind of supports they need in order to pursue a postsecondary education or training. Their programme was evaluated using an experimental design with random assignment of participants (n=397) to one of two groups, an active treatment group or a control group. Students in the control group did not participate in a structured intervention; instead they were assigned to a staff member who was available upon the student's request to help the student meet his or her needs. Outcomes were measured using interviews with participants at baseline, midway through the intervention, at graduation from the programme and at six and twelve follow up. The interviews covered functioning, social support, self-perceptions and behavioural outcomes. Staff also documented student participation and contacts on a continuous basis. Outcomes showed that students in the active treatment group showed improvements is self esteem, social adjustment and greater participation in college or vocational training (Mowbray, 2000). Coping strategies differed significantly for those with high and low attendance. Higher participation in the programme influenced more action-oriented approaches such as

specific problem solving approaches, information seeking and help seeking, were predictive of later position outcomes as opposed to emotion oriented responses such as emotional discharge, regulation of emotions and avoidance behaviours. (Collins, Bybee, and Mowbray, 1998; Collins, Mowbray, and Bybee, 1999). A twelve month follow up study found that individuals on this programme valued the support groups, study skills, vocational choice, choosing a college major and scheduling classes (Mowbray, Collins, and Bybee, 1999; Mowbray, Bybee, and Collins, 2001).

Unger, Pardee and Shafer in 2000, surveyed 124 students from three supported education programmes, Quincy College M.A., College of St. Matei CA and Laurel House, Stamford in CT., for five semesters. Over 89% of the students enrolled in this study had obtained a high school diploma. 57% were female, 75.8% were of caucasian extraction, and over 63% had depression as a diagnosis and 86% were on medication. Assessments used in this study included, a community and campus service utilization, the Rosenberg Self Esteem Inventory and an abbreviated version of the Leman Quality of Life Inventory. This study showed that students completed 90% of their coursework, and that having one's own transport and the number of hospital admissions were the only predictors of school completion. It no significant increases in self esteem as measured by the Rosenberg Inventory or any significant changes to the quality of life as measured by the Leman Quality of Life Inventory. (Unger, Pardee and Shafer, 2000).

In a national survey of supported education programmes (SEd) in the USA Mowbray, Megivern and Holter in 2003 found that supported education programmes were doing well and expanding. The greatest number of SEd programmes, were found in clubhouses but little coordination was going on between SEd programmes and other stakeholders such as other mental health agencies in the area or between the clubhouses and the postsecondary institutions (Mowbray, Megivern and Holter, 2003).

In a review of evidence for these programmes Leonard and Bruer (2007) concluded that many of the approaches to supported education programmes were unrealistic and ideal in the conditions they pursued for their studies. They maintained that many of the programmes were located in areas where hospitals were in close geographical proximity to educational facilities and could easily accommodate on campus education but that in the real world such conditions do not exist. They advocate that practical solutions need be found to provide individuals with mental health problems, educational opportunities and that these should be integrated into

mainstream education. They also maintained that the nature and quality of the therapeutic relationship was crucial to the success of students, that programmes offered be continuous and individualized, and services match the needs, strengths, preferences and values of the recipient (Leonard and Bruer 2007).

In a comparative study of SEd programmes being offered in Michigan, USA and Rotterdam in the Netherlands it was found that the Rotterdam programmes equally focused on retention of students as it did access. The programme in Michigan appeared to place more emphasis on access as opposed to retention, one explanation for this difference is that the Dutch place greater emphasis on their social and economic rights of its citizens than they do in the USA. Mowbray, Korevaar and Bellamy, maintain that support that is not built into a system is usually is either not used or not effective and therefore they maintain that the support needs to be continuous, readily available and on a regular basis for it to be successful. Consumers is their programmes valued the individual type of support offered to them, and in the Michigan programme the participants valued the group sessions where they could share information and support each other. Barriers to participation were attitudes to students pursuing higher education in the Michigan Programme and access to finance and governmental bureaucracies in both programmes (Mowbray, Korevaar and Bellamy, 2002).

Clayton and Tse (2003) used a recovery approach in an educational setting for individuals with mental illness. Their programme aimed to provide students with an opportunity to explore, reflect on and develop further skills for managing health and well being and to encourage students to participate more fully in their community by exploring organisations of advocacy, and networks to support their journey of recovery. Eleven students attended their programme which ran for three days a week for 13 weeks and was conducted in a classroom within the educational institution. Students were asked to evaluate the programme using a survey and a follow up focus group was also conducted. Findings indicate that students valued being in an educational environment, they also valued the professional boundaries set out by the course leaders in establishing the learning environment versus a therapy environment. Students found some of the course material difficult as some had poor literacy skills. The authors concluded that an educational establishment was a good place to conduct a Health and Wellbeing course for individuals experiencing mental illness (Clayton and Tse, 2003).

More recently Gutman et al in 2007 designed a supported education programme using a combination of both self contained classroom and on site mentoring. This was the first programme where occupational therapists were involved in the design and delivery of the programme as most of the programmes described up to now were offered by social workers usually in combination with individuals with some experience of education and with educational qualifications. The self contained classroom provided a structured curriculum that addressed both the academic and social skills of participants and the onsite support offered one to one mentoring to enable participants to explore educational options and receive assistance in admission procedures and applications for financial aid. Faculty supervised occupational therapy students as they served as instructors and mentors in the program. They had 18 participants who ranged in age from 24 to 50. Five outcomes measures were used to assess the effectiveness of the programme. Pre and post scales were used to determine if participants had increased their comfort with the student role and to measure increased their skill level in academic areas. Three other scales were used; Task Skills Scale , Interpersonal skills Scale and School Behaviour Scale to assess for social skill development and a Satisfaction Scale was used on the last day of the program, and data was also collected on a one month follow up to determine if individuals had enrolled in further courses.

The program ran for 12 weeks with a three hour module once a week. Each module offered two hours lectures followed by a one to one mentoring with psychiatric patients for the other hour. Topics covered were time management, stress management, study skills, effective reading, basic writing, computer skills, introduction to the internet and library, social skills in the academic environment, public speaking techniques, and an exploration of educational/vocational interests. Results found a significant difference Wilcoxon signed rank test between pre and post test scores for participants Comfort with the Student Role Scale ($p=.001$), Task Skills Scale $p=.002$; Interpersonal Skills Scale $p=.008$; School Behaviour Scale $p=.005$. Of the 18 participants 16 successfully completed the programme. At one month follow up 12 (67%) reported that they had enrolled in further education of some sort. This study was limited by numbers and a control group to compare against, also recruitment into the programme was through self selection and if they met the criteria for entry which would mean that they may have had higher levels of motivation.

In the USA, as can be seen from this review the movement of supported education (SEd) has targeted individuals with mental health problems through psychiatric

centres or hospitals to actively seek opportunities to return to higher education. Most individuals within these programmes have had their education interrupted because of their mental illness either at an early stage or just prior to when they were eligible to commence higher education. As the target groups for these programmes are individuals who are attending psychiatric services with the intention of encouraging them to take up some type of academic course or vocational training, the average age of the students within these programmes was between 32 and 39 (Mowbray, 2004). Generally most of the individuals have graduated from high school, were stable on medication and have had few admissions to hospital within the year prior to entry into the programme.

2.3.1. Conclusion to section 2.3

In conclusion of this section, it would appear that a fundamental aim of these programmes is to gain access to universities or higher education institutions and although some were sited on university or college campuses, most do not appear to be integrated into the higher education systems with ongoing support. None of these programmes appear to have developed a measure of needs or effectiveness of the programmes on offer, but instead rely on external measures such as grade average, number of students enrolled into university programmes and completion rates as a measure of a successful outcome. Some psychological measures such as self esteem measures and quality of life measures were also employed as outcomes measures. This makes it difficult to ascertain what the issues, concerns and goals of students are and what individual students really want, as it would appear that all the programmes offered are done so through a classroom setting with a set curriculum with the emphasis on access.

Little evidence is apparent within the literature on the retention of students who are already within the higher education institutions. How are they being supported and what services are on offer to them? Carol Mowbray maintains less attention has been paid to consumers once they are successfully enrolled in college programmes and few programmes address the needs of individuals who experience the onset of their serious mental illness right before or during college (Mowbray, 2004). Of those studies reported in the literature students appear to access Disability, Counselling or Campus Health services. In particular accommodations that are on offer to students with mental health problems include extra time for coursework, assignments and examinations, specific academic support tuition, extra photocopying cards and the provision of laptops in order to accommodate students

doing their assignments at home, private one to one meetings with tutors, prearranged or frequent breaks, beverages permitted in class and advanced notice examinations (Stanley and Manthrope, 2001; Collins and Mowbray, 2005; Slazer, Wick and Rogers, 2008: Collins and Mowbray, 2008; Trinity College Disability Annual Report, 2008/09).

Glenmaye and Bolin (2007) in an exploratory study of program practices of social work courses across the USA found that the most commonly used accommodations were extra time in test taking and handing up of course assignments and extra time to complete the course. Slazer, Wick and Rogers (2008) found that only 34% of students with mental health problems within their study requested accommodations and that those who sought support through disability offices were more likely to receive guidance from professionals who were familiar with their needs. The most commonly used accommodations were extra time for handing in assignments, and giving a student a grade of incomplete rather than a fail if a relapse of their psychiatric symptoms occurred. 25% of students in their survey did not know about the accommodations that they could avail and the authors suggest that future research should focus on student needs for accommodations and examine the outcomes associated with receiving or not receiving the appropriate accommodations (Slazer, Wick and Rogers, 2008). From this literature it would appear that the problems are portrayed as residing within the individual and were being addressed by skills development courses being offered to individuals to with mental health problems and psychiatric illness/disability to enhance, their opportunities for accessing the educational system. There appears to be no person centred ethos and individuals were not followed through once they obtained a position within the colleges or universities and little appears in the literature of how individuals could action their learning into changing how they managed their daily lives.

2.4. MODELS OF SUPPORT AND TOOLS IN EXISTANCE FOR STUDENTS WTIHIN THE UK AND IRELAND EXPERIENCING MENTAL HEALTH PROBLEMS.

In Britain and Ireland it was not until the advent of the introduction of the Legislation in the late 1990's and mid 2000's that the higher educations institutions had to address the needs of students with disabilities including those with mental health (Lindsay, 2005, Tinklin, Riddell and Wilson, 2005, AHEAD, 2008). There is little evidence within the literature of the models of supported education being

rolled out as they were in the USA, instead services for students were provided within the Higher Education Institutions (HEI) through counselling, health or disability services, where the emphasis appears to be on the retention of current students and integration and inclusion of individuals with mental illness, rather than on gaining access to higher institutions as in the USA. In the UK the National Institute of Adult Continuing Education (NIACE) was established in 1921 to promote lifelong learning opportunities for adults. In 2007 it merged with the Basic Skills Agency (BSA) to lead adult education in literacy, language and numeracy across all age ranges. In the year 2000 guidelines were issued by the Committee of Vice-Chancellors and Principals to give formal recognition to students' mental health needs and advice to HEI's on how to offer supports. The focus of these guidelines was on the 'duty of care' where there is a legal requirement on the part of the HEIs' to provide adequate standards of support (Universities UK, 2002; Lindsay, 2005).

The concept of social inclusion (World Health Organisation, 1999; European Commission 2000,2006) also resulted in a shift from a traditional medical model of service provision to a social model and there is a greater emphasis now on individuals with disabilities are being integrated into society including higher institutions of education. Most colleges and universities in both the Uk and Ireland now have established Disability Services that provide accommodations to students with disabilities including those with mental health problems (AHEAD 2008; DAWN, 2008).

Several universities within the UK have developed a mental health policy and some universities, have developed support programmes for students with mental health problems, Leicester (Student Academic Mentoring Scheme), Southampton (Mentor Service), (Lindsay, 2005).

In Ireland the Association for Higher Education Access and Disability (AHEAD) was established in the early 1990's to cater for the needs of students with disabilities and access to higher institutions. The publication of the Disability Act in 2005 and the Equal Status Acts 2000 and 2004 along with the Education for Persons with Special Needs Act 2004 had led to an improvement in the delivery of services and facilities for individuals with disabilities including access to higher education (AHEAD 2008). Most higher education establishments now have a disability/access officer in place to cater for the needs of students with disabilities who provide academic accommodations and environmental supports (DAWN, 2008). Similar to their British counterparts Ireland has placed the emphasis on retention as well as access to HEIs

for students with disabilities unlike the USA supported education programmes described earlier who placed the emphasis on access for those individuals with mental health problems. There appears to be a lack of literature on support services being offered to students with mental health problems who are already enrolled in HEI's and on the outcomes of these services (Mowbray, 2004; Mowbray, Collins, Bellamy, Megivern, Bybee and Szilvagi, 2005). One study conducted by Lindsay 2005 on the needs of university students with mental health problems and the types of supports available within the UK and Ireland found that only three universities specifically offered supports which targeted students with mental health problems, that was Leicester in 2002, Southampton in 2005 and Trinity College Dublin, in 2004.

In 2000 the University of Lancaster developed a Student Mental Health Planning, Guidance and Training Manual which acts as a 'signposting tool' providing information on student mental health issues and enabling HEIs to have a template for service provision (Ferguson, 2000). Most of the other colleges have counselling and health services that students could access and they offer programmes on stress management, study skills and time management that students with mental health problems can avail of.

The University of Ulster since the publication of Lindsays' report have implemented a 'mentor system' which specifically targets individuals with mental health problems similar to the Leicester programme where post graduate students are trained in mentoring and offering support on a one to one basis to students with disabilities. The National University of Galway in 2007 developed its Mental Health Strategy and as part of that strategy it advocates the expansion of 'peer support systems' to cater for the needs of those with mental illness and have put in place a 'support individualized needs based plan' for students with mental illness. This plan addressed academic, practical and career needs of individual students. However, gender can be a factor in who accesses services.

2.5 GENDER ISSUES IN ACCESING SUPPORT SERVICES

'Men are often characterised as unwilling to ask for help when they experience problems in living. Popular stereotypes portray mean reluctantly asking for directions when they are lost, having difficulty sharing vulnerable feelings with friends and family and avoiding seeking help from professionals' (Addis & Mahalik, 2003 p.5). It has been suggested that men 'underutilise health services' (Mansfield,

Addis and Courtenay, 2005 p. 95) Men are also less likely than women to seek help for a whole range of issues such as depression, substance abuse, and stress (Addis & Mahalik, 2003, Courtenay, 2003). They also maintain that 'improving health maintenance behaviour such as professional help seeking is one obvious way to better men's lives (Addis & Mahalik, 2003 p.6). Females have been found in other studies to be twice as likely to access and discuss their emotional problems than males, and that females are better at expressing their emotions and asking for help (Karcen 20003; Franks and Medforth 2005).

Lee and Yuen Loke (2005) found that female students were more capable than male students in using interpersonal relationships to maintain their psychosocial well-being, and to get support from caring people. Misra, McKean, West, & Russo (2000) found than women reported a greater number of academic stressors than did men. Women were found to incorporate more activities into their schedules such as academic, employment and family responsibilities, than did men which impacted upon their levels of stress.

In a qualitative study O'Brien, Hunt and Hart (2005) found that there was a 'widespread reluctance to seek help as such behaviour was seen as challenging to conventional notions of masculinity (p.514). Courtenay, McCreary and Merighi (2002) found male undergraduate students within the United States of America to engage in riskier behaviours than did women. Anderson and Lowen (2010) in a review of the literature to identify models of health care delivery that support youth accessing health and mental health services that boys were less likely to seek help than girls and they concluded that 'there is a need for a rational comprehensive and integrated approach to health services for youth. Clinics located in schools and community based settings can be situated to address the unique needs of adolescents' (p.783). Cusack, Deane, Wilson and Ciarrochi (2006) found that bond and perceptions of treatment helpfulness was a more important feature in future help-seeking intention of men than difficulty or discomfort with emotional expression.

2.6. UNILINK SERVICE – MODEL OF SUPPORT FOR STUDENTS WITH MENTAL HEALTH PROBLEMS IN TRINITY COLLEGE, DUBLIN.

In 2008 Trinity College Dublin developed it mental health policy and guidelines where it outlines the support services available for students from counselling, health and disability. In March 2009 University College Cork followed with its

mental health policy and it offers a 'peer mentoring Buddy System' to enable students with mental health problems to engage with the learning environment, specific tuition and a lending system for computers so that students can work from home, as well as counselling, health and disability services. However Trinity College in Dublin has been the first University to develop a practical support service specifically targeting students with significant mental health problems/mental illness. The service is called the UNILINK Service.

The Unilink service is an occupational therapy based service which offers practical support to students who may be experiencing mental health problems. It was founded in 2003 by the author as she identified a growing need to offer practical assistance to students who were already within the educational system with significant mental health problems/mental illness. It offers a safe environment where students can explore their mental health problems and the impact of these difficulties upon their person, environment and their day to day activities. It is an occupation, student centred service (Nolan, Quinn and Gleeson 2009) which has its roots in the Client-Centred Practice (Law, Baptiste, & Mills, 1995; Law, 1998; Sumsion, 2006; Fearing and Clark, 2000) as well as Person, Environment and Occupation Model (Law, Cooper, Strong, Stewart, Rigby and Letts, 1996). The development of the service was also influenced by Karen Unger's (1990) third model of 'onsite campus support' as well as other occupational therapy theorists, Kielhofner 2008, Kielhofner 2004, Christiansen and Baum 199; Townsend and Polatajko 2007; Wilcock, 2006; Kramer, Hinojosa and Royeen 2003; Hasselkus 2002; Whiteford and Wright-St Clair 2005; Reed and Sanderson 1999; Pierce 2003; and Molineux 2004. Equally the development of mental health policy in Ireland particularly the enactment of the Mental Health Act 2001 and the number of reports commissioned by the Mental Health Commission namely, A Vision for Recovery in Irish Mental Health Services 2005, and the Quality Framework: Mental Health Services in Ireland 2007 and A Recovery Approach within the Irish Mental Health Services; A Framework for Development 2008, had an influence on the development of the Unilink service. Unilink is an acronym which means 'making university links'. The aim of the service is to enable students to develop practical self-management strategies that assist them in their college tasks and their integration into college life.

Its mission is to:

> 'Support students with mental health problems to complete their studies and provide them with the best opportunity to reach their full potential and

become productive members of society' (Nolan, Quinn and Gleeson, 2009, p.13).

It achieves its mission by firstly profiling students using the Trinity Student Profile which has been specifically designed for use with this service. The profile aims to establish the concerns and difficulties students are experiencing whilst attending the University. These concerns are divided into three areas, concerns with the person - the ability to manage yourself and others: concerns with the environment – managing the demands of the university system and social life of a student: and concerns with the occupation – managing the job of being a student and the student role. Once the concerns and difficulties are established a therapist then works with the individual to set goals for what they wish to work upon, and to develop self-management plans based on their needs and concerns. Occupational therapy has its roots in assisting people overcome practical issues by developing strategies and maximising the use of available environmental supports.

Occupational therapy puts the person, in this case the student, at the centre of its planning and intervention and includes 'doing tasks' with the individual until confidence and skills have adequately grown. Enhancing occupational performance requires assisting the students in a holistic way to facilitate their performance of skills. This generally relates to their college work, leisure and social life, and their satisfaction with everyday living (Nolan, Quinn, Lewis, and Gleeson, 2010). The number of student accessing and using the service has risen from 20 in 2003 to over 150 in 2010. The number of appointments per annum is over 1,000 and the average number of appointments per student is 8, however some student particularly those with ADD and ADHD and Asperger's Syndrome require more input due to the nature of their condition.

Each student on referral is offered an appointment with one of the therapists within the Unilink Service within a week of receiving the referral. Students are contacted via mobile phone, text messaging or email from the outset. Following on from the first meeting students then arrange further appointments to suit their schedules.

The Unilink Service has found that those with enduring mental illness value the continuity of care it provides as well as the ongoing contact between therapist and students. Students can keep in contact with therapist through email or through the use of text messaging and phone calls. In qualitative study and thematic analysis of mobile phone text messages to and from therapists within the Unilink service

(Nolan, Quinn and McCobb, 2011) found five over-arching themes that students used text messaging for –

1. Managing the practicalities around appointments,
2. Managing their condition/illness,
3. Relating their academic and personal progress,
4. Engaging in non- therapeutic interaction which often drew on humour and where students' could show their appreciation of therapists' support and in the last theme
5. The students thanked the therapist but felt they were doing ok and not in need of the service at that point in time (Nolan, Quinn, McCobb, In Press 2011).

In the annual report on the Unilink service (Nolan, Quinn, Lewis and Gleeson, 2010) identified that the majority of time is spent with students was on face-to-face contact with the student (55% of the total student time being designated to one-to-one sessions), 24% of their time was spent on case management, advocating on behalf of the student and in preparing for a session with the students. While 14% of their time was spent on texting, emailing and being phone contact with students. This phone time allowed for ongoing support to be given to students to enable them to achieve their goals and in supporting them implement the strategies they had worked on in the sessions.

2.6.1. Social Model of Disability

Unilink is based within the Disability Service within the University of Dublin, Trinity College as it was thought that the emphasis upon the Social Model of Disability aligned well with the philosophical approaches underpinning the Unilink Service. The social model asserts that it is society that is largely responsible for creating disability by constructing barriers in the social and cultural environment. It has significantly influences the field of disability studies as well educational perspectives on inclusion (Terzi, 2004). The social model of disability was first proposed in the 1970's and 1980's as a reaction to the individual medicalized model of disability and its psychological and social welfare implications (Swain and French, 2000; Harrison and Kahn, 2004; Barnes and Mercer, 2010). It breaks the traditional causal link between impairment and disability, and moves the focus from impairment to disability (Crow, 1996). It defines:

> 'disability as the product of specific social and economic structures and aims at addressing issues of oppression and discrimination of disabled people,

cause by institutional forms of exclusion and by cultural attitudes embedded in social practices' (Terzi, 2004, p.141)

Barnes and Mercer (2101) maintain that the 'reality of impairment' is not denied but that it is not a sufficient condition of disability. The Social Model of Disability had a great influence on the manner in which research was conducted and it posed a different set of research questions about the nature of disability than did the medical model of disability. It also allows society and individuals to examine how it was dealing with its citizens who were experiencing disabilities and the environmental barriers they were encountering. Critiques of the movement say it has a disregard for the personal experience of impairment and that it is wrong to presume that all activity restrictions experienced by individuals with impairments have a social basis and are therefore amenable to eradication by social changes (French 2004; Terzi 2004). The occupational therapy approach to practice has allowed both therapists and disability officers to collaborate on providing services for students in Trinity College by addressing not only the environmental restrictions imposed upon students through the provision of accommodations such as extensions on coursework, extra time in examinations, subject specific tuition and photocopying cards but also to consider the person within their environment and the tasks and activities that need to be done in order to support them in their student role. This approach was chosen as it best explained the focus of occupational therapy that is unique and distinct from yet could be easily understood in the context of the social model of practice.

2.7. PHILOSOPHICAL ORIENTATION OF UNILINK SERVICE AND THEORETICAL INFLUENCES ON THE PRACTICE.

The service is guided by the Person-Environment-Occupation (PEO) model as described by Law, Cooper, Strong, Stewart, Rigby and Letts (1996). This model aims to depict the interaction of person, occupation and environment by presenting it in a venn diagram. Each circle represents the constructs, person, environment and occupation (McColl, Law, Stewart, Doubt, Pollock, & Krupa, 2003; Townsend & Polatajko, 2007). Occupational performance emerges from the overlap of three circles and represents the fit or congruence of the three elements. The PEO describes occupational performance as the outcome of a transactional relationship that exists among people, their occupations and the environments in which they live, work and play. It is dynamic in nature and constantly changes over time. The authors of this model were influenced by the work of Bronfenbrenner's (1977) ecological

systems model which stresses the importance of the social nature of individuals and their interaction with all levels of the environment to develop and bring meaning to their lives. The authors of the PEO also refer to Lawton and Nahemow's (1973) ecological theory of ageing which describes the interactive relationship between an individual and the environment which can affect the degree of adaptation that the individual is able to achieve. The PEO model integrates these theories with current Canadian guidelines for client-centred practice (CAOT 1997). The PEO is also congruent with the revised International Classification of Functioning, Disability and Health (ICF) (WHO, 2001) as the ICF also recognises the person environment interaction (Stewart, Letts, Law, Cooper, Strong & Rigby, 2003). The model is flexible to allow adaptation and expansion for specific practice situations. The **person** is considered to be a unique being who assumes a variety of ever changing and simultaneous roles. These roles change across time, context, duration meaning and importance for the individual. The person is viewed as holistic and includes such qualities as physical, cognitive and affective attributes which facilitate occupational performance or doing. The **environment** is viewed as the context in which behaviour and the doing takes place and equal importance is given to the social, cultural, physical and institutional or organisational aspects of the environment. A person relates to environmental cues and reacts accordingly. Elements in the environment can be viewed as barriers or support to the doing process. **Occupation** is viewed as part of a hierarchical structure, occupation, tasks and activities. Activities are considered to be the basic units of tasks; tasks are a set of purposeful, related activities, and occupations are groups of self-directed functional tasks and activities in which a person engages over a lifespan such as self care, work or leisure pursuits (Stewart, Letts, Law, Cooper, Strong and Rigby 2003). The PEO model assumes that a person is a dynamic, motivated and ever developing being, that environments are constantly changing and as they change the behaviour necessary to accomplish a goal changes. The environment can both have enabling and constraining effects on person. Occupations are assumed to be complex, pluralistic and necessary for quality of life and well-being. They meet a person's needs for self-maintenance, expression and fulfilment within the context of his or her personal roles. The relationship among the three elements of person, environment and occupation is transactional meaning it is difficult to separate them. This model is a conceptual model and it does not have a set of assessments which accompany

it but its authors suggest that it is up to practitioners to apply it to their practice (Stewart, Letts, Law, Cooper, Strong and Rigby 2003).

The Unilink Service is equally guided by the Recovery Model. The recovery model has been the guiding vision of the mental health services since the 1990's (Anthony, 1993). He describes recovery as:

> 'a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness' (Anthony, 1993, p.527).

He then goes on to say:

> 'Recovery is what people with disabilities do. Treatment, case management, and rehabilitation are what helpers do to facilitate recovery' (Anthony, 1993, p.527)

Jacobson and Greenley (2001) refer to a model of recovery as having both internal and external conditions. The internal conditions include attitudes, experiences and process of change of individuals who are recovering. External conditions include the circumstances, events, policies and practices that may facilitate recovery. Jacobson and Greenley analysed numerous accounts of consumers of mental health services who described themselves as 'being in recovery' and they suggest that the key conditions for this process are hope, healing, empowerment and connection. The external conditions that define recovery are human rights, a positive culture of healing, and recovery oriented services. A key feature that they describe of a recovery oriented service is that it is collaborative. The Mental Health Commission (2008) maintains that:

> 'the recovery approach in mental health services emphasis the expectation of recovery from mental ill health and promotes both enhanced self-management for mental health services users and the development of services which facilitate the individual's personal journal towards recovery' (Mental Health Commission, 2008, p.4)

There are several principles, values and attitudes that underpin a recovery approach. They are described as optimism about recovery, personal meaning, person-centred, mobilising personal resources/individualized self-management plans, service user operated services or peer support, respect for expertise by experience, social inclusion and multiplicity of perspectives (Mental Health Commission 2008).

The final guiding influence on the Unilink service is the concept of client-centred practice. Client centred practice is defined as:

> 'collaborative approaches aimed at enabling occupation with clients who maybe individuals, groups, agencies, governments, corporations or others. Occupational therapists demonstrate respect for clients, involved clients in decision making, advocate with and for clients in meeting client's needs, and otherwise recognize clients' experience and knowledge (CAOT, 1997, p.49)

Client-centred practice has its roots in Carl Rogers's teachings (Law, 1998). However, Rogers did not specify any methodologies for its implementation, or make suggestions for how to use it with clients who are not motivated or do not wish to change. Rogers's original ideas were to be nondirective, and to value people's experiences and individuality. Law maintains that in occupational therapy there are concepts of client centred practice that are common to all models of practice. These are respect for clients and their families, and the choices they make. Clients and families have the ultimate responsibility for decisions about daily occupations and occupational therapy services. Therapists provide information, physical comfort and emotional support with an emphasis on person centred communication. Therapists facilitate client participation in all aspects of the occupational service and provide a flexible, individualized occupational service delivery. Therapists strive to enable clients to solve occupational performance issues and the focus of the service should be on the person-environment-occupation relationship (Law, 1998). Baum maintains that occupational therapists need to frame their practice in models of care that focus on the client's needs so that clients may gain motivation from their own perceptions and emotional efforts (Baum, 1998). In a client centred approach clients and therapists work together to define the nature of the occupational performance problems, the focus and need for interventions. Clients participate at different levels depending on their capabilities, but all are capable of making choices of how they spend their daily lives (Baum, 1998). In order to be client centred occupational therapists must consider, activities, tasks and roles of the person, the organisation of services to support the individual as an active participant in the process of recovery and they must create a partnership that enables the individual to assume responsibility for their health (Baum, 1998). Baum also maintains that a top down approach should be used as it is the clients' perspective that is important and that the first phase of the intervention should be upon obtaining information related to the individuals concerns, difficulties and needs. The concepts of enablement and participation are synonymous with client-centred practice. The concept of enablement which can be defined as the

> 'Processes of facilitating, guiding, coaching, educating, prompting, listening, reflecting, encouraging, or otherwise collaborating with people

> so that individuals, groups, agencies, or organisations have the means and opportunity to participate in shaping their own lives; enabling is the basis of occupational therapy's client-centred practice and a foundation for client empowerment and justice: enabling is the most appropriate form of helping when the goal is occupational performance' (CAOT, 2002, p.50).

Enabling refers to helping approaches that involve people as agents in learning to help themselves. There is an emphasis on participation, collaboration, partnership, reflection, experiential leaning and related actions (CAOT, 2002). Participation is an active concept characterized by involvement and engagement and is driven in part by the need to act and find meaning (Townsend and Polatajko, 2007). The implications for occupational therapists are that clients are entitled to make decisions about occupational therapy, other services and their lives (Townsend and Polatajko, 2007). The implication for the development of a service such as the Unilink Service means that when designing and developing the service based on the principles of client-centred practice, recovery and person-environment-occupation would be that they adhere as closely as possible to the philosophies when designing assessments and interventions for students.

2.8. CLIENT CENTRED MEASURES AND ASSESSMENT OF NEED IN OCCUPATIONAL THERAPY.

When the Unilink Service commenced in 2003 it was decided to use assessments that were considered to be client–centred and reflective of the guiding philosophies of the service, therefore the Canadian Occupational Performance Model (COPM) (Law, Baptiste, Carswell, McColl, Polatajko and Pollock, 1994), the Occupational Self Assessment (OSA) (Baron, Kielhofner, Lyenger, Goldhammer and Wolenski, 2006) and the Occupational Performance History Interview (OPHI-II) (Kielhofner, Mallinson, Crawford, Nowak, Rigby, Henry and Walens, 2004) were considered appropriate for use within the service.

The Canadian Occupational Performance Model (COPM) (Law, Baptiste, Carswell, McColl, Polatajko and Pollock, 1994) is an individualized measure designed for use by occupational therapists and client's to detect change in a client's self-perception of occupational performance over time. It is an outcome measure and can be taken at the beginning of the intervention and at intervals appropriate thereafter. It identifies problem areas in occupational performance in the areas of self-care, productivity and leisure and evaluates performance, importance and satisfaction relative to these problems. Clients are asked to rate themselves on the importance the activity holds for them on a scale from 1 being

not important at all to 10 extremely important. They are then asked to rate themselves on how well they perform the activity on a scale from 1 not able to do it to 10 able to do it extremely well and then they are asked to rate themselves on how satisfied they are with the way they do this activity now.

The Occupational Self Assessment (OSA) (Baron, Kielhofner, Lyenger, Goldhammer and Wolenski, 2006) is an outcome tool that is based on the Model of Human Occupation. This Model of Human Occupation (MOHO) was developed in 1980 and since then it has undergone huge development. It is considered to be client centred, holistic, evidence based and occupation focused. It is designed as a conceptual model and its theory addresses three practical concerns, how occupation is motivated, organized into everyday life patterns and performed in the context of the environment. What happens in the face of impairments, illness and other factors that create occupational problems and how occupational therapy enables people to engage in occupations that provide meaning and satisfaction to support them in their physical and emotional well-being? MOHO seeks to explain how occupation is motivated, patterned and performed (Kielhofner, 2008). The OSA is designed to capture a client's occupational competence for doing everyday occupations. It also allows clients to indicate personal values and to set priorities for change by assessing the importance of those everyday occupations, and is designed to be outcome measure like the COPM. The OSA is related to the concepts of **Occupational Performance**-ones innate capacities motor, process and communication, **Habituation**-the process that maintain a pattern in everyday life roles and habits and **Volition**-the thoughts and feelings related to one abilities and effectiveness, enjoyment, satisfaction and meaning. A sense of self efficacy interests and values (Baron, Kielhofner, Lyenger, Goldhammer and Wolenski, 2006). Clients self rate themselves on a four point scale on everyday occupational activities as to how well they do the activity and also indicate how important each of these activities, are to them. Once the form is completed the client establishes priorities for change. They select the areas and then rank them for change. The form also allows the client and therapist to record and review therapy goals and strategies.

The Occupational Performance History Interview (OPHI-II) (Kielhofner, Mallinson, Crawford, Nowak, Rigby, Henry and Walens, 2004) – The Occupational Performance History Interview (OPHI-II) was first developed in 1985 and has undergone several refinements and psychometric testing since then. The instrument consists of a) semi-structured interview, b) scales for rating the information obtained in the interview, and c) a format for recording qualitative

narrative data. The interview that the therapist conducts with the client is designed to gather essential data on the client's occupational history. It provides a structure and framework with recommended questions for doing the interview thus ensuring that the necessary information is obtained. The focus is not on the questions but on the types of information gathered. The semi-structured interview is organised under the following thematic areas:

Activity/Occupational Choices,

Critical Life Events, Daily Routine,

Occupational Roles,

Occupational Behaviour Settings.

Questions are designed so that they are flexible and therapist can move up or down the questions depending on the client. The second part of the OPHI-II is composed of three rating scales:

Occupational Identity scale,

Occupational Competence Scale and

Occupational Behaviour Scale

The scales provide a way of converting the information into three measures. Occupational Identity measures the degree a person has internalized a positive occupational identity, that is, having confidence, values, interests and roles. Occupational Competence measures the degree to which a person is able to sustain a pattern of behaviour which is productive and satisfying and Occupational Behaviour Settings measures the impact of the environment on the client's occupational life. A key from has been developed that allows interval measures to be derived from the ordinal rating made on each of the scales. Interviews take approximately 45 to 60 minutes. Following the interview the therapist rates the individual on the three scales in total he/she rates a total of 29 items on a four point scale that indicates the client's occupational adaptation and environmental impact. Following this the therapist completes a life history narrative form that is used to report the qualitative information from the interview. The therapist then graphically plots the client's life story (Kielhofner, 2008).

2.9. INSTRUMENT DESIGN

Hemphill-Pearson (2008) maintain that occupational therapy assessments are vital to the survival of the profession and that therapist must provide valuable evaluation information to be accountable for the outcomes of their interventions. These assessments can include self report forms interviews with rating scales, observational checklists or rating scales, calibrated measurement devices and tests (Kielhofner, 2006). Law, Baum and Dunn (2005) maintain that clinical utility of an assessment is important for practitioners and issues such as cost, availability of a manual, ease of use, complexity of administration and scoring, time required to conduct the assessment and requirements of the client are essential to the process of development of an instrument. They maintain that the purpose of assessment in occupational therapy is to 1. identify the client's needs to perform specific occupations, 2. gather descriptive information about a client level of occupation performance and his or her satisfaction with that performance, 3. plan and intervention and 4. evaluate the effects of that intervention. In this study the Trinity Student Profile identifies and gathers descriptive information about the student and about the tasks and activities that students perceive as a difficulty for them in relation to their student role and lifestyle, it enables students to prioritise their difficulties and to set goals in relation to working on some of these difficulties and to evaluate how they are doing in their student role. The American Occupational Therapy Association (AOTA) maintain that assessment is "....the planned process of obtaining, interpreting and documenting the functional status of the individual. 'Measurement is'..quantifying or assigning a number to express the degree to which a characteristic is present." Quantitative instruments allow us to translate information about an aspect of a person into numbers (Kielhofner 2006). There are two main types of measurement/assessments criterion-referenced tests and norm-referenced tests (Stein & Cutler, 1996; Kielhofner, 2006; Hemphill-Pearson, 2008). Criterion-referenced tests are a those tests that define a criterion or a standard that a client is expected to achieve or reach. The area that is to be assessed is first chosen and then a nominal scale is usually applied to enable an individual to score it. Norm-referenced tests are where a person's performance is compared to the performance of others. Test items or characteristics are identified and tests are constructed around these items or characteristics. The test is then administered to large numbers of a target population for which the test was developed. Procedures in administrating and scoring the instrument are standardized. Hemphill-Pearson (2008) maintains that in mental health these are

less common. In this study a criterion-referenced approach was taken to the development of the Trinity Student Profile, as the issues to be addressed by this profile are the difficulties and issues that students experience in relation to their student role, tasks and activities and lifestyle, and no other assessment has been found within the literature that addresses these issues. Kielhofner (2006) also maintains that there are two key elements in measurement design, one is the definition of the constructs to be measured and two is the piloting of the construct through formal instrumentation. In this study the constructs that informed the design of the Trinity Student Profile are defined below in section ....Chapters three and four describe how the instrument was constructed and piloted and chapter five describes the findings from the piloting. Kielhofner 2006; Hemphill-Pearson 2008 maintain that the following steps should be followed when designing an assessment or instrument:1. Identify the need for the instrument, 2. Identify the intended population, 3. Describe the constructs of the instrument, 4. Write the items, 5. Develop supporting material, 6. Field-test the instrument, 7. Analyse the instrument, 8. Revise instrument and supporting material, 9. Seek a publisher. Chapter three describes how each of these steps were employed within this study.

2.10. SUMMARY OF THE LITERATURE REVIEW.

This chapter has described the development of services for students in third level education with mental health problems/psychiatric illness. Two distinct influences have had an impact on the integration and retention of students with mental health problems within third level institutions, one being the rehabilitation movement where the emphasis was upon gaining access to third level institutions and programmes were developed to skill individuals to obtain access to a programme of their choice. However all of these programmes were offered in a group and curriculum were designed around literacy and numeracy skills, form filling, time management and social skills training. Other supports included counselling and one to one mentoring on academic aspects of the course or assistance with the filling out of the paper work. The second era has its roots in the disability movement and social disability models where disability services were set up in colleges and universities in order to cater to the needs of students with disabilities. The emphasis of these services appears to be on providing accommodations to students and on educating and building awareness amongst staff and students about disability rights and issues. Although the emphasis is upon the individual within their environment, individuals with mental health problems/ mental illness appear not to avail of these supports to the same extent as other students with disabilities,

equally the emphasis appears to be on environmental issues such as extra time in examinations and for assignments. None of these services appear to focus on the 'occupation' of the student or on the tasks and activities that a students needs to do in order to engage with their student role except for the Unilink Service which places the student at the centre of its service and marries the occupational therapy perspective or the Person-Environment-Occupation with the Social Model Disability. In the literature information about the issues and concerns expressed by students does not appear to be supported by empirical evidence but are merely described. A review of the literature informed the development of the Trinity Student Profile as described in the following chapter. The Unilink service offered a practical approach to service provision and identified the need to develop a 'needs based assessment'.

CHAPTER THREE

METHODOLOGY

3. METHODOLOGY

3.1. INTRODUCTION

The previous chapter outlined the development of supported education programmes. The purpose of this chapter is to describe the methodology and design of the study employed in the development of a new instrument to enable therapists within the Unilink service to capture the issues and concerns of students, with the tasks and activities needed to support them in their student role and lifestyle. A two stage approach was taken. Stage one was the development of the items for inclusion in the Trinity Student Profile which emerged from practice through the use of focus groups and interviews. Stage two was the testing of the profile leading to further refinement of the instrument.

3.2. RESEARCH DESIGN

3.2.1. INITIAL RESEARCH DESIGN

The initial research design was to conduct an action research project on the implementation and development of the Trinity Student Profile. Reason and Bradbury (2006) define action research as:

> 'Action research is defined as a participatory, democratic process concerned with developing practical knowing in the pursuit of worthwhile human purposes, grounded in a participatory worldview which we believe is emerging at this historical moment. It seeks to bring together action and reflection, theory and practice, in participation wit others, in the pursuit of practical solutions to issues of pressing concern to people, and generally the flourishing of individual persons and their communities (Bradbury, 2006, p.1).'

They also maintain that the primary purpose of action research is to produce practical knowledge that is useful to people in the everyday conduct of their lives. It is about working towards practical outcomes, and creating new forms of understanding. In this project action research was perceived as a method of including clinicians and Unilink students in the research project and process. However, as the first focus group began it quickly became apparent that the clinicians were coming to the practice with various world views on how the service should evolve and on what client-centred practice meant to each of them.

In addition they were employed on a temporary basis and were transient which made the implementation of an action research method difficult and they were not ready to engage in cooperative inquiry as well as develop a

service. It therefore became difficult to marry an action research paradigm with the developmental process and a different research paradigm would have to be implemented which would free the clinicians to concentrate on the developments of the service and so a mixed method approach was deemed more appropriate as it could allow for a sequential exploratory approach to be taken and still allow the methods of data collection to be used.

3.2.2. RESEARCH DESIGN EMPLOYED IN THIS STUDY

A mixed method approach was taken to explore the research questions as it allowed the researcher to combine both qualitative and quantitative methods, addressing the validity and reliability of the Trinity Student Profile and addressing the organic manner in which this study evolved over a five year period from 2005 to 2010 (Tashakkori and Teddlie 2003; Creswell & Clark, 2007; Creswell, 2007; Creswell, 2009; Steubert Speziale & Rinaldi Carpenter, 2003).

3.3. RATIONALE FOR MIXED METHODS APPROACH

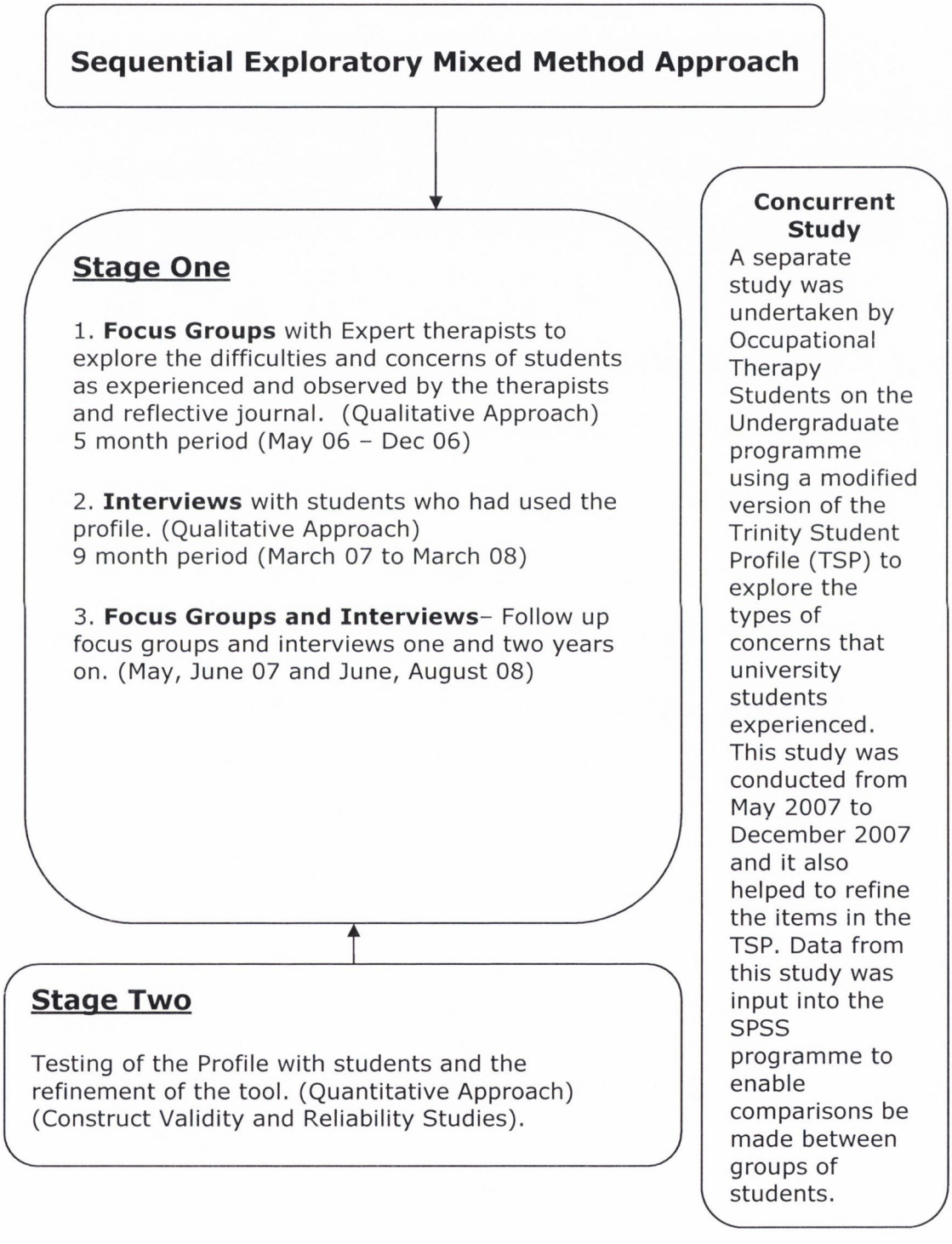
The research questions emerged from practice and therefore it was thought fitting that a sequential, pragmatic oriented stage approach be taken with the design as the essence of this research is not just what you have done but where it could lead you and the fact that it is rooted in the real world, it warranted exploration (Maxcy, 2003).

Mixed methods research has its roots in pragmatism similar to action research but without the process of cooperative inquiry. Pragmatism offers a philosophical approach that rejects traditional dualisms such as rationalism vs. empiricism, realism vs. antirealism, free will vs. determinism, platonic appearance vs. reality, facts vs. values, subjectivism vs. objectivism (Burke Johnson & Onwuegbuzie, 2004). Instead it offers a commonsense version of philosophical dualism based on how well they work in solving problems. In the case of this research the main practical problem that was poised was how could the everyday difficulties being experienced by students with mental health problems be captured? This is a real world problem and a mixed methods approach, recognizes the existence and importance of the natural or physical world. A mixed method approach also endorses human enquiry that is, what we do in our day to day lives as we interact with our environment. In the case of this research what the therapists encounter as difficulties in their day to day lives of these students is what is being explored, and a mixed method approach allows one to explore these concepts from different

points of view and to integrate them. The first approach was to capture the therapists' views and experiences with students who were availing of the Unilink service in order to form a baseline of issues and concerns that would inform the items for inclusion in the profile (Qualitative). These concerns were then incorporated into a profile so that students who engage with the service can select from a list of concerns those items that they are experiencing most difficulty with and be able to prioritise areas for intervention. This instrument was then field tested (Quantitative) A mixed method approach (see Fig. 1) to research prefers action and endorses a strong practical empiricism as the path to determine what works (Burke, Johnson & Onwuegbuzie, 2004). The need to develop a profile of students emerged from the practical problems encountered when working with students. It was reported by the therapist that other instruments (for example the OSA,COPM and OPHI-II) did not capture the essence of what students needed to do in order to maintain their student role and what emerged was a more task oriented instrument to capture their day to day issues as students. Having worked with the pilot profile students were then invited to participate in an interview to review their use of the profile and the service (Qualitative).

In this research a **sequential exploratory mixed method approach** was taken, this type of approach is best used for the development of an instrument where the first method employed drives the project and informs the second method. In a sequential exploratory design the researcher first collects in depth information about a phenomenon using a qualitative tradition followed by collection and analysis of quantitative data (Morse, 2003 and Corcoran, 2006). In the case of this research the exploration of the issues and concerns using qualitative focus groups and interviews informs the development of the profile which can then be tested with students in practice . The thrust of this research is inductive as it is a road to discovery of what constitutes issues and concerns for students with significant mental health problems and is conducted in two stages. **Stage one** is the exploration of the everyday difficulties from expert therapists within the field and the development of content and items for inclusion within the Trinity Student Profile (content validity). **Stage two** is the application, testing and refinement of the profile with students (Construct Validity and Reliability). Alongside these two stages a concurrent study (Dolan, Maye and Monaghan, 2008) was conducted on the general student population and which also informed the design of the Trinity student Profile. (Fig 3.1).

Fig. 3.1. Design of the Research Process



3.4. STEPS IN INSTRUMENT DESIGN

Kielhofner (2006) and Hemphill-Pearson's (2008) recommendations for instrument development was also employed to inform the design of Trinity Student Profile. The purpose of this process in this research is to obtain the level of difficulty been experienced by students with mental health problems in their ability to perform the tasks and activities associated with their student role and to prioritise areas that are important to work on in future therapy sessions. The following are the steps that this research employed, building upon Kielhofner and Hemphill-Pearson's suggestions for instrument design:

Table 3.1. Steps in Instrument Design

	Steps	How these steps were employed within this research
1	Identify the need for the instrument	Chapter 1 and 2 have outlined the rationale for the development of the Trinity Student Profile.
2	Identify the intended population	Chapter 1,2 and 3 outlines how and why university students with mental health problems were targeted for the intended instrument.
3	Describe the constructs of the instrument	Chapter 3 describes the constructs for this instrument.
4	Write the items	Chapter 3 describes the process that enabled the identification of the item selection for the profile and chapter 4 describes the outcome of that process.
5	Develop supporting material	Chapter 3 describes the instructions on how to use this Profile.
6	Field-test the instrument	Chapter 3 describes how the profile was tested.
7	Analyse the instrument	Chapter 5 provides the results of the field test.
8	Revise instrument and supporting material	Chapter 5 describes the revised Trinity Student Profile and supporting material
9	Seek a publisher	Yet to be done.

3.5. CONSTRUCTS THAT INFORMED THE DESIGN OF THE TRINITY STUDENT PROFILE

The Trinity Student Profile was designed to capture the concerns and difficulties of student students with mental health problems were encountering with the tasks and activities that supported them in their student role. It is also designed to capture issues that they perceive to be 'most important to work on' while in therapy, from the person, environment and occupation perspectives. Chapter two described the constructs of the Person-Environment-Occupation, Recovery Model and Client-Centred Practice. Here these constructs are explored again and how they influenced the design of the instrument, is made explicit.

3.5.1. CLIENT-CENTRED PRACTICE

Mary Law in 1998 maintained that as we were approaching the end of the 20th century, health care was rapidly changing. Costs were rising, deinstitutionalization was occurring, people were taking an increasing interest in the management of their health and there was a significant increase in chronic disability, all which has led to how health care is defined and delivered. In order to meet these demands Occupational Therapy has embraced the concept of client-centred practice. Law, Baptise and Mills (1995) defined it as

> 'an approach to service which embraces a philosophy of respect for, and partnership with, people receiving services' (Law, Baptise and Mills, 1995, p.253).

Although the concept of client-centred practice had its roots in humanistic psychology with Carl Rogers in 1939 it was not until the late 1990's that occupational therapy first described the concepts underlying this approach in occupational therapy. In 1997 the Canadian Association of Occupational therapy published a book entitled Enabling Occupation: An occupational Therapy Perspective which outlined ten important principles of client-centred practice for occupational therapy as described in 'Client-Centred Practice edited by Law, M. (1998). These were as follows:

> Respect for clients and their families, and the choices they make.
> Clients and families have the ultimate responsibility for decisions about their daily occupations and occupational therapy services.
> Provision of information, physical comfort, and emotional support. Emphasis on person centred communication.
> Facilitation of client participation in all aspects of occupational therapy service.

> Flexible, individualised occupational therapy service delivery.
> Enabling client to solve occupational performance issues.
> Focus on the person-environment-occupation relationship (Law, M., 1998 p. 9)

Client-centred practice includes several assumptions

1. The belief and uniqueness and worth of each human being.
2. Occupation and disability is a subjective phenomenon that must be understood from the perspective of the person experiencing them.
3. Therapists cannot promote change they can only create an environment that facilitates change (Law, 1998, p. 92-93).

These principles and assumptions informed the design of the profile by directly influencing the type of questions set in part one, two, three and four of the form. Part one asks for background information from the student however it also asks the student to indicate 'what time of the week it would suit them to meet'. Part two to four asks questions that are set in a narrative format so that the student can tell their own story of their developments thus far and includes such questions as 'tell me about your college experience to date in Trinity?'

Part five asks students to rate how much difficulty they are experiencing with a particular item and to rate how important this item is to work on in Unilink. This offers the student choice and control over what they wish to achieve in the service and offered a way to prioritize their needs.

3.5.2. RECOVERY MODEL

The recovery model has been widely discussed within mental health for over two decades. Individuals like Swarbrick (2006), Copeland (2001; 2002) and Anthony (1993; 2000) have been avid critics of the medical model of mental illness viewing it as narrowly focusing on symptom reduction and not really supporting recovery. There is no agreed definition for recovery (Davidson and Roe, 2007; Dillon, 2008). However, it has been viewed as a vision, a process and a practice (Anthony, 1993). The literature on recovery can be largely divided into two areas: the first focuses on recovery as an internal to the individual process and/or outcome and the second focuses on the relationship between the person's experience of recovery and the organisational/societal conditions that may facilitate recovery (Jacobson and Greenley, 2001). In the first view recovery is seen as a process which does not focus on signs and symptoms of mental illness but on a positive sense of sense,

development of a positive self identity, engagement in meaningful activity and contributing to life and society, being self determined and socially connected as well taking responsibility for yourself and self management (Jacobson and Greenley, 2001; Mental Health Commission 2008). Patricia Deegan in 1988 described recovery as:

> Recovery is a process, a way of life, an attitude, and a way of approaching the day's challenges. It is not a perfectly linear process. At times our course is erratic and we falter, slide back, regroup and start again..... The need is to meet the challenge of the disability and to re-establish a new and valued sense of integrity and purpose within and beyond the limits of the disability; the aspiration is to live, work, and love in a community in which one makes a significant contribution (Deegan, 1988, p. 15).

In the second review of recovery, conditions for recovery may be enhanced by providing person-centred services, valuing the uniqueness of each person and their experience, incorporating self-management plans and mobilising personal resources of the individual, and acknowledging the person's right to meaningful participation in community life (Jacobson and Greenley, 2001; Mental Health Commission, 2008, Onken, Craig, Ridgway, Ralph, & Cook, 2007). Davidson and Roe (2007) maintain that there are two methods of conceptualising recovery the first is 'recovery from' where recovery is seen as:

> 'amelioration of symptoms and other deficits associated with the disorder to a sufficient degree that they no longer interfere with daily functioning, allowing the person to resume personal, social and vocational activities within what is considered a normal range.' (Davidson and Roe, 2007, p.461)

The second is 'recovery in' which is seen as:

> 'not requiring remission of symptoms or other deficits, nor does it constitute a return to normal functioning. Rather, it views mental illness as only one aspect of an otherwise whole person.....recovery refers instead to overcoming the effects of being a mental patient – including poverty, substandard housing, unemployment, loss of valued social roles and identity, isolation, loss of sense of self and purpose in life, and the iatrogenic effects of involuntary treatment and hospitalization – in order to retain, or resume some degree of control over heir own lives.' (Davidson and Roe, 2007 p.462)

Davidson and Roe (2007) maintain that:

> 'a central part of recovery is the person's use of their own strengths and remaining areas of health and competence along with the acceptance of caring others and a supportive environment, in

> managing the disease and compensating for its effects all the while holding out hope for an individual cure' (Davidson & Roe ,2007,p.464).

Davidson and Roe (2007) conclude that the two concepts of recovery from and recovery in can co-exist within an individual and they found that assisting someone to learn how to with a particular symptom of their illness not only leads to living a fuller life but a more satisfying one. These principles of recovery are evident in the Trinity Student Profile in part five where individuals are asked to rate how they would manage personal, occupational and environmental aspects of their life. Inherent in the form is the notion of self management and taking responsibility for ones self, as well as focusing on the needs of the individual student. The form is designed to focus on the voice of the person and tries to establish what the issues are from their point of view. Students are involved in the decision making process about their interventions and all interventions are needs led and tailored to the individual.

3.5.3. PERSON-ENVIRONMENT-OCCUPATION MODEL OF PRACTICE (PEO)

This model is a transactive model which considers the person, the occupation and the environment in an interwoven relationship that views people in their everyday lives. It was first put forward by Law, Baptiste, Carswell, McColl, Polatajko, & Pollock in 1994 who viewed the person-environment-occupation intervention as enabling occupational performance in occupations that are defined as important by the client. The authors of this model explicitly stated the importance of focusing on the client's goals and sharing the process of the interaction to form a partnership that will assist the client taking responsibility for his or her own rehabilitation. The client's goals are the focus of the intervention (Law, 1998). The three components of this clinical model are individual's skills, environmental supports and barriers and occupational demands. Occupational performance occurs when the three elements overlap. The components interact continually, and the individual components are often in a constant state of change. The contribution of the occupational therapist is to maximise the fit between what the client wants to do, needs to do and is capable of doing (Sumsion, 2006).

The 3 concepts of the model are defined as:

Person: a unique being who across time and space participates in a variety of roles important to him or her. Each person is different and the way that they perform a given occupation in a given environment will be unique to them.

Environment: Environment is seen as the cultural, socio-economic, institutional, physical and social factors outside a person that affect his or her experiences. It presses for action and affords opportunities for occupation. The way that we perform occupations will depend on where they are performed.

Occupation: Occupation related to groups of tasks and activities in which a person engages in over a lifespan.

The P-E-O Model is used as an analytical tool to identify factors in the person, environment or the occupation that facilitate or hinder the performance of occupations chosen by the person. The focus of the Trinity Student Profile is upon the activities undertaken by the student in their student role. The PEO model enables the therapist to identify and classify concerns and issues the students were experiencing using the three concepts of person, environment and occupation as a framework. Within the design of this tool person issues related to managing yourself and others, environment related to managing the university system and its social environment and the occupation concepts related to managing the job of being a student. Items were then categorised under these three areas.

3.6 CRITIQUE OF CLIENT-CENTRED MEASURES AND ASSESSMENT OF NEED IN OCCUPATIONAL THERAPY

The literature review referred to three current occupational therapy measures relevant to individuals with mental health problems/difficulties. These were applied in the early stages of the Unilink service. However, after using them for a few months it became evident as described below that they did not serve the intended purpose and capture the needs of this diverse group.

Canadian Occupational Performance Model (COPM) (Law, Baptiste, Carswell, McColl, Polatajko, & Pollock, 1994) - *The difficulty in administering this scale to students is that they experienced problems in identifying with the concepts of productivity, self-care and leisure and found rating themselves three times cumbersome. Quite often students did not know what their problems were, particularly if they had just commenced their course. Often problems and issues did not arise until students were more familiar with their role as a student. Therefore therapists experienced that the COPM was not a valid tool for use in this service.*

Occupational Self Assessment (OSA) (Baron, Keilhofner, Lyenger, Goldgammer, & Wolenski, 2006) - *This form although easy to complete was not specific enough to the needs of the Unilink student group. Issues addressed within the form*

included a)Basic Tasks of Living such as taking care of myself, managing my basic needs, getting along with others, b) Managing Life and Relationships included items such as: making decision on what I think is important, managing my finances, being involved as a student worker etc, effectively using my abilities, c) Satisfaction, Enjoyment and Actualization included items such as: working towards my goals, relaxing and enjoying myself, doing activities I like, having a satisfying routine. Staff and students within the Unilink Service found the statements to be too general and again like the COPM it did not offer enough detail on the student role, only one question relates to students. A client would be asked to rate themselves from 'I have a lot of problem doing this' to 'I do this extremely well' on the statement 'Being involved as a student, worker, volunteer, and/or family member.

The Occupational Performance History Interview (OPHI-II) (Kielhofner, Mallinson, Crawford, Nowak, Rigby, Henry and Walens, 2004) – *The areas within the Occupational Identity and Competence Scales are similar to the OSA and were found to be too general to use with this student population, and equally it did not address the issues the Unilink Students were experiencing*: examples of the areas within the OPHI-II are: has personal goals and projects, expects success, has commitments and values, recognises identity and obligations, works towards goals, meets personal performance standards, participates in interests. The Occupational Settings (Environment) Scale asks the therapist to score client's on their physical, cognitive and emotional abilities as demanded by the tasks, as well as the time and effort required to do a task that match the energy levels of the individual. A large amount of this scale is given to rating the environment from completely accessible to inaccessible and the social aspects of this scale are rated from opportunities for interaction/collaboration support optimal functioning to interaction/collaboration is too demanding or non-existent.

It is for these reasons that the Unilink Service developed the Trinity Student Profile (TSP). The Trinity Student profile attempts to tease out the underlying tasks and activities that are essential to the job of being a student and the student role. It was developed over a period of five years and this chapter describes how the instrument was developed and what influenced its development.

3.7. STAGE ONE

3.7.1 PARTICIPANTS

The purpose of stage one was to gathered information about the concerns of students with significant mental health problems. Focus groups and interviews with staff and interviews with students were methods used in this process to ensure **content validity**. Permission was sought and granted from the ethics committee within the Health Science Faculty to conduct the focus groups and interviews (Appendix A) The focus groups and interviews were held at different times, the first ones were held from May to December 2006 with the staff and second ones were held in May and June 07 and again in June and August 2008 following a period of field testing with the profile to further refine the instrument. Conduction of interviews with students was held from March – December 07 which enabled time for the students to use the profile. These interviews contributed to the refinement of the tool.

3.7.1.1. FOCUS GROUPS AND INTERVIEWS WITH STAFF

A focus group is a 'semi structured group session, moderated by a group leader, held in an informal setting with the purpose of collecting information on a designated topic (Carey 1994; Kreuger & Casey, 2009). Interviews are described as 'a conversation with a purpose' and allow researchers to follow the interests and thoughts of the informant (Holloway and Wheeler, 1996). Focus groups and interviews were the methods chosen to answer the research question 'what are the concerns of students with significant mental health problems'. As Krueger & Casey (2009) maintain that focus groups are composed of individuals who are similar to each other in a way that is important to the researcher and interviews allow the participant to tell his or her own story (Richards & Morse, 2007; Richards, 2009). In this study the therapists within the service had all been working with the students for three years and therefore were beginning to have a good sense of what the issues and primary concerns for this group of students were. Focus groups can help with decision making and can guide product or programme development (Krueger & Casey, 2009). Through reflective discussion in the practice it was found that therapists were beginning to see patterns evolving with students. Students would enter the practice with issues but invariably other issues would arise and it was this sharing of knowledge and expertise that the researcher was trying to capture and explore. From this discussion evolved the Trinity Student Profile. Its purpose was that the Trinity Student Profile would in turn, enable students to realise their concerns and issues earlier and thus focus the interventions going forward.

Holloway and Wheeler (1996), Krueger & Casey (2009) maintain that the participants in focus group are usually linked closely to the research topic. As this research emerged out of a practice issue and with each therapist having built up a bank of tacit knowledge about students it was important to invite them to participate in focus groups to explore their experience of the issues and concerns of students with significant mental health problems attending the Unilink Service.

3.7.1.2. PURPOSE OF THE FOCUS GROUPS

The primary purpose of the initial focus groups was to gather information relating to the items for inclusion in the profile. The follow up focus groups were to establish what needed to be refined and how the instrument was working. Kielhofner (2006) and Hemphill-Pearson (2008) refer to this as **Content Validity** and expert panels are generally consulted in several rounds of the instrument development**,** and questions such as 'I would like to explore the students profile...' or 'can we explore the student profile..' would act as opening questions.

All therapists within the service were working part time each giving one day a week to work in the Unilink service. The initial focus groups were made up of two of the therapists who worked part-time within the Irish Health Service Executive and two were employed as lecturers within the Discipline of Occupational Therapy and one who was employed as a team member of a sporting club. The subsequent follow up interviews due to staff changes included two therapists employed with the Unilink service one day a week, two lecturers who also worked one day a week and three therapists who were new graduates also employed in the Unilink service one day a week.

The focus groups were held in:

May 2006 (1 group),
September 2006 (4 groups)
December 2006 (1 group)

following ethical approval. This period was chosen to coincide with the beginning of a new academic term so that the new instrument would be ready in time to pilot with the students. A further focus group was conducted in December 2006 which coincided with the end of the first term's use so that the profile could be reviewed and refined.

Follow up focus groups was held in:
May and June 07 an interview with one staff member who could not make the focus groups was conducted June 07, in order to review and refine the profile after it had been in use for one year. One further interview and focus group was held in June and August 08 respectively as a follow up with new staff being employed to work in the service.

3.7.1.3. ROLE OF THE MODERATOR IN THE FOCUS GROUPS

Krueger & Casey, (2009) maintain that the right moderator respects the participants, understand the topic and the purpose of the study, communicates clearly, and is open and not defensive. The moderator for this study was the researcher who is was also a participant of the focus group and Director of the Unilink service. It was really important for the moderator to set a tone in the groups that was comfortable and open. In order to do this the researcher would arrange for coffee and biscuits to be available for individuals and allowed individuals to take breaks when necessary. The focus groups were held in the evening after five o'clock as this was the only time that individuals could all meet together as all the participants had day jobs, it was therefore important that the moderator was cognisant of the groups needs in order to maintain the focus of the discussions. In order to maintain the openness of the discussion and to prevent the moderator being defensive the focus group format employed for discussions was open ended. The moderator/researcher had been working closely with all the participants in developing the service since 2003 and had therefore built up a close and open relationship with all members of the team as they were building their expertise in this area. The relationship with the participants enabled the focus groups to run smoothly and allowed for full and frank exploration of the issues facing students. The moderator/practitioner in her role was conscious to encourage debate and in order to remain open to the discussion used the following strategies to moderate. **Probing,** by asking questions such as, 'what would you do then?' 'What do you think would be useful here?' **Sharing,** of ideas and vision for the service was also used to guide developments as appropriate. **Steering** the discussion by refocusing the group if they wandered by asking such questions as, 'is there anything else that not being captured?' **Responding to questions** in order to clarify items or share ideas. The questions employed were open ended questions that related to the topic in hand and would follow the lead of the participants. The only questions that were employed at the beginning of the groups were 'can we explore what we think the concerns and issues are for students attending our service?' 'Can we get a baseline of these?' As the discussion proceeded, and a list of concerns was drawn up, a later

question that was frequently employed was 'Can we now look at the profile?' The focus group in June 07 started with a statement...'I have made all the changes' The reason a statement was chosen here was that it was a follow up group to the one held in May 07 where changes to the form were incorporated from the discussion. All the focus groups were audio-taped and transcribed verbatim, in total 8 therapist contributed to these groups.

3.7.2. INTERVIEWS WITH UNILINK STUDENTS.

Interviews were chosen as the method to answer the following research question: 'What are the concerns for students with significant mental health problems?' The primary purpose of these interviews was to review the students profile with them and where a student had completed more than one to compare and contrast them thus ensuring that the profile was capturing their difficulties. Students were also asked for their views of the approach used within the Unilink service. It was decided to conduct face to face interviews with students rather than focus groups so that confidentiality could be maintained. The Unilink service is offered on a one to one basis with students and therefore students would be familiar with this type of situation. Participation was voluntary and participants understood that they could withdraw at any time from the interview or study and that it would not affect their intervention. Ethical issues raised were addressed as follows:

3.7.2.1. ETHICAL CONSIDERATONS.

Ethics is the generic term for how we make judgements in regard to right and wrong. Ethics is a way of examining moral life (Edge and Grove, 2006). There are three principles which should be considered in all research studies. They are (1) respect for the person which includes informed consent, anonymity and confidentiality. (2) Beneficence which includes minimizing risk and maximizing benefits to be gained from the research. (3) Justice which includes protecting vulnerable individuals (Kielhofner, 2006).

In this study the ethical approval was sought on two occasions from the ethics committee of the Health Science Faculty. The first application in February of 2006 was to conduct the focus groups and interviews with the therapists and interviews with students with significant mental health problems within the Unilink Service. On this occasion the issues of informed consent, confidentiality, risks and benefits of the study as well as the protection of students were key ethical issues to be addressed.

The second application was made in September 2009 so that all files within the Unilink Service could be audited. A gatekeeper was used to make the file anonymous by removing any personal details or identifiable material from the files before the researcher could gain access to them. (Appendix B)

3.7.2.1.1. Informed Consent and benefits of the study and risks to individuals was addressed in information leaflet which outlining the nature of the study and their involvement. Individuals were reassured that they could withdraw from the study at any time without compromising the service they received from Unilink. A separate leaflet was prepared for both staff and students (Appendices C & D).

3.7.2.1.2. Confidentiality issues were addressed by reassuring participants that their personal details or any identifiable information pertaining to them would not be included in the study, through the information leaflets.

3.7.2.1.3. Protection of the Students was ensured by not including any of the occupational therapy students in the study as this would have compromised their position and all data relating to the students was made anonymous and stored on a computer which was password protected.

3.8. ROLE OF RESEARCHER/PRACTITIONER

This research used a mixed method approach and as Krefting (1991) states truth and trustworthiness is the cornerstone for qualitative research. In this study the researcher had the dual role of both clinician and researcher (Conneeley 2002; Mason, 2002; Finlay, 2002a; Finlay, 2002b; Kingdom, 2005; Jootun, McGhee, and Marland, 2009). In order to manage this process several issues needed to be addressed. My vision for the service is based on being student centred and as part of that philosophy students are furnished with a copy of all their assessments and any written documentation pertaining to them. They are also asked for verbal permission, for information to be reported back to their referring agency, and are also given a copy of that information. Therefore on entry to the service all students were told about the research basis for this service and were invited to participate in it.

The first issue of concern was the protection of students who were my clients. Staff were invited to partake in the research by interviewing those students who were my clients and I in turn interviewed their students in order to reduce bias. All staff were invited to a training workshop to explain the aims of the research and to train them on how recruitment into the study and on interview techniques. Those students who were my clients were approached and invited into the study by the staff and I then invited students who were not my clients' into the study. That way we ensured that there would be no conflict of interest and students would not feel under obligation to partake in the study. The Head of the Disability Service also acted as gatekeeper and was informed of every step of the recruitment process. As the main researcher.

The second issue, was that of researcher with my colleagues and co-therapists within the service. This did surface in the group interviews with therapists. They would on occasions try and be helpful in terms of making suggestions about data collection. However, as the Trinity Student Profile was emerging from practice and the nature of the group interviews was exploratory and open ended and as I was seeking their involvement in the design of this instrument, it was seen as part of the process, to engage in debate about research methods. Clarification needed to be also given how the Trinity Student Profile could be used in practice and as an integral part of the service development.

I also maintained a reflective diary on the process which was helpful in teasing out the issues and concerns that students were presenting with. The following is an extract from this diary:

> These individuals (talking about students) do not experience the same mental health problems but they do have multiple problems such as executive functioning skills, isolation difficulty in social cues and where this could possibly translate into difficulties in the student role could possibly be organisational skills, study skills small group work, abstract thinking cuing of social intercourse and being able to understand what is being asked of them.
> (Excerpt from reflective diary **September 06**)

It equally enabled me to clarify my thinking when roles became blurred between practitioner and researcher.

> The reliance on others to collect data is worrying. However I need to drive this forward. I need to attend to my feelings... (Excerpt from reflective diary **March 07**)

I was able to compare what Unger (1993) had proposed in her service and what I was trying to do with mine. What became evident was that my service was individual oriented and student focused unlike Unger's programmes which appeared to be offered in a group.

> My first instinct was to offer practical support as I felt that this was what was missing for this group. The literature has guided me and the types of 'on-site' support service that could be provided namely Karen Unger's model from Boston Psychiatric Rehabilitation Centre. This model was set up primarily by social workers and looked at providing such supports as reading skills, writing skills and all the associated learning supports. From what I cold see and understand most disability services to date do this and offer group support and educational strategies. What is missing is the application of these techniques to the individual. They are offered in a group way and the individual is left to apply them to themselves... (Excerpt from reflective diary **October 06**)

Member checking was an important part of this process and all staff were sent the analysis of the transcripts as a way validating their truth. It was decided to send the analysis as opposed to the verbatim transcripts as the transcripts were rich in data and text and were very long and would have demanded an enormous amount of time from them. The analysis on the other hand allowed them to track the developments and make comments if they so wished. The students on the other hand were sent their own transcripts in order to protect the identities of the other students (Appendices E & F).

A third issue of concern was the protection of any occupational therapy students who were accessing the service. In order to protect their anonymity they were referred directly to one of the therapists within the service who did not have a direct connection to the university and would not be lecturing them. My role with them was as their lecturer on the course and therefore it would have been a conflict of interest if I was to engage with them in this service. On referral they were then given numbers to protect them further. As a researcher I also withdrew at any case conferences where they were been discussed.

3.9. TARGET UNILINK STUDENT POPULATION - SAMPLING

There were fifty students accessing the service at this point in the data collection. Of these fifty students only 30 were actively using the service. All students were approached and asked to be part of the study except for occupational therapy students, as this would have presented a conflict of interest and it was very important to protect their anonymity. This left just 46 students (including current users and non-users) which could be invited to participate in the study of which 22 agreed to be interviewed. Of the 22 two became unwell and were hospitalized, two returned to their country of origin, one asked to be withdrawn from the study, one became unwell and in the interest of safety the interviewer terminated the interview and their data was withdrawn from the analysis and another five did not wish to be interviewed which meant that 12 were included in final interviews.

Ten of the interviews were conducted by the researcher and 2 were conducted by another therapist within the service to reduce bias as they were students of the researcher. This therapist was trained in the use of interviewing and was also a member of the lecturing staff of the Discipline of Occupational Therapy. All the interviews were conducted between March 07 and March 08 in the Unilink Service Office and all the interviewee's were asked for permission to audio-tape the interview and each interview was transcribed verbatim. Each interview lasted between 30 minutes to one hour until saturation was reached and no new material was forthcoming. The primary purpose of these interviews was to review the students profile with them and where a student had completed more than one to compare and contrast them to explore if the profile did capture their difficulties. Students were also asked for their views of the approach used within the Unilink service. All interviews were conduct in an informal manner to ensue the students were relaxed and comfortable. Each of the interviews took place in the Unilink Office as this was familiar to the students and all interview started with questions that would settle the student and allow them to become familiar with the interviewers voice and style of questioning. Follow on questions relating to both the profile and the service was asked (Fig 3.2).

In this study the questions listed in Fig. 3.2 acted as a guide however the interviewer was free to ask questions from the participants in any order and to follow the interests and thoughts of the participants. This was particularly important for this group of students as it followed the philosophy of being student centred in line with the ethos of the service. It meant that the interviewer and interviewee

could probe and respond to each others questions. The most common type of interviews conducted are unstructured and interactive interviews which offers the opportunity for the participants to tell their story (Richards and Morse, 2007).

Fig. 3.2. Interview Guide

1. Settling questions such as:
When did you first access the service?
When did you first start working with X therapist?
What course are you doing?

2. Questions on the Profile included:
Let's look at your student Profile?
I am just looking at things that were issues for you?
I am looking at the kind of things that were worrying you then?
What do you think made the difference during the year?

3. Questions related to the service
How did you find the service?
Were you happy with the service?
Do you have any suggestions/recommendations for the service?
Do you want to say anything else about the service?

3.10. STAGE TWO

In stage two the focus was on the refinement of the Trinity Student Profile and the testing of construct validity and reliability.

3.10.1. CONSTRUCT VALIDITY AND RELIABILITY TESTING OF THE TRINITY STUDENT PROFILE.

This testing of the Trinity student Profile took two formats. It was first tested with students within the service over a three year period from September 2006 to December 2009 (Construct Validity and Reliability Testing was carried out on the data). A concurrent study using the Student Profile was carried out by a group of undergraduate students as their research project from May 2007 to December 2007. (Dolan, Maye, and Monahan, 2008). The data which this study yielded (974 students) was reloaded into the Statistical Package for the Social Scientist (SPSS for windows 16.0 version) and was used to examine differences between the study group and the general student population (see section 3.7.3.3. below).

3.10.2. DATA SET ONE - UNILINK SERVICE STUDENTS DATA FROM TRINITY STUDENT PROFILES.

The Unilink Service was founded by the researcher in 2003 and it was not until 2004 that the service was fully integrated into the Disability Service in Trinity College. The numbers accessing the service slowly increased, year upon year, from 21 in 2004/05 to 146 2009/10. However, a pilot version of the profile was not formally introduced to the service until October 2006 which meant that those students who are used the service in 04/05 and 05/06 could not be included in the testing of the profile.

The service underwent an external review and in May 2008 following this review and on the recommendation of the review panel one full time therapist was appointed in July 2008. This meant that the service could expand and develop. Equally at the same time there was a move nationally to encourage more students to disclose their disability on entry to college (DAWN, 2008), which meant that all new first years who disclosed a mental health difficulty on entry to college were referred to Unilink. This in turn along with the full-time occupational therapist in situ meant that there was a doubling of numbers from 50 in 2007/08 to 102 2008/09 and to 146 in 2009/10.

With this increase in numbers and the introduction of full time staff it was now possible to access more students in order to test the Trinity Student Profile, and therefore testing continued until December 2009 and the researcher reapplied to the Ethics Committee of the Health Science Faculty for permission to access to these profiles (Appendix B). The purpose of the audit was to identify and evaluate students concerns and goals for intervention, and to enable reliability and validity studies to be completed on the Trinity Student Profile. This meant that 153 files were eligible for the audit, which yielded a total of 140 Trinity Student Profiles that could be used in the analysis phase.

3.10.2.1. Construct Validity - Construct validity refers to the capacity of an instrument to measure the intended underlying construct. In this study construct validity was tested by using data from the Unilink student group and subjecting it to factor analysis to establish the emerging traits within the instrument. Factor Analysis (Principle Component Analysis) was used to find the unique and coherent subsets/subscales that are relatively independent from each other. Factor analysis consists of grouping variables that are highly correlated with other and that are also poorly correlated with other factors. Kielhofner (2006) suggested the following procedure to determine the factors:

1. Select and measure a set of variables.
2. Prepare the correlation matrix (SPSS 16.0 V. was used for this process)
3. Extract a set of factors from the correlation matrix.
4. Determine the number of factors, rotating the factors to increase interpretability and
5. Interpret the results.

3.10.2.2. Reliability – reliability refers to the consistency in a measure. In this study reliability was tested using internal consistency, applying Cronbach's coefficient alpha (Kielhofner, 2006). Alpha ranges from 0.0 to 1.0 and the larger the alpha coefficient, the stronger the inter-correlation among items and therefore the homogeneity of the scale. As the Trinity Student Profile is a self report measure inter-rater reliability and test-retest reliability were deemed inappropriate to carry, because this measure is a capturing a perception of a moment in time and the process of completing the instrument changes awareness of one's issues and the prioritizing of issues is therefore influenced. Findings on a test-retest would be expected to be different as issues will have been changed by the process of engagement with the service and therapist.

3.10.3. DATA SET TWO - GENERAL STUDENT DATA.

An adapted version of the profile was administered in a separate study to all the students within the University of Dublin, Trinity College (Dolan, Maye, & Monahan, 2008) using surveymonkey.com, a survey authorising software package which enabled reaching all students within the university via email. At the time of this survey there were 15,349 students across the campus. There was a response rate of 6% which yielded 1,372 responses from both undergraduate and postgraduate courses. Not all responses were completed and therefore only 974 of these were usable. This adapted version included part two - present college life, part three - previous experience, part four - course content and part five - the list of concerns areas the student was experiencing 'difficulty with' but not the second Likert scale of 'how important it is for you to work on this in the Unilink Service', as this aspect of the profile was not relevant to the general student body, as they were not in receipt of the service. The focus of Dolan, Maye's and Monahan's research was descriptive and exploratory and although these students did not carry out any psychometric testing of the profile on this population, provision was made within their ethics application to do so, albeit at a later date to use the data to examine and compare students within the two groups (Appendix G). It was felt that these numbers were of adequate size to evaluate them further and therefore the results of this study were reloaded into the Statistical Package for the Social Sciences Programme (SPSS 16.0 version) to enable comparisons be made between those students within the general population and those within the Unilink Service testing the construct validity of the instrument.

3.11. DATA ANALYSIS

3.11.1. STAGE ONE – QUALITATIVE DATA

The data from the focus groups and interviews were audio recorded and transcribed verbatim. Each of the transcripts were printed out in full and I firstly read the transcripts several times whilst listening to the tapes to get a feel for the data and to find out what was going on. Common words were then searched and highlighted within each of the transcripts.

3.11.1.2. THEORETICAL RATIONALE FOR CODING

Some elements of grounded theory such as descriptive or initial coding (invivo coding) and constant comparison (Glaser, 1965; Glaser & Strauss, 1976; Glaser, 1992; Charmaz, 2006; Green, 1998; Barbour, 2001; Richards, 2009; Saldana, 2009) were used to guide the coding of the data as the objective was to explore an emerging practice in mental health from different perspectives and to provide information that would inform the design and use of the TSP. Once the data was coded, each of the codes and categories emerging from the focus groups were constantly compared to each other. This involved a process that went back and forth in trying to make sense of the data and in highlighting similarities and differences in the transcripts (Spiggle, 1994). Theoretical sampling was not used, because the focus groups were generating the how and what of the instrument (TSP), and thus continued over a two year period.

Invivo coding was initially used so that the participants' voices could be maintained and to be sure that I was grasping what was significant to the participants. Questions were also posed around the data such as what is going on here? What is the vision, philosophy and boundary for the service? How do the participants perceive the service? How do participants view using the form? What are the baseline issues for students? What items should be included in the TSP? How were the items grouped initially? What was the discussion around the TSP? What was the rationale for developing the TSP? What is the view of those with mental health problems and how does this manifest itself within a student population? What are the baseline problems for the students? What are the main constructs of the form? What way should the form be divided? These questions emerged at different stages through the two year process and were posed at different times when draft instruments were presented in the focus groups of which there were eleven in total.

This process was iterative in nature and questions went back and forth in helping to shape the form and its application.

Student interviews were also transcribed verbatim and were coded in the same manner using Invivo coding initially and the codes were then categorized into relationships and themes. The purpose of the interviews was to explore how the students found using the Trinity Student Profile and the relevance of the approach used within the service. At this stage of the data analysis, questions (interview guide Fig. 3.2) centred on how students were using the service, and the TSP.

Data was then entered into the qualitative package NUDIST Vivo 7 (NVIVO). NVIVO is an example of computer assisted qualitative data analysis software which allows for the management of qualitative data from different sources (both staff and students) and encourages an exploratory approach to data analysis (Gibbs, 2002; Bazeley, 2007). At this point in the process inductive analysis was used as it allowed me to derive themes and constructs from the data without imposing priora framework criteria for categories. I searched the data for emerging patterns and this process was iterative in nature with several of the concepts within the data being revisited time and time again in the focus groups as the service emerged and the therapists worked closely with the students (Spiggle 1994). This process enabled me to challenge my own thinking, my vision for the service and be open to what was emerging from the focus groups and therapists and to how they were visualising the service should be. Concepts and ideas within the text were coded as both free nodes where they were stand alone ideas or as tree nodes where ideas were conceptualized as having relationships to each other. Queries were posed to enable the identification of significant patterns and concepts. Chapter four describes the categories and themes in full.

3.11.1.3. VALIDATION AND RELIATIBITY IN QUALITATIVE RESEARCH.

Creswell's (2007) standards for validation and reliability were used to assess the accuracy of the findings in this study. Several strategies were employed to do this:

3.11.1.4. VALIDATION STRATEGIES.

3.11.1.4.1. Triangulation is the term is the use of multiple and different sources and methods to provide corroborating evidence (Creswell, 2007). This study used exploratory mixed methods design which included both qualitative and quantitative methods. Sources used, were both staff and students engaged with the service. All the analysis was subjected to **peer reviewing** to provide an external check on the findings.

3.11.1.4.2. Prolonged Engagement refers to spending enough time with the participants to learn about the culture and build trust (Creswell, 2007). In this study the researcher was immersed with the participants in developing the service over a 6 year period from 2003. Contact was maintained weekly with the both the students and staff.

3.11.1.4.3. Researcher Bias was clarified from the outset through the explicit expression of assumptions and a statement on the researcher's involvement in the development of this service and dual role as researcher/practitioner. It was also monitored with peer debriefing and though the use of a reflective journal. The journal was used to reflect upon thoughts, ideas, questions problems and frustrations.

3.11.1.4.4. Member checking is the solicitation of views on the credibility of the findings and interpretations. In this study all staff, were sent the analysis of the transcripts as a way validating their truth, as the transcripts were long and cumbersome and it was felt more appropriate that they receive the interpretation. The students on the other hand within this study were sent their own transcripts as it was deemed appropriate protect the confidentiality of the other students within the study (Appendices E and F).

3.11.1.5. RELIABILITY STRATEGIES.

3.11.1.5.1. Inter-coder agreement was used to agree on the findings. To achieve this, the researcher coded the data (as above) and then asked a peer who had knowledge of the service and who had been working part-time within the service for a while to review the codes independently. The reviewer and the researcher meet to agree the both the content, the code paragraphs and text, and the names of the free and tree nodes. Both 'parent' nodes and 'child' nodes were examined and agreement was reached through reflective questioning and exploration of the meaning of each of the codes. These changes will be discussed under section 4.1.2. Outcomes of the inter-coder agreement staff focus groups p. 78 and 4.1.9..2.1. Student interviews p. 110.

3.11.2. STAGE TWO - Quantitative Data

The quantitative data from the audit was transformed and loaded into the Statistical Package for the Social Sciences SPSS version 16.0. Two types of statistics were used in the analysis. First descriptive statistics were used to describe the participants and their answers to parts one, two, three, four, the question on their expectations for their course work and college life in part five and part six of the Student Trinity Profile. Inferential statistics were used to compute the construct validity and reliability of the Student Trinity Profile and included: Principle Component Analysis (Factor Analysis), Cronbach's coefficient alpha, T-tests, ANOVA and Multiple Comparisons. All data was first coded as follows:

Cases: Each case was given an ID number from 1 - 140
Therapists: Therapists were coded 1 – 10 e.g. therapist 1, therapist 2
Gender: Males 1 and Females 2
Date of Birth: Each date of birth was given numbers from 1 – 26
1=pre 1970: Up to 26 = 1994

Source of Referral
1=Disability Service
2 = Psychiatrists
3 =General Practitioner
4 =Counselling Service
5 = Self
6 = Tutor

Actual Year of Study
1= Junior Freshman
2 = Senior Freshman
3 = Junior Sophister
4 = Senior Sophister
5 = Post Graduate Masters
6 = Post Graduate Ph.D.

7 = Health Centre
8 Dublin City University

7 = Off Books
8 = Withdrawn
9 = 5th year Medicine
10 = 6th year Medicine

Repeating the Year: 1= Yes , 2 = No
Month of TSP: 1= Jan through to 12= Dec
Year of TSP:1= 2006; 2= 2007; 3=2008; 4 = 2009
Diagnosis: 27 categories were identified for diagnosis which ranged from 1= Depression to 27 = Dyslexia
Faculty: 1 = Faculty of Health Science; 2 = Faculty of Arts Humanities and Social Science; 3 = Faculty of Engineering, Mathematics and Science

List of concerns and importance to work upon were coded using a six point Likert scale. A six point scale was chosen as this would force students to discriminate better and prevent them opting for the mid point (Kielhofner 2006). They scales chosen were as follows:

1= **no** difficulty at all
2= Experiencing **some** difficulty
3 = Experiencing **small** difficulty
4 = Experiencing **medium** difficulty
5 = Experiencing **moderate** difficulty
6 = Experiencing **grea**t difficulty

1= **no** importance at all
2 = of **some** importance
3 = of **mild** importance
4 = of **medium** importance
5= of **moderate** importance
6 = of **great** importance

3.12. SUMMARY OF METHODOLOGY

This chapter set out to describe the methodology and approach employed within this study to portray the development of a new instrument to enable therapists within the Unilink service to capture the issues and concerns of students with mental health problems/difficulties. A sequential mixed methods approach was taken which resulted in a two stage plan, one qualitative employing focus groups and interviews to gather data and the other using quantitative methods to investigate the psychometric properties of the new instrument, the Trinity Student Profile. A critique was offered of current occupational therapy assessments as they were tried out in the service. Constructs informing the design of the Trinity Student Profile were described and the PEO emerged as a useful framework for the Profile. In order to minimize researcher bias the dual role of researcher/clinician was described and made explicit, and the steps taken to protect students' identities was explained.

Stage one used interviews and focus groups with staff to develop the items for inclusion in the Trinity Student Profile, which were emerging from practice and interviews with students.

Stage two was the testing of the profile by examining data from both Unilink students and students within the general student population, leading to further refinement of the instrument.

CHAPTER 4

QUALITATIVE FINDINGS

4.1 STAGE ONE - QUALITATIVE FINDINGS

The previous chapter described the methods and the design of this study. This chapter will be in two parts. **Part one** will present the findings of the focus groups and the interviews with the staff and students and will describe how they influenced the content of the Trinity Student Profile and the process of how the profile was developed over time will be described (Content Validity). **Part Two** will present the final version of the Trinity Student Profile used in testing the construct and reliability of the instrument and the instructions for its use.

4.1.1. PART ONE - FINDINGS OF FOCUS GROUPS AND INTERVIEWS.

Table 4.1: Description of Participants (Occupational Therapists)

Therapist Number	Years of Experience	Full-Time Part-Time	Other Job	Number of Years with Unilink Service
1	25+	Part-time	Lecturer	6
2	25+	Part-time	HSE	6
3	3	Part-time	-	2
4	25+	Part-time	HSE	1
5	6 months	Full-time	-	6 months
6	3 months	Part-time	HSE	3 months
7	8 years	Part-time	Lecturer	2 years

All the participants for the focus groups were working part-time as occupational therapists within the service at the time of the study and two were lecturers within the Discipline of Occupational Therapy.

Following the external review of the service in 2008 a full-time occupational therapist was employed to work with the students. The lecturers provided guidance, training and supervision to her.

The purpose of the focus groups and interviews was to answer the question 'what are the concerns of the students with mental health problems' and to describe the process of the development of the Trinity Student Profile, which is a tool that attempts to answer this question.

The focus groups and interviews were conducted over a two year period as the practice evolved. The findings are interspersed with concrete examples and drafts

of the Trinity Student Profile as it was shaped and developed over this time. These findings are presented in chronological order so that the developments can be tracked over time and influences on decisions around those developments can be clearly seen. Six main themes emerged from the analysis of the transcripts they are as follows:

Theme one -Background and vision for the service – This theme relates to how the service was developed and to what the individual and collective vision by the therapist was for the service that emerged from the focus groups. It appeared that through the focus group discussion that each of the therapists brought with them an interpretation and world view of how client centred practice should be enacted. A lot of time was spent within the focus groups on debating client centred practice and how individual therapists practiced in a client centred manner.

Theme two - The creation of the TSP – This theme focused upon the items that should be included in the TSP and what should be in each of the sections. The focus groups revisited this theme over the two year period again and again as they shaped and reshaped the form, which included not only the content of the form but also the manner in which questions would be asked and in what order. This debate was central to the evolving form as it moved from being a list of difficulties towards a tool for greater exploration of student issues. It also allowed for the capturing of the student's narrative.

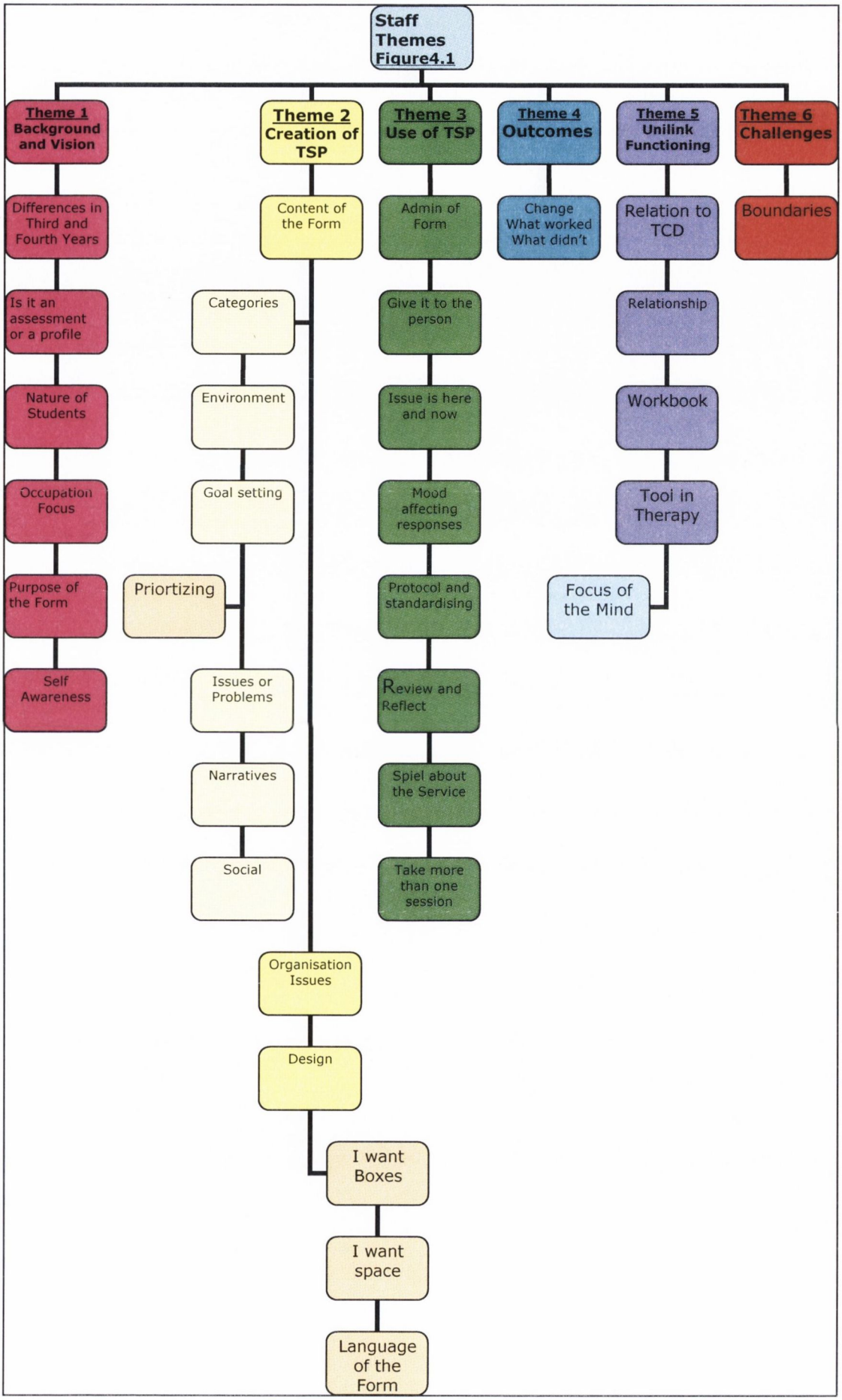
Theme Three -The use of the TSP- This theme explored how the form was to be administered and whether the process of administering the form should be standardised so that the ethos of client centred practice would be formalised and embedded into the practice of the therapist. It also explored how therapists were introducing the service to students and what emerged was a method of doing that as well as planning for a review on a regular basis with students on their progress within the service.

Theme Four – Outcomes – This theme examined what changed and what didn't as therapists worked with the form and students.

Theme Five -Unilink Functioning – This theme looked at how therapists viewed the service in relation to other services within the university. They also debate how the TSP was not just a method of profiling the student's issues but that it could be a tool for therapy and that it enabled students to focus their mind on student issues rather than on their condition.

Theme Six – Challenges- This theme focused on issues that younger staff in particular found when working with students particularly when they were much the same age as themselves.

Each of these themes emerged over time and they followed an iterative process throughout the development of the Trinity Student Profile. Although the themes and codes (Figure 4.1) emerged in an iterative way, for the purposes of clarity they will be reported in the chronological order in which they occurred as they provide evidence for changes that were made to the instrument and the emergence of content. Eleven drafts of the TSP were created in total during this process and each was tested within the field of practice with students and therapists and each was brought back to the focus group for discussion and review.


Staff Themes Figure4.1
Theme 1 Background and Vision
Differences in Third and Fourth Years
Is it an assessment or a profile
Nature of Students
Occupation Focus
Purpose of the Form
Self Awareness
Theme 2 Creation of TSP
Content of the Form
Categories
Environment
Goal setting
Priortizing
Issues or Problems
Narratives
Social
Organisation Issues
Design
I want Boxes
I want space
Language of the Form
Theme 3 Use of TSP
Admin of Form
Give it to the person
Issue is here and now
Mood affecting responses
Protocol and standardising
Review and Reflect
Spiel about the Service
Take more than one session
Theme 4 Outcomes
Change What worked What didn't
Theme 5 Unilink Functioning
Relation to TCD
Relationship
Workbook
Tool in Therapy
Focus of the Mind
Theme 6 Challenges
Boundaries

4.1.2. OUTCOMES OF THE INTER-CODER AGREEEMENT

4.1.2.1. Staff Focus groups

The inter-coder agreement identified that I needed to identify myself within the transcripts in order to ensure transparency and enable truth and clarity within the development of the themes. Both the reviewer and myself agreed on the categories which fed into theme 1 (Background and Vision) which included how therapists and myself viewed the service and how the participants viewed issues such as client centred practice. Debate was raised about the need for a category on 'organisation issues' which fell under the Theme 2 (Creation of the TSP) as these were to do with organising the content within the form as to where they should be situated and were closely aligned to the design of the form. It was agreed that theme 2 (Creation of the TSP) would have three categories 1.) content of the form 2.) organisation issues and 3.) design of the form. Under theme 3 (Use of the TSP) it was agreed that administration of the form with issues such as the usefulness of the tool as well as using the tool as a way of reflecting with students would be included under this category as it was considered a way of working with students and how we used the TSP as opposed to the design or creation of the form. Theme 4 (outcomes) it was agreed that this would include what worked and what did not work about the form as well as the types of students this worked for. Theme 5 (Unilink Functioning) was conceptualised as referring to not only building the relationship with the student but with the wider community of the university. It was so conceptualised as a theme which held the category of 'tool in therapy' which was agreed that this category which emerged from the data captured how the TSP was not only seen as an instrument for capturing difficulties being experienced by students but as a method of 'ongoing working' with students, which enabled them to focus their minds on the tasks. The final theme 5 (challenges) was a theme which was agreed would include the boundaries and challenges that faced young staff on entering the service as this was a strong theme emerging from some of the younger participants.

4.1.3. CHRONOLOGICAL ORDER AND EMERGENCE OF 6 THEMES

4.1.4. BEGINNINGS (MAY/DEC 2006)- EMERGENCE OF A LIST OF CONCERNS

At the time of the first focus group in May 2006 the service had been running for two and a half years, and there had been approximately 48 students accessing the service. The service had commenced in response to a need to develop practical support for those students who were experiencing significant mental health issues and who had disclosed on entry to college their disability in order to receive accommodations. Few of these students took up the accommodations and it was observed by the disability service that their needs may be different. At the disability committee meeting the Discipline of Occupational Therapy was concerned that this group of student were not being catered for and the Discipline offered to provide an on-site practical support service entitled Unilink to provide for their needs. The service initially conceptualized itself using the Model of Human Occupation as the over riding model of practice. The Occupational Self Assessment (OSA) (Baron, Kielhofner, Lyenger, Goldhammer and Wolenski, 2006) and the Occupational Performance History II (Kielhofner, Mallinson, Crawford, Nowak, Rigby, Henry and Walens, 2004) were used to gather information from students, however, therapists soon began to notice that these tools were not enabling them to identify what it was that students needed and wanted to do. At the time of the first focus group, the therapists within the service were beginning to explore how they were working with students. They began to see patterns and issues emerging with students who were presenting to the service. They commenced an exploration into these issues in order to understand the impact mental health issues were having on the student's day to day activities. This exploration found that students lacked assertiveness, motivation, organisational skills and were struggling with performance:

> '**Moderator**: what we are finding I think in the last while is that lots of students are coming and they are actually talking about their issues or the problems – the functional kinds of problem' ***Theme 2 Creation of the TSP - Issues and Problems*** **(27th May 2006)**

> '**T3**: ...it just came up because it was impinging greatly on academic life – the saying no to people – there is one person in particular wasn't getting any work done because his friends were asking him to do this

and that and he ending up being involved in things four or five times a week' ***Theme one Background and Vision*** **(27th May 06)**
'**T2**: Sometimes they are overawed by what they have to do and that's part of the problem and sometimes they have an inherent difficulty in organisation..' ***Theme 2 Creation of the TSP - Issues and Problems*** **(27th May 2006)**

'**T4**: My experience last year was more trying to stay in the here and now with them – I wasn't thinking in the longer term – yes to know about their course or for them to find out about the course but really to try and focus on the difficulties – to do a little bit with them – study skills and social skills were the two remits...so just looking at study skills and the impact of their illness without going in to the illness but to try – that was the one thing that I was trying to tease out – say of someone for instance is Manic Depressive and one of her major things was motivation organisation staying in bed in the mornings – the classic things that you use clinically was impacting in the very same way – had made great plans and was very articulate and clever and intelligent –.....' ***Theme 5 Unilink Functioning*** **(27th May 2006)**

'**T2**: what I am finding is that the struggle to actually perform and the occupational performance and even to do some basic work like essay work and even to get the essay completed' ***Theme one Background and Vision*** **(27th May 06)**

'**T2**: And that's the thing about Mental Illness - there is a lot going on whether it's Obsessive Compulsive Disorder – I don't like using disorders but they are serious mental illnesses
T4: It's the impact of the mental illness
T2: Yes it's the impact of it – that's it
T4: On their thinking processes – organisational processes...
T2: Social - everything...
T4: Well that's what we know otherwise they wouldn't be coming for it – its part of the difficulty' ***Theme one Background and Vision*** **(27th May 06)**

Students were also found not to understand their course structure, did not know the deadlines for handing in assignments and were experiencing difficulty identifying what their issues were and what they wanted and needed to work on in the service. A suggestion was made by two therapists to try and list the concerns that students came with:

'**Moderator**: And to tease that one out a bit more with the person - what exactly are the problems and often they don't understand their course structure – they haven't a notion of how the course is structured – the deadlines – the time frames and how things should get done – so what I though was that they should list the concerns that they might have under headings of academic emotional social financial and maybe work and some of them would have mental health issues as well – but also to really say – look – here is a list – where exactly in the course do these pop up – put them in and frame them in the context of where they are' ***Theme one Background and Vision*** **(27th May 06)**

'**T3**: I was think that in general if you have a list that might cover everything but it might start the whole process – they might see something there and that might get them thinking about it and then they might come up with other areas from that' ***Theme two – Creation of the TSP – Organisational Issues*** **(27th May 06)**

The focus groups highlighted that there were differences in how students within the freshman years presented (1st and 2nd) and how those students in the later sophister years presented (3rd and 4th).

T3 For a lot of first/ second years there can be a lot of getting used to the place here as you say....whereas those who have taken a year out or who have come back as mature students – literally as you say, they just want to come in, do the course and they are to be balanced with their family life outside. So there is not very much going on... so the sort of goals are to fit in and get out of college – go to the lectures get the degree and go back home. So I think that they will just present to us according to their needs. ***Theme one: Background and Vision – Differences in Third and Fourth Years*** **(16th Sept 2006)**

Therapists identified that they needed to get a baseline of student issues and that this baseline of issues could be used to profile a student:

'**Moderator**: I think you are dead right and T2 has been talking about keeping notes about the client in a copybook which is the reflective bit so its marrying those two and I think that now is the time to capture some of this – so one thing I was thinking that we could do is to re-look at this – you know the self awareness bit ...was to change that into ...not so much self awareness but to maybe for us both to come up with a list and the list we were thinking about was the list of concerns – what we are finding I think in the last while is that lots of students are coming and they are actually talking about their issues or the problems – the functional kinds of problem – the first session is really a- get to know you...and the understanding what it is that we have to offer – and then they are ready to nearly talk about what their lists of concerns are in the next session and then sort of identifying more clearly where they are having issues or problems both academically and socially' ***Theme 2 Creation of the TSP - Issues and Problems*** **(27th May 2006)**

Therapists then went on to discuss what should be in this list and how to shape the profile (Version 1 of the TSP Appendix H). The initial list of concerns focuses on academic issues and non-academic issues which included health both physical and mental, life skills, emotional concerns, work finances and contexts for doing. However before getting to this list it was felt that the relationship with the student should be first established and that the focus should initially be on concrete issues around their course design and on an exploration of what students were expecting of themselves and their course.

'**T3**: And we are saying the more concrete things like- what is your course about – and they are able to say very definite things back to us

rather than getting into discussing difficult topics straightaway – so building up the rapport' ***Theme 2 Creation of the TSP - Issues and Problems*** **(27th May 2006)**

'**T2**: well going backwards –what are your expectations of your course – I found that really good because you get a real baseline – I want to pass the year or whatever - I want to get a first and you get a good idea of the person although it could be unrealistic' ***Theme 2 Creation of the TSP – Goal Setting*** **(27th May 2006)**

At this early stage it was also evident, that this list of concerns could be a working tool which could support the collaborative way in which therapists were working with students. The vision discussed was that it would enable the student to prioritise and direct what they wanted to work on in the service.

'**Moderator**: The objective of this list is...that gives you a baseline – so you start to identify where the problems are and then they come back and then you ask them about the subjects – you know the way they have all the different subjects in the course for that year – they need to look at what ones they can cope with and what ones they cant - and then my idea is that they could start to prioritise – well which ones do we really need to work on and so they are directing what it is that they want – so now we are getting to where they want to get to but we have evidence for it– really capturing this' –***Theme one Background and Vision*** **(27th May 06)**

Therapists also discussed how the profile could enable therapists to recap and reflect with students on their progress within the service over time.

'**Moderator**: ....and then it becomes the bit for the reflection of the person themselves and the other thing I thought of was that at the end of each section to capture the session and to recap – or to reflect with the person - its recapping really and summarising what actually happened in the session -so the actual plan is based on that summary if you like but it is their summary and their understanding and their action plan' ***Theme one Background and Vision*** **(27th May 06)**

'**Moderator**: So review at mid term and the end of term to help them reflect where they are – we have to come up with a format for that
T2: Could it be a bit more flexible in the sense that maybe after every four or five sessions or whenever you think its appropriate if you think that things are stuck
T4: I think it would be helpful to do it every six sessions no matter what is happening
T2: Ok
T4 And just then if you want to do it more – it will be different per person
T2: Yes I know sometimes with people it feels right to do it
T4: After how many sessions?
T2: Six
T4: Ok so six is a yard stick – just try it and see – it would be interesting just to see

Moderator: And also the end of term or a significant point?
T4: Yes – before exams or essays
Theme three: Use of the TSP – Review and Reflect **(27th May 2006)**

One therapist described how they had reviewed and reflected with a student and how they had found that process to be very useful for the student:

'**T3**: I actually did that – a review session before Christmas with one guy who I had seen around six or seven times at that stage and we just spent the whole session asking – was this the course you wanted to do – just a general discussion around everything – any difficulties and the ways he saw of resolving these difficulties and I found that very, very useful – whereas before I found that he wasn't actually reflecting at all and this guy in particular he was seeing everything outside of himself – all the problems of the course to do with lecturers not giving the proper notes or whatever – all sorts of things – but when we had a deep discussion – I suppose it was over two sessions really – I certainly think that he is taking more on himself' ***Theme three: Use of the TSP – Review and Reflect*** **(27th May 2006)**

4.1.5. REDESIGNING THE PROFILE (SEPT 2006) AND RE-EMERGENCE OF THE LIST OF CONCERNS

Therapists began to use the profile over the summer period (Version 2 of the TSP Appendix I) and in September 2006 they regrouped before the start of the new academic term to review how they were using the profile and make any changes before term began. Four focus groups were held during this time and in the first one a redraft of the profile was presented. Therapist one explained why the changes were made:

'**Moderator**:...I was trying to keep the remit that we originally had which was... I went back to the aims of the service, and that was what I was thinking and what we had said was our remit and our boundaries of what we were doing' ***Theme one Background and Vision*** **(1st Sept 06)**

A prominent theme within the focus groups held on the 1st and 16th September was the lack of understanding students had about the tasks that were needed in order to achieve and progress their academic work, and their course content.

'**Moderator**:.....I am finding it and I need to think about what tasks does he need to get done and he has no sense of the tasks what's so ever' ***Theme 5: Unilink Functioning*** **(1st Sept 2006)**

In their quest for understanding what it was they were offering, therapist debated 'what made them different to other services' and what they perceived

to be the 'strengths' of their service. They concluded that the focus was on the doing, the practical and on what the student needed and wanted to do.

> **'T2:** What makes us different from everybody else?
> **Moderator:** Practical
> **T3:** Yes and as well as that and certainly the I think the client centred approach well just coming from feed back of the three guys that I have had so far they all really went for that – they felt they were in control of what they wanted to work on – but the practical element was the other thing that came out
> **T2:** And we are offering them choice on that first session or two – going back to this
> **Moderator**: I think the other thing as well is that we are not a threat to the students in terms of trying to get into their heads and the emotional side and I think that's a strength and often in the psychiatry / psychology counselling end everyone wants to know how they feel and they think – the hell with that – I just want to get on with my life
> **T2:** So we focus then into the Occupational just doing – activity based. And then for the first session you are able to say – look we are activity focused – practical based and this is what we have to offer
> **Moderator**: and again that's the strength of this.
> **T2:** So the whole focus is upon doing, on change and having to do - activity based. And the whole focus every week is back on doing...That's what I have been doing apart from my 'non writer'.... ***Theme 5: Unilink Functioning*** **(16th Sept 2006)**

> **T3:** I was thinking about it and you are saying what strengths of this service – one of the major strengths that defines it which separates it from study skills courses and that sort of thing – the fact that they are going into those classes and there is someone up there just talking it through – you could do this – you could do this... this service should be offering an opportunity for the practise of those skills – they should be coming in here and they have this assignment to do – we will talk about strategy and then give you chance to do it here – or in a social element – rather than somebody sitting there talking about how they should go and have a cup of coffee with somebody that we would actually practise going somewhere – immersing the person in the process of actually doing it – rather than talking about doing it- an opportunity for them to do it ***Theme 5: Unilink Functioning*** **(16th Sept 2006)**

In the redesigning of the form therapists spend some time discussing what their vision and remit was, and to ensure that they were still capturing how the mental health problems were affecting student's performance and again they expressed how they were experiencing differences across years between first and second years and third and fourth years, students were seen to have patterns of behaviour that they themselves did not fully realise:

> **'Moderator:** I think sometimes as well when you work ongoing with someone that you become more aware of the other areas where they have problems but they are not the focus when they come in the door and that becomes unearthed over time – they come up against things and each year is different and each year brings its own goals and expectations and its own issues and problems and so often the student

doesn't know what's in their year anyway until well on in the year and then they begin to grasp what is being demanded of them – so very often they don't know what's going on ***Theme one: Background and Vision*** **(1st Sept 2006)**

Moderator: ...our remit was to look at the academic and social life of individuals and where they are having a difficulty?
T4. Now we asked them on the original one – in which way let's see how their mental health difficulty affected them? No
T3 Yea
T4 Yes – in your view how did your mental health problems directly affect your study and academic life – we asked that – I thought that was a good one because it gave them the opportunity to talk about it – its such an individual thing and I think that is where the things like - going to bed late and not being able to sleep
T3 I do think its something that does have to be addressed because...certainly with a few people I have been dealing with – the fact that they are having ...only sleeping three or four hours – that's impacting massively on attendance at lectures, concentration and ability to work in the evenings – I kind of feel, would feel that it has to be addressed somewhere ***Theme 2 Creation of the TSP - Issues and Problems*** **(1st Sept 2006)**

Moderator: Then I think we need to look closely again at them because I think there are differences as we were saying towards the end of last year – between those who are - say in First Year or Second year – I think their needs are very different to those who are third year or fourth year and probably have had a year out somewhere along the way, but are ready to make a commitment back to their course and I think that their needs are very different. I would like to begin to develop programmes that are tailored to those kinds of differences. I think it came out strongly last year. ***Theme 1 :Background and Vision- Differences in third and 4th years*** **(16th Sept 2006)**

Moderator: well what I have found is that it takes a long time - you need to sit with them and actually discuss the patterns that they have evolved with – a lot of them have patterns of behaviour that are not put together as being a pattern – this is the way they are actually – but its unearthing those kind of patterns that they have actually evolved with – particularly if they are third or fourth years - and to say – right – is this something you wish or want to change? And it's discovering those patterns that they don't know that they have – they might think – oh gosh maybe I do have them – I didn't realise I was actually consistently going about it in this manner and then it's a case that...' ***Theme 1: Background and Vision- Differences in third and 4th years*** **(29th Sept 2006)**

4.1.5.1 INCLUSION OF NARRATIVES IN THE TSP

One of the significant developments at this stage was the inclusion of narratives.(Version 3 and 4 TSP Appendices J & K) Therapists discussed how they needed some background history on the person which would capture the

life of the individual prior to their accessing the service. As one therapist aptly put it:

> **T3** I was just wondering with the personal profile – in terms of a history – like what has brought the person to where they are today because I find that I am tending to do that just writing on the back pages of these for a person just kind of like the narrative of where they have got to – like what has happened to them – say for example that something happened three years ago and that's why they are having mental difficulties now and they are saying - - well I am just focusing on the here and now , but sometimes you have to deal with where they have come from..
> **Moderator:** Yea like how my mental health has affected me over the last couple of years, like the patterns
> **T3** With one guy – it specifically is that his friend committed suicide three years ago and everything can be tied down to that – so I think it can be a good place to start -the persons narrative up to the present ***Theme 2 Creation of the TSP - Narratives*** **(1st Sept 2006)**

Therapists also discussed that these narratives needed to be in a framework so that all therapists would be asking the same type of questions:

> **T4** Well because it can be so involved – as involved as is needed – but the narratives is a really good idea if there was a way of structuring narratives or a framework within which everyone on the Unilink Project here was asked for the same type of narrative – I think that would be important
> **T3** And you would be looking at...as we were talking before about narrative being the whole process of getting to know the person in the first few sessions
> **Moderator**: ...before you choose this
> **T3** ...before you start addressing specific areas
> **T4** Yes exactly
> **Moderator:** so before we get into Concerns
> **T3** Before Getting into Concerns will be the whole thing of getting to know the person and that you are accepting that you know where they are coming from – which can be a major issue as well ***Theme 2 Creation of the TSP - Narratives*** **(1st Sept 2006)**

Questions were then formulated to allow for the narrative to evolve:

Moderator: well date attending – whatever – date first attended. Then maybe then if its January, which a lot of them probably will be – we need to say perhaps – you are right about that -that is a very good point – somewhere – how do you phrase that the? Describe your course
T3: its more to evaluate how you think you got on over the first term – well evaluate isn't a good wood
Moderator tell me about the first term?
T3: yes
Moderator: More narrative.. How did the first term go for you? Maybe there – and you only use that if them come in January
T2: Not even just the first term – it could be the first year- they could be coming in on the second term of their second year having had difficulty
T3: well tell me about your college experience to date?
All: yes ***Theme 2 Creation of the TSP - Narratives*** **(16th Sept 2006)**

On the 22nd September 2006 these were again revisited and revised and their order of appearance within the form debated (Version 5 TSP Appendix L):

> **Moderator:** so Present College Life - so I am wondering on the order of these- "Are there any specific areas academic or otherwise that you would like the Unilink Service to help you?" Skip to the next one for a second – "What areas of college life, academic or otherwise do you feel that you were managing well with?" "What do you like to do outside academic work, either within or outside college?" Can we reverse those? See the first question there - can we put that near the bottom, because my feeling is that they won't know what they want you to help them with until they have worked out what it is that they do or don't manage well ***Theme 2 Creation of the TSP - Narratives*** **(22nd Sept 2006)**

Consideration was also given to how individual students, may experience difficulty with the format of the narrative questions, as indecisiveness and inability to express emotions can be a feature of some mental health problems. It was also found that some student did not even know what their issues were. In anticipation of this difficulty it was decided that the list of concerns could enable students to express their difficulties by choosing from a concrete list of concerns:

> **T3:** I think its kind of a mix – if we have got sort of our list of concerns later down - because if someone doesn't open up to that sort of question – tell me about your college experience to date – or doesn't highlight areas here, so just the more concrete things having this in front of them that would be their format for getting the information out there.. ***Theme 4 Outcomes- What worked what didn't (22nd Sept 2006)***

The list of concerns was revisited and categorised into academic, social, emotional and lifestyle headings which was in line with the original vision for the service to provide practical assistance to students under both academic and social aspects of college life. Present college life was brought to part two of the form, background issues were renamed previous experience and moved to part three, course structure was moved to part four and all of the statements under the concern section were made positive and Likert scale was added to the concerns section. Lifestyle was included as issues emerged around how the students were managing finances, diet, drinking and drugs:

> **'Moderator**: ...so the academic concerns - I have divided them up into planning – organising and prioritising – doing – actually doing the task – sometimes they can plan but can't achieve – getting the action done – then I have put memory – then I have social concerns and emotional concerns – I was trying to keep the remit that we originally had which was... I thought academic – social and some emotional but more really

the academic and social of the persons life. Then the other thing to include is lifestyle – whether we actually put lifestyle in here or not – I don't know – I am not sure – I was trying to pull together all of the things going back to the original aims.' ***Theme 2 Creation of the TSP - Issues and Problems*** **(1st Sept 2006)**

T3: Diet that just really went in with me because again there were two or three people affected by that had identified it as a major issue
T4: What were they saying about their diet?
T3 Well one – two guys in particular – they were very much over weight and to address that was a major issue and was a major obstacle to socially entering into college life, real issues with their Weight
T4. Really, battling with it?
T3. Yea and with the other guy then it was that he was..It wasn't .. Just a problem it was just diet and having a balanced lifestyle like he has big team plans, and he wanted to get a balance in his lifestyle so diet was a major issues...
Moderator: How do we include those – where do we include them?
T4: Yea.. I see
T1: Other concerns if you like....They are not necessarily academic or social – yet impinge on both
T4: Yea Are they not specifically linked because with a mental health disability? Sure they are not?
T4: they are no – it's more lifestyle?
T3 Yes lifestyle was more the area...
Moderator: Well should we ask lifestyle – maybe?
T4 You could argue that it is part of the mental health is having a balanced lifestyle – so from that point of view you can argue it – having a balanced lifestyle – in other words you are promoting it – within a health promotion perspective– by asking the question about, healthy lifestyles – you are promoting mental health'
Theme 2 Creation of the TSP - Issues and Problems **(1st Sept 2006)**

In the design of the form the list of concerns was placed after the narrative questions and before the goals setting questions so that the goals could be related to the list and based upon them:

T3: and then there might be some things there – they might get a few more ideas from the List of Concerns and then when they get into the Goal Setting afterwards they can base it on both of them... **T3** this is really just almost to get the person thinking as well as for the people who wouldn't be comfortable talking about it – this would be a less challenging way
Theme two: The creation of the TSP – Design **(22nd Sept 2006)**

4.1.5.2. EMERGENCE OF RATING LEVEL OF DIFFICULTY AND IMPORTANCE

Therapists within the groups discussed how they were using the form and how they were getting students to rate their level of difficulty with an item. This idea of rating the concerns was informed by Kielhofner's Occupational Self Assessment (OSA) (Baron, Kielhofner, Lyenger, Goldhammer and Wolenski,

2006) where clients are asked to rate items on the level of competency and value they hold for an item.

In the development of the TSP rating was used to establish firstly to see if something was a problem for the individual and secondly to attach some level of importance to the item so that a student could work upon that item within the service. In that way, students' could begin to prioritise what it was they wanted to work upon in line with client-centred practice. Students were asked to rate the 'intensity of the problem' by giving it a 0 'not a problem' through to 5 'being a major problem'. They were then asked to rate the same item on how important it was to 'improve this item' again rating from 0 'not important to improve' to 5 'very important to improve' Under *theme 2 creation of the TSP – Language of the Form* therapists raised the issue of how much a problem was problem and their rationale was that they could then go on to develop strategies with the student to manage it.

> **'Moderator:** I suppose it's getting to the intensity or the urgency to do it – isn't it?
> **T2:** that's how I would work – I would actually ask them to rate - like you have ticked...
> **Moderator:** ok well maybe that's what we will do then – we will ask them to rate it – rate it on level of importance..
> **T3:** I think that's a fairly natural progression on there – like they identify the intensity of the problem and then they go on to – Importance to Improve and then they can look down the list to see...that's a five that's a 3 and then they can rate the ones they want to address first.' ***Theme2: Creation of the TSP – Language of the Form (22nd Sept 2006)***

4.1.5.3 EMERGENCE OF THE STANDARDIZING THE METHOD OF WORKING COLLABORATIVELY.

Therapists were concerned about the type and timing of introduction the students were getting to the service. Therapists felt that the introduction should include the concept of an active collaborative service, and that the focus of the service was on how their mental health issues were impacting on their academic and social life:

> **T2:** we just need to get 3 or 4 key points started- said about the service before start so that there is some expectation that its not a shock at the end of it – that you actually set some goals for yourself – you may not even set the goals at the end of the first session – it might be the end of the second session or the third session but that somewhere in their heads they know they have something to do
> **T3:** yes – I would think it's important to start – even before going into all this – that it is an active service – that it's not...well it is about developing the skills that you need in College

Moderator: developing an understanding of yourself ***Theme three: Use of the TSP – Spiel about service*** **(22nd Sept 2006)**

4.1.5.4. STUDENT GOAL SETTING

As therapists worked through the form and its design, the question of goal setting emerged. They questioned the use understanding they had themselves of what were the goals of the service, and then went on to discuss how they could capture students goals and that the concerns could be used to inform the goals students need to set:

> **'T2:** what is the goal of the person for the year? What's the over riding goal in Unilink? You have your charge cap on - What's your understanding of the goals for the year for the student?
>
> **Moderator:** that they achieve what it is that they want to achieve whether that be social or academic or whatever....' ***Theme 2: Creation of the TSP – Goal Setting*** **(22nd Sept 2006)**
>
> **'T1:** well if you even form the goals then – then you have a Goal Setting kind of period and you can say – ok right and you have identified these... lets turn these into goals – you see one of the things they don't know how to do then is to actually write goals for themselves and the other thing about the Goal Setting I would think is that it needs to be on a time frame...' ***Theme 2: Creation of the TSP – Goal Setting*** **(22nd Sept 2006**

4.1.5.5. STUDENT REFLECTION

Review and reflection was also contemplated and discussed amongst the group. It was reiterated that time needed to be given within sessions for the student to reflect and that they needed help with the process and thought was given to when it should be conducted:

> **Moderator:** now that's the other bit that we need – the reflection bit – we need to find some way with the student and I think that we need to help that process of reflection – I think that's a key in how we gather
> **T2:** If we have an hour session with the student then the last 15 minutes would be actually reflecting on what we had talked about in the previous 40 mins' Theme 3: ***Use of the TSP- Review and reflect.*** **(16th Sept 2006)**
>
> **Moderator**: ...are we saying 6 weeks or the end of term – lets reflect back on the term – what progress has actually been made? How have you managed stuff? Maybe they are the kind of reflective questions – so we need to have Reflective Sheet – ok so we need a Reflective Sheet capturing what's gone on for the person – what's actually happened? What progress they have actually made or not? ***Use of the TSP- Review and reflect.*** **(22nd Sept 2006)**

4.1.5.6. REVIEW OF FORMAT AND LAYOUT

Practicalities around how the form should look also emerged, with therapist wanting more space and numbers on each of the pages:

> '**T2:** These are really small things now. I would love the pages to be numbered because I couldn't find this morning where I was going with it. Also its – I am someone who needs space as you can see and so I would use a piece of paper with it for the student as well – just picking up things that they might be saying or that I feel I could work on with the student over the year -you know the way you just get a thought like – confidence of problem – more to remind me because that's a reminder sheet – but that's my issue. ***Theme Three: Use of the TSP – Administration of Form*** **(22nd Sept 2006)**

4.1.6. REDESIGNING FOLLOWING USING THE TSP FOR A TERM (DEC 2006)

In December 2006 the therapists within the service met again to revisit and reflect on the form after using it for a term, one of the therapists had left the service which meant there were now three therapists involved the development. At this point in the focus groups discussions therapists had been using the form for three months but were still trying to establish for themselves what they were about. This debate was perceived as important as some of the therapists were working in other services within the HSE with a different ethos which appeared to be programme focuses as opposed to client centred. So there was a need for the therapists themselves to establish what it was they were offering to students:

> '**T2**: So what we are really doing is trying to get them through College with their set goals – so that they get their essays done and they get their work done...and feel good about themselves and not get lost in that – but it is also the other stuff – like stress and managing their stress and relaxation and personal things like going for lunch...just to make time for that too in each session – and looking the outcomes...we were talking about texts and I got a text telling me "I got it done" ***Theme one: Background and Vision*** **(14th Dec 2006)**

4.1.6.1. ASSESSMENT OR PROFILE

Therapists were also exploring the concepts of assessment and profile and the question was raised whether it was an assessment we were generating or a profile of students. In driving the service forward the moderator shared her view that it was not just a form but an approach with students, justifying why it could not be just an assessment:

> **T2:** Is it an assessment or a profile?

Moderator: No its a profile – that's exactly it – that's the difference between them – I am not saying that you have ...on a scale of 1-10 ... x,y,z problem – what I am actually saying is – tell me about yourself and where on the relevant scale of things...its an approach. ***Theme one: Background and Vision – Is it an assessment or profile*** **(14th Dec 2006).**

4.1.6.2. CREATION OF THE TRINITY STUDENT PROFILE - SOCIAL

At this stage in the development of the tool, therapists' were happy with using the form but were noticing that students were experiencing difficulties with socializing and mixing with their classmates and therefore the social concerns section was changed to reflect this (Version 6 TSP Appendix M):

T2: Do we have something about socialising and groups – we have getting involved in societies and saying no to people...there is something – just mixing with people...
Moderator: Well connecting with people in your class – mixing with people – are you connected to anyone in your class
T3 Yes
T2: Where do we have that -do you mix with your class mates – do you meet them for lunch?
T3: I have to say that it did come up with some of the First and Second year ones where it's an issue
Moderator: Have either of you touched on that?
T3: Yes I have a lot
T2: The social?
Moderator: Yes
T2: Oh yes
Moderator: So we have and we do address it – ***Theme 2: Creation of TSP – Social*** **(14th Dec 2006)**

4.1.6.3. USE OF THE FORM – GIVE IT TO THE PERSON

Therapists reviewed how they were using the form and they were finding that it was taking long time to fill out the form with students, however some therapists within the service were filling it out with them and others were handing it to the student in the first session for them to complete and bring it back in the second session. This was a fundamental issue in how therapists were approaching their work and students and in how they were interpreting client-centred practice. The apparent differences between therapists and their approach to client centred practice was of concern and in order for the ethos to be embedded into the practice this issue of different ways working in a client centred way had to be teased out and explored as part of the process of how the TSP would be used:

Moderator: It takes a certain length of time doesn't it?
T2: Yes it takes a term to fill this out if you are to get to know somebody – you can't just bypass it and say – anxiety – what number please ...- tearfulness – what number please?
T3: So when you are doing it you are literally going through one and discussing it and then going through another and discussing it (*one therapist asking another how they use the form)*

T2 No not really – what I am doing is – I am getting to know the student and we are setting goals or what ever..I keep coming back to this and almost spending about ten or fifteen minutes of the session saying – we have to go back to this – the actual form – to try and get it filled out –it isn't working for me to ask them – this one – what number is it please – I do it as far as I can – push them along as far as I can but if they stop at something like procrastination or concentration -they want to talk about their concentration in the session – not go through what this says – and you can't just brush over that especially if they really want to talk about it
T3 I suppose just the way I have found that it has been working for me is that I have just given the person the form and let them fill it out themselves – the first two columns and then...
T2:yes that is another way of doing it – I wondered about that
T3: I just give it to them and they fill it out completely and then I ask them to talk me through it anything they have marked...and what exactly are their difficulties in that area
Moderator: That's interesting isn't it?

The Moderator then shares how she use's the form:

Moderator: That's kind of how I use it as well – I gave it to him – and we worked through it – his concentration and his ability was not that great actually so I found that I was stopping and saying little things and prompting him because I wasn't getting responses

The moderator was trying to establish how other therapists were using the form with students, and how she felt the ownership of the profile was an important issue in the relationship with the student:

Moderator: Have you given it to anyone to take away?
T2: No now that I haven't done
Moderator: I have
T2: But I will – I am actually going to give it to the one that I have a bit of difficulty with – and that puts an entirely different scenario on it – so you give it and then tick it and they identify four or five things – but I love the richness of what I am getting even by...doing it ...
Moderator: By doing it with them?
T2: Yes – it's very very potent
Moderator: Well it allows us to use it in any way – doesn't it? You can either give it to them...it depends on the individual or you can sit and do it with them – that's one thing I wanted to check – are we all giving it and then taking a copy? Or afterwards taking a copy?
T2: No I haven't given one copy at all because I have not finished it..
T3: Neither have I
T2: How appropriate is it to give it to them *(referring to the profile here)*
Moderator: I think that it's really important
T2: They can see it at any time

Moderator: No I think it is much more important
T2: But you can't give it to them till it's finished?
Moderator: Oh yes when it's finished
T2: But sure you can't give it to them until it's finished
Moderator: Oh yes when its finished - I said to one of them – look I promised you I would do a copy for you – here you are – can I keep this one because it's easier to read – do you mind if I give you the other one - no that's fine – but it gives a sense of ownership - I felt it shifted – its the relationship between us and my view is that it is really important particularly ***Theme 3: Use of the Form – Give it to the person*** **(14th Dec 2006)**

4.1.6.4. CREATION OF THE TSP- ISSUES AND PROBLEMS

Again debate centred on what were issues for students and it was found that student had a large amount of stress and anxiety, time management issues, planning and organising and had a difficulty saying no. Some therapists found that the students were experiencing difficulty with the more open ended questions:

> **'T2** yes – for example – what areas of college life academically or otherwise do you feel you are having difficulty with – I sometimes leave that because the person is only just into college and doesn't really know what their difficulties are and we can ask that later on...'***Theme 2: Creation of the TSP - Issues and Problems*** **(14th Dec 2006)**

> **'T3:** Yes, that's true – I found this demands massive writing ..there is a huge variety of answers to these questions - some of them have eight subjects and they can tell you all about them and others wouldn't be able to tell you half of what they have had this term never mind other terms so I think that it is a really important exercise to get them thinking more than to give us the information **'*Theme 2: Creation of the TSP - Issues and Problems*** **(14th Dec 2006)**

4.1.5.5. OUTCOMES – WHAT WORKED WHAT DIDN'T

Therapists struggled with some of the language of the TSP, they expressed particular difficulty on the interpretation of the intensity of the problem and it was changed to difficulty and importance:

> T2: You know the way we say – the intensity of the problem?
> **Moderator: Yes**
> T2: I don't know that I like that language at all
> **Moderator: Ok**
> T2: I would prefer something like – is this an issue for you – or the importance to improve...is this something that you want to do something about? **Theme 4: Outcomes – What worked what didn't (14th Dec 2006)**

4.1.5.6. GOAL SETTING – PRIORITISING

Goal setting emerged as a positive influence from the TSP. Therapists commented on how they found it a useful way to interact with students and they made a suggestion on how to prioritise goals with students:

> **'T3:** I just really liked how it worked last year – do you remember we were talking about it...how to do the end of year reports and you were saying – well you should be presenting them to the student – well I did that with some students – and I said "you made these as your goals and we have been doing this to achieve them "and this is what happened and the three of them responded really positively to it ..' ***Theme 3: Use of the Form Review and Reflect*** **(14th Dec 2006)**

> **'T2**: I have a student and we were doing the goals setting and we had four or five or six goals per week and he said – I wanted to divide the goals into short term simple goals and more complex goals – so a simple goal might be to change the light bulb in his flat – I know that sounds very basic but he had great difficulty organising anything, and a bigger goal might be to start working on an essay and that's what we have done with him...as much has I would like to go through strategy ...the goal setting is very, very good though...the way it is developed' ***Theme 2: Creation of the TSP – Goal Setting*** **(14th Dec 2006)**

> **'T2:** I have had a thought – why are we rating so many things – why not just rate the top five things that people identify after finally finishing the assessment – by doing that you have identified the main issues- there are five things here that are the things that you struggle with ....- say -Difficulty saying No – Anxiety and Time Management – well I could say that these are the main issues – could you not do it with that
> **T3:** Yes ***Theme 2: Creation of the TSP – Goal Setting- Prioritizing*** **(14th Dec 2006)**

4.1.7. END OF ACADEMIC YEAR (MAY-JUNE 2007)

At the end of the Academic year 2006 – 2007 three more focus groups were held. At this stage in the development, three of the original therapists were still working in the service and another part –time therapist had joined the service. The vision and theoretical framework for the service was re-examined and it was considered that the Person-Environment-Occupation Model was fitting the direction in which the service was evolving and therapists revisited the concept of it being an assessment or a profile (Version 7 TSP Appendix N)

4.1.7.1. BACKGROUND AND VISION

> **Moderator:** I wonder whether we should just put this under the PEO... See what's informing us when we actual..I do this – really what we were looking at was the occupations of the student -what does the student actually need to get to do – that's where we are coming from originally

– where do you rate that back in theory -what's the theoretical basis for this?
T3:: You were always looking at doing it under the PEO ***Theme one: Background and Vision*** **(12th Jun 2007)**

'**T7:**: How you work with the students?
T2: Yes and I suppose I came from not having university experience and not knowing about tutors and that
Moderator: But I guess that that is one of the reasons why I didn't do that with the initial assessment -what I want to do is if you profile the student it gives you a sense of what is going on with them and that's why I never wanted to call it an assessment as such -because that has other connotations – whereas if you are actually profiling them -the profile of the student evolves and changes over the year – it changes over the four years by the time they are here – so there are different needs as they go along – they evolve and they are at a developmental stage at the beginning from the - day them come in to the day they leave – we should see that – and what seems to what is guiding us - all of us in doing this are these models and bringing in different ways of thinking – and that's definitely related back to that in terms of the occupation – and that's a the forefront of doing it
T7: And the practicalities of what we are doing as well' ***Theme One: Background and Vision – Is it an assessment or a profile'*** **(5th Jun 2007)**

T3: yea I suppose I didn't think of it, but I suppose Kielhofner can be applied to a lot of things but I think the PEO more so is a very good fit for what we want– remember we were talking, about it, before even back at day one you were always talking about being very much occupationally focused . Yea so I always thought that the PEO was a better fit for it... ***Theme one: Background and Vision*** **(12th Jun 2007)**

4.1.7.2. CREATION OF THE TSP – LANGUAGE OF THE FORM

Student issues and problems were remaining the same but with the addition of a new therapist debate around the use of language how items were presented and categorized emerged (Version 8 TSP Appendix O):

T2: Can we just go back on that because I really want to be clear because we have changed some of the words on the list of concerns – for each of the items below rate the intensity ...
Moderator: No that's changed to the level of difficulty
T7: Oh right that is better
Moderator: And how important it is to you that it is resolved – so it's the level of difficulty and the importance
Theme two: The Creation of the TSP – Design- Language of the Form **(29th May 2007)**

In this focus group an important discussion emerged about the level of difficulty and importance to work on an item in the service. It emerged that

what the therapists were trying to capture was how much of a difficulty students were experiencing on a particular item as well as how important it was for them to work on it while they were attending the service. In particular issues could be a perceived as important like attending lectures but student may not perceive themselves as having a difficulty with attendance.

> **'T7**: yes but there will be some areas where they are not having difficulties at all
> **Moderator:** exactly – so they write zero because it's not a concern
> **T7**: And then when it comes to importance they also write zero because they don't want to change that where it is at the moment
> **Moderator:** Yes and that's the whole point there – what we were trying to find out was how important is it that we work on this problem'
> ***Theme two: The Creation of the TSP – Design- Language of the Form*** **(29th May 2007)**

4.1.7.3. CREATION OF THE TSP - ENVIRONMENT

Environment emerged as an important issue for students. Therapists described how students with ADD and Asperger's Syndrome were experiencing difficulties 'being' in the environment of lecture theatres, labs and that they were experiencing sensory overload, this aspect of the form was then expanded to accommodate these issues:

> **'T2:** You had one – light heat noise – are you affected by light heat noise – is light heat noise – blah – a difficulty for you? And have light heat noise...
> **T7:** yea .. I had one girl who was very good at getting up every day and was good at attending appointments but this girl couldn't go into a lecture because she was crying in a lecture in that big intimidating room all around her– it was to do with the amount of people - the light heat and noise was all around her' **Theme 2: Creation of the TSP – Environment (29th May 2007)**

Therapists in their discussion highlighted that students who accessed the service in January or February were experiencing greater difficulties due to the level of perceived work they had to catch up upon:

> **'T3:** That's something that I did find quite a lot – even though you might have met a person six or seven times – if you only met them ...and February doesn't sound that far through the year but for the amount of work that they can fall behind on even by February by then...its very hard to try and work on that person and say to them that they can get this back on track because they are so stressed that they haven't got these essays done and they have these exams and they are not going to be able to do any of this – they are completely out of the routine of going to lectures or of doing work -they have already started to...' ***Theme one: Background and Vision – Nature of Students*** **(12th Jun 2007)**

4.1.7.4. USE OF THE FORM – GIVE IT TO THE PERSON

How therapists were using the form again emerged as a theme, therapists were finding that it was taking a long time to complete, and that it would take more than on session to do it, as the practice of how it was being administered was different depending on the student and the therapist, they also explored the concept of administering it in a more uniform way, taking into account individual student differences and needs:

> '**T2**:Well, Could we discuss how we actually give it to the students as a first off – what do we do – in the sense of – do we give it to the student first off or do we ask them to fill it in – do we fill it in with them – is there any protocol that we can come to an agreement on in relation to that?
> **T1:** Well lets talk about the way we have practised and the way we actually have done it because I know there are slight differences to the way some of us have done it and others have done it – I know certainly I have and I know that T3 has given it to the student when they arrive into the service and they usually take it away and fill it out – now some come back to me – I have emailed it to them and they have emailed it back using the computer' ***Theme three: Use of the TSP – Give it to the person*** **(29th May 2007)**
>
> **T2**: Now there is a possibility because I find that they don't remember to bring it back
> **Moderator:** yes that a good idea – certainly I tend to give it from the outset simply because it gives me all the information – I think our dilemma here is building up a rapport with the students – certainly sometimes when you get to know the student and talk through what the issues are in the course of the first session but that can vary depending on the student – the very vulnerable maybe we should hold off and not give it to them until the second session..
> **T2**: Sometimes I find if you hold off...
> **Moderator:** I am going towards giving it to all of them...or just giving it to them because it formalizes what is going on with the student...
> **T7**: Sometimes yea, it depends on the person and my immediate relationship with the person as to when I give it – if I felt that the person was going to feel challenged – maybe if someone was a little paranoid already or if we have not built a rapport then sometimes I have held off until the next session – it might because we started just not on the right foot and I have had to do some backtracking and then I am getting to know them and it just hasn't been as focused plus if we are doing it together it can take quite a while – filling in all these details about I suppose - all these beginning page details can take time -some people are very slow to do the list of concerns, and then you have others who just rough whoosh them – it may be a source of embarrassment to them –so but when I have given it they seem to be ok with it and they have brought it back or completed it there and also its hard to know when is the best time for someone is actually
> **T2**: I find that I don't do it in the first session – it takes a little bit longer and it doesn't become the focus of the intervention
> ***Theme three: Use of the TSP – Give it to the person*** **(29th May 2007)**

T2: Last week we did the profile and we discussed the profile and all the bits and bobs that were in it and when you would give it to the students and how you would give it to students – we both agreed that there were different ways to give it and different time frames – it took different lengths of time – sometimes it wasn't appropriate to give it – if someone was very upset and you
T7: It depended on the relationship with them
T2: Yes the rapport and all of that - so last week I think we agreed that it was probably a better idea to give the profile to the student prior to the first session so that we had some of that information and we can work off that and then if there is something not filled in or whatever...and so at the same time we can ask the questions but know that they are already done because I know that you can get the profile done in ten minutes or it can take ten weeks
T7: And even though you were saying its around how its completed and so you would like to take them through it I think if you let each student even have a stab at it themselves – we will then pick them up anyway and use it to go through it and to set the goals and that kind of thing
Theme three: Use of the TSP – Give it to the person **(5th Jun 2007)**

T3: I agree with you – I think if you were to take that approach and get D to give it to them I think you are going to run into the exact same problems as you did doing it online
Moderator: Yes I think it has to be a face to face contact
T3: Yes I don't know if you would actually just class it as an interview but that the way I have always thought of it
Moderator: It's like a schedule – you do it and then you have the discussion and that the discussion and not the interview...
T3: the format I use is that I would be writing in more background information as I would be talking to the person and getting the background information and writing it in and then I would give it to them to do the list of concerns part – if they have any difficulty in understanding it then we can talk through it and if there is any particular issue they want to bring up then – then we go through it then – but in general they would go through the whole thing and then we would discuss it after they had finished doing it – but I have always found that rather than just handing it to a person and letting them take it with them and then come back that it is better sitting there and going through with the person it works better for me..
Moderator: Because we have tried it all ways now – we have given it to them and they have come back with it – we have sat for the hour and a half doing it and we then they have done it and we have done parts of it and that seems to be the best - a combination of both – the longer session for the first session seems to work best – others have done it after two or three sessions when they have got to know the student – but then it goes backwards a bit trying to ask them more - but know having toyed with all sorts of ways of doing it I am thinking that by next October we will do this in the first session –the first session is a two hour session and now we are using it and if you are with the person and they have problems filling it out that it is part of the session, they can talk about it as part of the session of getting to know - because its not an assessment - it is a profile and its not a right or wrong answer -its where do you think you are here or can you identify what your issues are because these are the issues that originally students had difficulties with – we managed to list them because in the first couple of years

when I was working as a student representative I managed to put them into that kind of logical format... ***Theme three: Use of the TSP – Give it to the person*** **(12th Jun 2007)**

4.1.7.5. USE OF THE TSP – SPIEL ABOUT THE SERVICE

With the introduction of a new therapist into the service how the service was being introduced emerged within this focus group. Therapists explored how they were doing it and how they could progress the introduction. The moderator shared how she did it and others shared their ideas too:

Moderator: When I start meeting with them I say I am here to look at your occupation -as an occupational being - what you do and what do you not do and I am here to look at your occupation as a student and what that entails and the kind of things that you do -not only the academic work but also the social aspects as well and also to look at the supporting life management skills that you have to do both the academic and social bit and that's what we want to focus on and that's how I start with them
T7: Yea Is this just about just using the same language in one sense and how it spills out – I suppose what we are comfortable about too is how we structure and segment the lives – I think we are probably all at the end of the say doing this – how we describe them to the student is a matter of... I talk about their roles as well like you do
Moderator I have said very clearly from the outset we are not trying to get into their heads – I am here to work on the here and now what's actually happening with you now – so we work in the immediate, not in the past tense
T2: we are all doing that
T7: I agree
T2: And they are not too dissimilar ***Theme three: Use of the TSP – Spiel about the service*** **(5th Jun 2007)**

4.1.7.6. CREATION OF THE TRINITY STUDENT PROFILE – NARRATIVES

The areas on the form where therapists were experiencing the most difficulty were in the open ended questions. In particular one had a difficulty with the question 'have you done any third level course?', this question did not allow for the fact that some student may have started a course but not completed. The other question which was presenting a difficulty was 'tell me about your college experience to date', therapists had a difficulty in understanding what was behind this question:

T7: Do you see where it says have you done any third level course - I was just thinking that I have had an issue pulling out this even though its very straightforward – if you have had someone who has started something and dropped out after two years or something where does it

capture achievement or not? As in success? You also need to know did they start...

The following was what was agreed within the group:

> **Moderator**: Ok so have you started any other third level course? Did you complete it? And then have you repeated any years in your course?
> **T7:** In the question -tell me about your college experience what are you looking for there?
> Moderator: What I am basically trying to find out is what kind of experience has college been for them – good bad or whatever because often what you find is...

This was changed to:

> **Moderator:** Tell me about your college experience to date in Trinity?
> ***Theme 2 Creation of the TSP – Narratives* (29th May 2007)**

4.1.7.7. OUTCOMES –WHAT WORKED WHAT DIDN'T

In this focus group there was a lot of discussion around looking for the content of the courses. Some therapists felt that this was a difficult question to answer, others maintained that the student in first year in the first term may not be able to answer that question, and that the students were finding it difficult to rate them. However, it was also felt that this was useful information as it allowed the therapists to see what the students needed to achieve across the year:

> **'T7** What I find particularly useful is this part four on course content because often I do want to know immediately -what essays have you got right now or and a lot of the times they don't know
> **Moderator:** but I find this really useful too I have to say – because it immediately makes them think about their subjects which they hadn't been doing and a lot of them haven't thought about them at all – I have often had them saying – oh I never thought about this before – so they haven't actually sat down to think about their subjects '
> ***Theme Four: Outcomes - What worked what didn't* (29th may 2007)**

Therapists were also discussed what was working with the profile and when they were able to get a chance to apply it a second time they could clearly see, the profile was sensitive to the students issues and that it was beginning to capture change over time:

> **Moderator:** I think that I have found that by looking at the concerns that this form is picking this up – in the sense that you are able to identify their difficulties as in their inability to organise – what has really come out by doing it a second time around is the ones on page 6 – see the prioritising -its extraordinary the majority of students are having difficulties in these areas when they come to us first but by the time they are leaving us this is something they are talking about goal setting and they are talking about planning and organising their time and there is no doubt that that is what we are getting to in the service

***Theme Four: Outcomes - What worked what didn't* (29th may 2007)**

T3: I definitely would have...once we have gone through this I can identify the ones we were going to work on and talk though – well ok we are going to work on these ones first and then move onto these so then with some students the first term was working on sort of academic things – getting them to a certain routine where they were managing well in college and then we talked through – ok now the second term is coming and now you have a routine so lets start working on more of the social concerns that you have had so there was a very definite...
***Theme Four: Outcomes - What worked what didn't* (12th Jun 2007)**

4.1.7.8. CREATION OF THE TRINITY STUDENT PROFILE – GOAL SETTING

Goal setting was explored within the focus group and interviews. Therapists found that they were setting goals based on the concerns but that each goal was then broken down further every week and that the original goals were not being revisited. They found that the students were not good at setting goals for themselves and that they needed a lot of help with the process. Nor did they find using the SMART technique (Specific, Measurable, Action Related, realistic and Time based) useful and it was therefore decided to remove it from the form (Version 9 and 10 TSP Appendix P & Q)

T7: But you might use these to establish goals, and then you have goals, and then you start working around your goals, and you might look back on your goals, and then those goals when you re-evaluate at the end of that term or whatever you divide into goals – but you are not going back to this ***Theme two: Creation of the TSP – Goal Setting* (29th May 2007)**

Moderator: Do you not find that the students themselves don't know how to set goals – they have no notion of how to set goals for themselves – that's what I have found ***Theme two: Creation of the TSP – Goal Setting* (5th Jun 2007)**

Moderator: Let's look at the goals – based on this then they then set a goal for themselves
T2: If you are going to give this to the students I think that we could leave this out – we do the goal and we say – based on –this is for us with them...
T7: I find it easier to make them not SMART make them general – at this point – say we are talking about time management or social concerns and then have some little bullets
T2: I put them into categories I have to say at that stage – I think that's where we should be going with that
Moderator: Ok well relate the categories here to these headings?
T7: yes ok that would make sense – but they are not going to be SMART – I am going to be realistic and all the rest but there is no general...***Theme two: Creation of the TSP – Goal Setting* (29th May 2007)**

4.1.7.9. CREATION OF THE TRINITY STUDENT PROFILE –ISSUES AND PROBLEMS

The issues and problems identified within these focus groups and interviews were around emotional and social concerns. Therapists felt that the mood of the student could inadvertently affect how students might answer this section. However, as the form was capturing the subjective view it was accepted that this was 'a point in time' and that it could be a pattern the students have evolved with across time.

> **T2:** That's exactly what I thought was the problem with the emotional concerns and I think -what kind of mood am I in today is going to affect how I actually respond to this
> **T7:** And you can probably see something across the pattern of - I tend to deal with this, this way and deal with that that way
> **T2:** So is that a general statement about the way they think who they are today or is it just a general thing about themselves – their personalities
> **T7:** The pattern that they have observed across time
> ***Theme two: Creation of the TSP – Content of the Form – Issues and Problems*** **(29th May 2007)**

4.1.7.10. UNILINK FUNCTIONING

Therapists began to explore how in the building of the relationship with the student over time, the students would disclose more of their personal issues. On initial contact with the service therapists concentrated on concrete issues with students and as they built the relationship they were then able to tackle the social and emotional issues with students. Also therapists found students were relieved that they did not have to talk about their mental issues but could instead concentrate on being a student again, but the knowledge the therapist had of mental health issues enabled them to shape the direction of the interventions.

> **T3:** ...we are identifying that they just wanted to work on doing part of it and they did not want to just sit down and talk at length about their mental health.. But in saying that I think that we were kind of bringing our experience of mental health to sort of shape what we were doing – the occupational part of it
> ***Theme 5: Unilink Functioning*** **–(12th Jun 2007)**

Practicalities around the form also emerged in these groups and interviews, therapists wanted to have the pages numbered and more space for writing comments and bigger boxes.

T2: Could I make one suggestion about this and don't know whether you want to do this...can you leave a space for someone to make a comment under every one of these
T2: Yes I just wonder should those boxes be bigger
Theme 2: Creation of the TSP – Design – I want boxes- I want space **(29th May 2007)**

4.1.8. FINAL FOCUS GROUP AND INTERVIEWS (JUNE – AUGUST 2008)

The final interviews and focus groups were held a year later in June and August 2008 following an external review of the service and new staff had joined the service. Themes that emerged were: 1 challenge to new staff and: 2 the issue of workbooks in which staff were keeping notes.

4.1.8.1 CHALLENGES

The new staff to the service expressed how they found it very challenging to be working with students who were near to their own age, and how the transition from student to therapist challenged them:

> **'T5:** I think that one thing I found difficult was the popular lack of the age gap between students, I found that for example that sometimes that with the high achievers, if she was quite adamant that her method worked and it was difficult for me to kind of ...to question that and when I got make some suggestions , as a lecturer you would say no why don't you try that, but when you are on the far side of that and what to do that way - I found that quite challenging' ***Theme 6 – Challenges*** **(24th Jun 2008)**

> **'T5**.....and if they are your age it being able to advise them and its the transition to therapist from student for me...and its a very difficulty transition for me...' ***Theme 6 – Challenges*** **(24th Jun 2008)**.

4.1.8.2. UNILINK FUNCTIONING – WORKBOOK

One therapist shared how she started keeping notes on students in the service. She found using copy books useful to track the students progress from week to week and she wondered whether or not the service could develop some type of workbook for students.

> **T2:** but my notes – I have set up the copy book system – I was the one in the project that set that up so I needed a copy book kind of system from week to week when I gathered information – now maybe we are getting to the point where we can develop more of a work book so that we would have a workbook with the student so that all of this is actually already typed out for you – so that every session can be typed..'

> **T2** well the other way of doing it is that you have your copy book style and you might have...instead of having it completely blank you would

actually have headings – like – working towards a work book which is where I think we should really be going – so then you are doing your ongoing workbook work but at the end of each term then you do a proper report ***Theme 5 – Unilink Functioning - Workbook*** **(19th Aug 2008)**.

Therapists spend time exploring how notes on students were kept and how perhaps they need a more uniform approach, they also explored how the goals changed from week to week and that these were jotted down as they evolved. It was thought that Bocherding and Kappel (2002) Subjective, Objective, Assessment, and Planning (SOAP) notes could be employed but as the profile was not an objective measure this idea was rejected:

T6: What in would be doing is I keep a page open in front of me and I jot down the goals and then when they are gone I can write up a more comprehensive thing and put headings like anxiety management or study or habituation or whatever – what about doing it that way? ***Theme 5 – Unilink Functioning*** **(19th Aug 2008)**.

T7: I think its kind of what happens to ..Like I think my notes.. I think people get involved and you are working through and you are getting places and things are added to them and so they are tweaked so the goals in the profile maybe not quite what you want to work on, even the goals later change quite a bit and then you probably then don't formalize those goals we just note them in a workbook okay our plan is to do this, this and this... they kind of are your goals or are we working on top of goals that have emerged initially with the profile but we have not organised them better.....Sometimes I could go back to the profile, and say mmmm you know what I mean.. ***Theme 5 – Unilink Functioning*** **(19th Aug 2008)**.

T7: I think SOAP notes are a type of structure that could be a bit of a problem particularly when you are looking for the objective in this case the assessment and we have the subjective... ***Theme 5 – Unilink Functioning*** **(19th Aug 2008)**.

4.1.9. FINDINGS OF UNILINK STUDENT INTERVIEWS

4.1.9.1. FINDINGS FROM INTERVIEWS

The purpose of the interviews was to explore how the students found using the Trinity Student Profile and the relevance of the approach used within the service. Students were interviewed between March 2007 and April 2008. Six themes emerged from these interviews.

Theme one: Being a Student Background – This theme related to how students transitioned into college from school and how they developed strategies for managing themselves.

Theme two: Creation of the TSP – This theme identifies issues and difficulties students were experiencing which could be used as content for the TSP and also issues in the administration of the form that students identified.

Theme three: Functioning in Unilink - This theme describes how students worked with therapists within the service as well as how they accessed the service.

Theme four: How students viewed the profile – This theme refers to categories which relate to how students used the profile as well as to what they found useful when using it.

Theme five: Macro environment - describes how students viewed their disability and how they perceived Unilink to be positioned within the university

Theme 6: Satisfaction with the service - describes what it was that students identified as satisfying about the Unilink service.

Each of these themes will be discussed separately and reference will be made as to how they informed the development of the profile. All students within the service were invited to participate in the interviews however, only 12 agreed to participate. Ten of these were interviewed by the researcher and two were interviewed by another member of the Unilink team as these students were clients of the researcher and therefore it was deemed that it would bias the interview and inhibit the students from saying what they wanted if the researcher interviewed them. The following questions were used as a guide in the process:

Fig. 4.2. Interview Guide

1. Settling questions such as:
When did you first access the service?
When did you first start working with X therapist?
What course are you doing?

2. Questions on the Profile included:
Let's look at your student Profile?
I am just looking at things that were issues for you?
I am looking at the kind of things that were worrying you then?
What do you think made the difference during the year?

3. Questions related to the service
How did you find the service?
Were you happy with the service?
Do you have any suggestions/recommendations for the service?
Do you want to say anything else about the service?

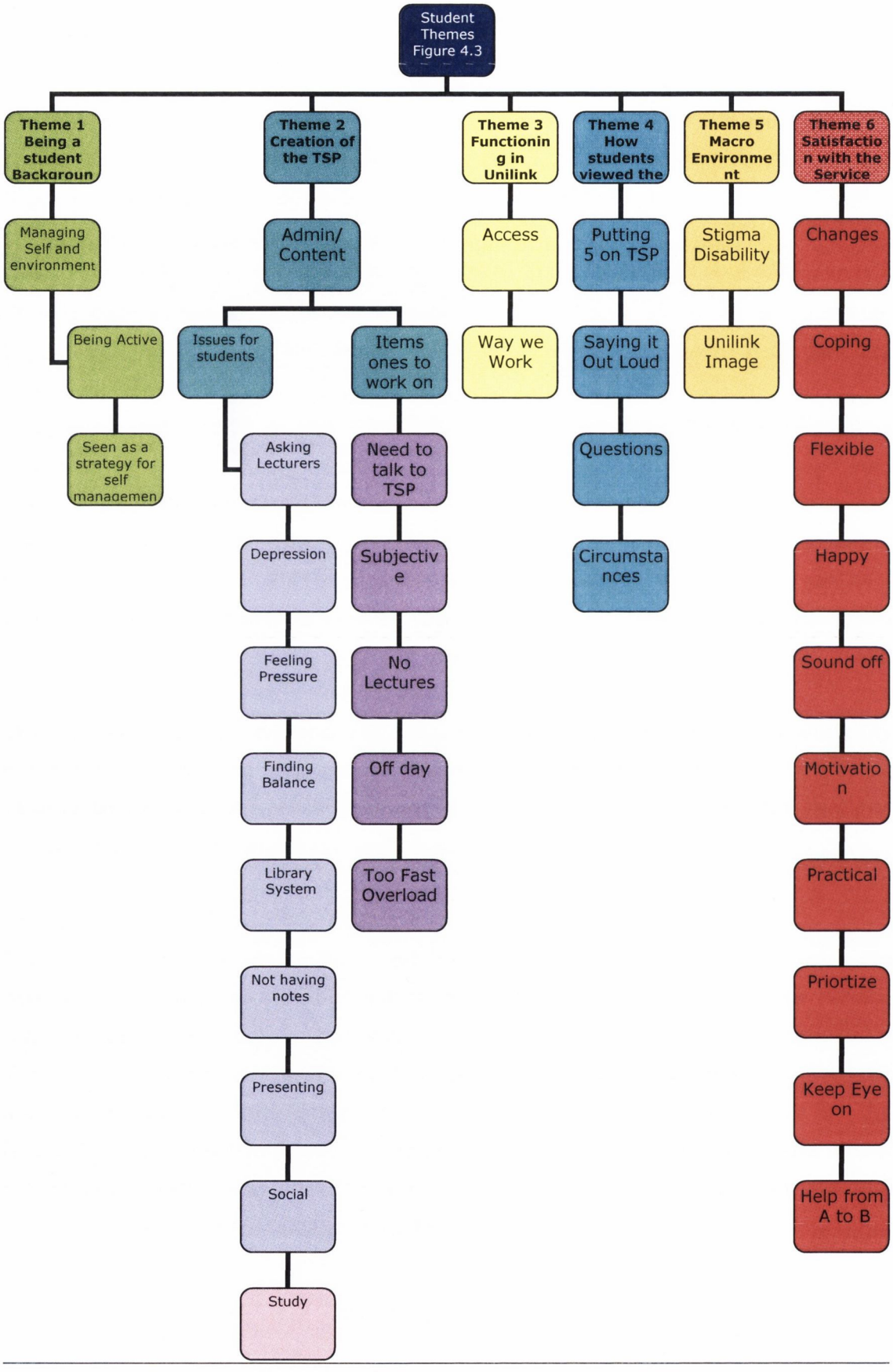

Student Themes Figure 4.3
Theme 1 Being a student Backgroun
Theme 2 Creation of the TSP
Theme 3 Functionin g in Unilink
Theme 4 How students viewed the
Theme 5 Macro Environme nt
Theme 6 Satisfactio n with the Service
Managing Self and environment
Admin/ Content
Access
Putting 5 on TSP
Stigma Disability
Changes
Being Active
Issues for students
Items ones to work on
Way we Work
Saying it Out Loud
Unilink Image
Coping
Seen as a strategy for self managemen
Asking Lecturers
Need to talk to TSP
Questions
Flexible
Depression
Subjectiv e
Circumsta nces
Happy
Feeling Pressure
No Lectures
Sound off
Finding Balance
Off day
Motivatio n
Library System
Too Fast Overload
Practical
Not having notes
Priortize
Presenting
Keep Eye on
Social
Help from A to B
Study

Table 4.2. DESCRIPTION OF THE PARTICIPANTS

	Gender/diagnosis	Faculty	Year of Study
Student 1	Female/Bipolar Disorder	Arts, Humanities and Social Science	1st year
Student 2	Male/Depression	Arts, Humanities and Social Science	4th Year
Student 3	Male/Anxiety	Maths, Engineering and Science	2nd Year
Student 4	Male/Psychosis	Arts, Humanities and Social Science	4th Year
Student 5	Male/Depression	Arts, Humanities and Social Science	4th Year
Student 6	Male/Depression	Maths, Engineering and Science	3rd Year
Student 7	Female/Depression	Maths, Engineering and Science	4th Year
Student 8	Female/ Depression	Arts, Humanities and Social Science	Post-Graduate
Student 9	Male/Anxiety & Depression	Arts, Humanities and Social Science	4th Year
Student 10	Female/Depression	Maths, Engineering and Science	4th Year
Student 11	Male/Asperger's Syndrome	Arts, Humanities and Social Science	Post-Graduate
Student 12	Female/Bipolar Disorder	Health Sciences	Final Year

4.1.9.2. OUTCOMES OF THE INTER-CODER AGREEEMENT

4.1.9.2.1 Student Interviews

The inter-coder agreement enabled the reviewer and myself to agree on changing the Free Node 'Decision on what to work upon' into the Tree Node 'the way we work' as these were items that related to how the students worked with staff within the service. We agreed on there being 6 themes. The tree node 'value of the service' was recoded 'satisfaction with the service' as this appeared to capture the essence of this code and how the students described how satisfied they were with the service. Theme one (Background) related to how students found the transition from second level to third level and the difficulties they were experiencing as well as some of the self management strategies they had devised for themselves. The reviewer and myself agreed on what should be included in the theme 2 (Creation of the TSP) this we felt was similar to how the focus groups had identified issues for students. Anything that students described as an issue for themselves was agreed to be under this theme. Theme 3 (Unilink functioning) was labelled as such as it reflected captured how students used the service and how they worked within the service and were codes that related to the practice. Theme 4 (How the student viewed the TSP) it was agreed that these would relate to codes that reflected how the TSP was perceived by the students. Theme 5 (Macro environment) when discussed was conceptualised as any codes that related to how students viewed the Unilink service interfacing with the college environment as well as how they perceived their disability. The last theme, theme 6 (Satisfaction) was conceptualised and agreed as being anything that was perceived as an outcome of the service by students.

4.1.9.3. THEME ONE: BEING A STUDENT

Students reported that there was a big difference between secondary level education and third level and that this was a difficulty they were encountering. Others felt that the routines they had created for themselves were causing them difficulty as well as the issues of procrastination.

> 'Yes because a lot of people - so many students are so delusional about what they know and they don't know – some of them have gone to ground -no I will do it later one or ah its not a big thing, I am just going to go out tonight and they always put off things but if you actually realise ...if someone says – are you good at this subject – are you better at this one or this one? And you say – well ok – I am crap at this one ...and it makes you think about it..' **STUDENT 3**

' Well there is...its not just coming to College 9-5 and then going home – its working so late into the night on projects that you wake up late in the morning and you miss classes and then you have to catch up on other things and then you get stressed about that and then later on in the day you have to look for food and then girlfriend – oh yes I have to spend time with you and then the surf club as well – there is a lot of work with that and then family stuff as well – in general life is tough in fairness so I suppose there is no point in moaning about it' **STUDENT 3**

'And especially for people coming in...because that's how I got in to it – after the regimented ..coming from school where everything is so regimented and suddenly you are in College and there is no one checking up on you and if you don't hand in your assignments there is no one chasing after you' **STUDENT 2**

However some students had managed to devise self management strategies for themselves. They had started reading novels to gradually build up their reading skills prior to returning to college and also they planned to access the service earlier in order to prevent themselves relapsing into old habits.

'Yes – again if I was to think about next year what I am going to do is to go to her from the very start of the year if I can because if I can get myself sorted so much earlier I will be fine – if I could get up and running straight away because it does help and it has helped me to snap out of my delusional phase a bit earlier – this idea of - oh I will be grand – I'll be fine – she actually asks those questions –how many assignments have you handed in? Are you keeping up with home work? Are you attending lectures? And then when I say no to all these questions reality hits me' **STUDENT 3**

'Well I increased my reading for leisure first to give me the confidence that I could read again' **STUDENT 7**

4.1.9.4. THEME 2 – CREATION OF THE TRINITY STUDENT PROFILE

This theme had several sub-themes the first was how the profile was being used by students and the factors that affected its use and the second was the issues and problems that were of concern to them.

4.1.9.5. SUB-THEME 1 – ADMINISTRATION: ISSUES FOR STUDENTS

Several factors affected the student in filling out the profile one was their mood, and the actual length of the profile. The timing of when they filled it out was important, as some of them had completed their courses and therefore those parts the form around academic issues were not a concern for them, this was a particular issue for post-graduates. Other felt that completing the profile with the therapist was useful as they needed to talk through some of the issues before they ticked them off, and others again felt that they were not quite honest in their rating at times.

'That's strange – you see I didn't...I am not sure why I put everything down at 0 on that one because I think at the time...that's not accurate – that's much more accurate, like I think at this stage they would be a lot worse' **STUDENT 4**
'

I just thought that there was too much there – but then you need to know – I suppose when you talk over it - it makes sense – that's good – but when you do it initially its harder' **STUDENT 8**

A lot of those have decreased in importance because the lectures were over at that stage **STUDENT 7**

Student: Yes it s very fast – you could have got me on an off day because if you asked me about the emotional things three days go I would have said 5 but that has changed
Interviewer: So this can change?
Student: Yes completely
Interviewer: Maybe it depends on your mood?
Student: Yes – I am not pre menstrual **STUDENT 8**

4.1.9.6. SUB-THEME 2 – CONTENT – ITEMS TO WORK ON

The students identified social issues such as returning to a new year and new students as being difficulty for them, feeling the pressure, maintaining their routines and study habits, sleep, balancing college life and social life, attendance at labs, navigating the library and doing presentations as issues they were have problems with:

'Study I guess, getting a routine and maintaining it'
STUDENT 9

'Yes doing presentations is still one – I get panic attacks when I have to do them' **STUDENT 7**

' I still think it's so difficult to access (referring here to the fact that she was finding the library system hard to understand rather than the question itself) I cant believe that mentally you see you are thrown into everything is thrown up on the computer system and all you were shown is that is your area down there...that what you got...'**STUDENT 1**

'Last year my Labs was a real problem for me because I was missing them and I was missing marks at the end of the year – so this year I have been to all my Labs basically – whereas last year I was only at one or two so I have been really happy about that because I have been able to stay on top of that '**STUDENT 6**

'Yes balance, that has been a big word that Therapist 3 always comes back to – its all about finding balance in my life – I guess another big issue was that I was getting involved in a lot of societies and voluntary work and stuff but I was finding it hard to find a balance in college life and the social elements etc **STUDENT 4**

'Feeling pressure all the time – without a doubt – and study habits...well at this time of year I am studying seven hours a day at least so its not an issue now but I think that's to do with being faced with the fact that

you could fail whereas during the year you are always putting it off and saying – I don't care – I cant do this now and I will do it another time but then when it gets to a stage closer to the exam something happens inside of you which says – I have got to do this and get it done **STUDENT 3**

'Since I was 17 I have been attending Psychiatric Out Patients - I was diagnosed with Depression and then I started drinking and took a lot of drugs and then I was over-eating as well and basically all of that has been going on and different parts of it have been getting better and other parts of it have been getting worse – its all a bit messy really – what was going on for me at the time was that my Depression had come back and I was having a lot of trouble with over-eating – but then thinking over the three years – sometimes the Depression is really what is the main thing and other times its not – the way it seemed with last year is that I have been clean and sober for six months now and so the over-eating has been the problem basically and now the depression is kicking in as well – so its always one of those four things - an sleep is a major issue as well **STUDENT 4**

Interviewer: Did you come back into a new year in college
STUDENT: Yes
Interviewer: So that's even harder to integrate, as they all appear to know each other..
STUDENT: Yes I did find that to be a problem and it still is, but it's not as big a problem as it was before **STUDENT 5**

4.1.9.7. THEME 3 - UNILINK FUNCTIONING

This theme referred to what students did in the Unilink service and it is further divided into two themes. How they accessed the service and how they worked in Unilink.

4.1.9.8. <u>SUB-THEME 1 - ACCESS TO THE SERVICE</u>

Students initially accessed the service mostly through the disability service or were referred directly from the college Health service, for some it was their tutor who mentioned it to them. They reported in the interviews that they found the service easy enough to access, and some of them had started to access it themselves earlier in order to prevent a crises. The primary reason for accessing the service was to gain support.

'The ease with which you can walk in the door with out all this didactic methodology and it's a collaborative process – it does what it says on the tin' **STUDENT 11**

'That's all over now – this year I was clever enough to go a bit earlier to Therapist 2 – in previous years it was a lot later – end of February and I saw her once a week for six or seven weeks before it got really hectic, and I thought I could get through on that. **STUDENT 3**

'Well I wish I had been there from the start – obviously I didn't start until I was in 4th year and I don't know how, where the tutors are aware of the service because my tutor never mentioned it to me – it was...I can't remember why but I wrote to the Disability Service'. **STUDENT 12**

'Well my doctor referred me to it'. **STUDENT 7**

'Well a bit of both -the first time it was my tutor who said it to me – I went then and after the first couple of times I found it worthwhile going – so they made me start it but I decided to continue it. **STUDENT 5**

'Yes I guess I needed the support'. **STUDENT 4**

Mobile phone technology has become an integral part of people's lives. It has changed how we interact with each other and how we access information. Text messaging and mobile phone use is an integral part of the service and has been used to communicate and support the students attending the Unilink Service. In a separate study an analysis was conducted of over 40 students mobile phones text messages and it was found that students used text messaging to change appointments, manage their condition, to update therapists on their progress both academically and personally and to let them know that they were fine, as well as non therapeutic interactions such as humour (Nolan, Quinn and MacCobb, 2010) (Appendix R). In this study the use of mobile phones to both text the therapist to access the service or for the therapist to contact the students was perceived as an important way to communicate and integral to the relationship.

'Emm we mainly make an appointment every week but say if there is something that I have to remember to do..like if I have to remember to bring in something Therapist 1 will text me to remind me and she said she will text me sort of around Wednesday because when I am on holiday and I don't end up with enough people around me so she is going to text me sort of around the middle of the week to find out how I am doing'. **STUDENT 10**

'Yea texting and phone calls and stuff I always knew ..It a big part of it too is knowing that Therapist 3 is there... and knowing that I could call them whenever I wanted the quality of support - a lot of it is about relationships – my relationship with Therapist 3 I feel very safe and supportive and I liked that – Therapist 3 was able to find out stuff I guess I felt like I only needed help with things like getting my essays in on time and that sort of thing and then Therapist 3 would mention something else such as how was your sleep and we talked about that and it went on that way -so it was very good that I could talk about stuff' . **STUDENT 4**

'Emmm not really no...when if I was for some reason late or could not attend I would send a text so that I would not waste Therapist 7's time'. **STUDENT 9**

4.1.9.9. SUB THEME 2 – WAY STUDENTS WORKED IN UNILINK

Students worked on a number of different things when they were accessing the Unilink service. The one that they reported most of all was setting goals, building routines, breaking tasks down into bite size chunks and spending time organising themselves. Others spend time learning how to manage their condition, building their confidence, identifying their best and worst subjects, learning to prioritise and focusing on the 'doing' as opposed to thinking about things:

> 'yea but for yourself it is stuff that you already really know....at the same time it does bring a lot of weight to it – I did this real cool thing with Therapist 2 about your best subject all the way down to your worst subject and how good you think you are at it and the chances are if you are going to fail it and all the possibilities and it really made me question how good I am at certain subjects – I was obviously very honest about it and I went – oh my God I really am very bad at that subject I have to work at it so I think that that's really good' **STUDENT 3**

> ' Well apart from the fact that I am well again – just having therapist 2 motivate me and being able to break it down into smaller more manageable chunks and just even helping me brainstorm and me actually sitting down and actually doing work with her in the last year – that helped a lot' **STUDENT 7**

> 'Just practising talking – its someone to practise on you fall out of practice on – if you keep doing it then it gets easier' **STUDENT 5**

> 'Yes well the fact that I was just doing it as opposed to just thinking about doing it' **STUDENT 7**

> 'Well the goal setting was one of the main things – as I have had a difficulty with having a routine and I need to have to answer to someone else so that I can do that' **STUDENT 2**

> 'Yes and actually Therapist 3 went through that – it was one of the first things we did this year and he gave me some pointers to be able to identify the depression and to protect myself from it – so I got depressed and within three days and then I went back on the medication – I didn't want to but I needed to' **STUDENT 4**

> ' Well one of the things was working with Therapist 3 – I learned a lot about the whole idea of planning and organising and one of the things I learned to do as well was to draw a spider diagram – so for example when I am studying for exams now I ..its bit like a brain storm – I write everything down on a page that comes into my head about the exams and then after that I can identify what I need to do – it gets me thinking' **STUDENT 4**

4.1.9.10. THEME FOUR - HOW STUDENTS VIEWED THE PROFILE

Students sometimes used the profile to gain the attention of the therapist on certain items by scoring them higher. Others knew the extent of their problems but found it useful to have to say them aloud to someone else, whereas others found understanding the questions difficult and yet others found that it enable them to understand their circumstances.

> ' Maybe part of it too is that I knew that if I put all the social concerns higher up when I filled them out ..and that was a problem then than that would be something that Therapist 4 would focus on ...but maybe at the time I didn't want to focus on that part and wanted to focus more on the college stuff so maybe that's why' **STUDENT 4**

> 'No not really because I spent a lot of time thinking about this stuff and I know exactly where the problems are and in a way this is just thinking out loud because I spend a lot of time going over all this stuff in my head – thinking about why am I getting behind and why am I not getting things done on time – every single question that could possibly be asked – I have asked myself it' **STUDENT 3**

> ' Well to try to understand the context of some of the questions that keeping coming up trying to remember which was the zero and which was the 5..things like that' **STUDENT 2**

> 'I think I learned a lot from them *(referring to profiles)* in terms of my circumstances' **STUDENT 11**

4.1.9.11. THEME FIVE - MACRO ENVIRONMENT

There were two issues that emerged under this theme one was how students viewed themselves in terms of disability. They did not perceive themselves as having a disability and perceived a person with a disability as someone in a wheelchair. The second issue was the accessibility and image Unilink had in college. Students felt that Unilink was still unknown but that was to their advantage as they could access it whenever they wanted.

> 'mmm.....There is something about being attached to the disability service but to me I do not think that it is anything different, but I do not publicise it. Because if the wrong people heard about it could be gossiping about you and you know there is really no point in that and so I only tell people that I can trust' **STUDENT 10**

> 'One thing is that I never saw myself as having a disability **Interviewer: Yes** Student: And so going to the Disability Service...and I think for students it is a problem to get over that they need to..' **STUDENT 12**

> 'Its like – I went to Counselling two years ago and I practically got any appointment I wanted because no body was going to it whereas from the start of this year anyway every week you open your email address you see something from the Counselling people – it kind of opens you

eyes -I went there recently enough and it was two and a half weeks until I got an appointment so I feel that if you can advertise this in a nice way – everyone's main problem – are you not getting things in on time? Not being motivated? We can change that – something like that' **STUDENT 3**

'I know a lot of people who don't know that it exists but could do with it and I know there are a lot of my friends who would have similar difficulties or maybe slightly different difficulties but could have some help' **STUDENT 2**

4.1.9.12. THEME SIX – SATISFACTION WITH THE SERVICE

Students commented made several comments about the service. Most of the students were able to see changes they had made within themselves and in the way they were now doing things. They found that it helped to create a structure and that it was good to have someone to 'sound off', they were able to manage their thoughts better, and found that it helped to keep them on track. They found the practical support enabled them to be less stressed and having someone to help motivate them was seen as a positive thing. Students enjoyed the flexibility of appointments and staff availability.

'Yes since doing the programme I know now that these things have helped so I would do that – and I am managing my time a lot more effectively and just being more efficient and more effective' **STUDENT 12**

'Ehhh just better organisation, sleeping more regularly and normally, eating during the day instead of bad snacking getting a proper meal all of which I am told is helpful for study and everything else but I would say that the most useful thing has been in reviewing what I have actually got out of being done that I have meant to get done' **STUDENT 9**

' Yes it has been good just in terms of learning strategies and coping with the exams and stuff - all the really simple and obvious things like how to plan and organise my work' **STUDENT 4**

'Well it's useful in terms of planning or flagging issues – seeing someone on a week to week basis – and then you can decide what are the challenges for this week and what is coming further down the track without getting totally lost or whatever it is – and then maybe looking at a particular issue in detail' **STUDENT 11**

'It absolutely met my needs – it was always possible to see Therapist 1 as much or as little was needed and it was also fairly flexible – sometimes you needed to see someone at certain times every week.' **STUDENT 12**

'I have to say that it has been brilliant – it really has – I don't think I would have kept on in College without it – because I felt so isolated at the beginning – I know that sounds real sappy – but even just seeing Therapist 2...at some stages Therapist 2 would be the only person outside of my immediate family that I would speak to apart from the lecturers because no one in my class spoke to each other outside of

class - just having some interaction with some one else , having someone who is there to help you work through things and to help you keep focused – other wise I would have ...because I was strongly considering dropping out of college especially because one of my friends dropped out' **STUDENT 7**

'Yea... but I don't know how well I have done..but yea I have definitely I have managed to work for a couple of hours at time,, you know taking breaks between books...I have been able sit down and to work on an essay and to sit down and work on a project also keeping track of the thoughts has been really helpful as well because I can just put them to one side then while I am studying..emm ...and yea planning time for outside college has been really helpful as well as because then I assigned my weekends then I have time to relax and sort of enjoy myself and I don't have to be thinking that I should be doing this or I should be doing that....because I have planned it for another day...' **STUDENT 10**

'Well apart from the fact that I am well again – just having therapist 2 motivate me and being able to break it down into smaller more manageable chunks and just even helping me brainstorm and me actually sitting down and actually doing work with her in the last year – that helped a lot' **STUDENT 7**

'Yes I think – as I said earlier knowing that someone is there helps' **STUDENT 11**

'That's one thing that the service was very useful for – Therapist 3 showed me how to prioritise and break things down into categories and areas and see which one needs to be tackled first rather than me just getting buried under the concept of the entirety of it all – it does seem a lot more down to earth now' **STUDENT 6**

4.1.10. SUMMARY OF THE QUALITATIVE DATA INCLUDING SIMILARITIES AND DIFFERNECES BETWEEN STAFF AND STUDENTS

This chapter has described the difficulties encountered by students with mental health problems accessing the Unilink Service. Students had problems expressing what it was, that was difficult for them in their student role, where as the therapists were able to list issues/concerns of students were presenting with. The writing down of the issues/concerns of students produced the Trinity Student Profile which in turn resulted in a total of eleven drafts of the Trinity Student Profile.

These profiles were used within the service by the therapists and were refined time and time again over the two year period of the focus groups. This refinement not only honed the list of difficulties, but it allowed for the exploration of how client-centred practice could be practiced by therapists within this service.

A central theme to the focus groups and interviews was the vision for the Unilink Service how this could be incorporated into the service development. Therapists

teased out what they understood about occupational therapy in this type of setting and shared information openly in order to develop the ethos which began to frame the Trinity Student Profile and the narrative ways in which questions was asked. Therapist worked through eleven drafts of the Trinity Student Profile, trying it out and then revising it based upon their experiences with students and the exploration of the vision and philosophy of the service. The student interviews reinforced the manner in which therapist worked with them. Students remarked on how they enjoyed the one to one consultations, the goal setting, breaking tasks down into bite size manageable chunks. Students also remarked on how the TSP enabled them to gain the attention of the therapist, how it enabled them to verbalise their difficulties and they also remarked on how they found the content of the TSP form useful to their situations. Students and staff recognised that a student's mood could affect the filling out of the form, however staff were aware that it was capturing a moment in time and that this needed to be accounted for when using the form with students. Both staff and students valued the nature of the relationship and both felt it was important to the design not only of the form but to the service as a whole. Several of the issues addressed within the form were revisited time and time again as therapist struggle to understand the meaning of some of the items. A lot of time was spent within the focus groups clarifying the meaning of items and in allocating them to the various underlying constructs of Person, Environment and Occupation. Student themselves also questioned the clarity of some of the items and their use but again felt that this was influenced by their status, that is, whether or not they were a post-graduate student or an undergraduate student or whether or not they had lecturers at any point in time.

Both staff and students valued the use of technology in particular the use of text messaging as a method of contacting students. Students felt it allowed for flexibility and provided them with a supportive relationship.

Staff identified that the TSP was not just a way of identifying difficulties or concerns but acted as a way of interacting with students in an ongoing way. It provided a means by which students could identify issues, set goals and prioritize their needs and gave a voice to the students own story. For students it meant that it gave them a way of thinking and the language to talk about issues of concern in relation to their student role and lifestyle and it provided them with a means of tracking and reviewing their progress.

Students identified having someone to sound off as important to them and acknowledged that they needed the support. They did stress that the service should be advertised more so that it could be normalised. Students did not identify themselves as having a disability even though most of them were referred via the disability service.

The focus groups identified that new staff entering the service, experienced difficulty with the transition from being a student themselves to a professional. Boundaries were difficult and blurry for them particularly if they were working with final year students, as it was not long since they themselves were in the student role.

4.1.11. PART TWO – FINAL VERSION OF THE TRINITY STUDENT PROFILE USED IN THE FIELD TESTING

Trinity College Dublin

Unilink Service VERSION 11

Trinity Student Profile

Part One: Personal Details

Student Number: _____

Faculty _____ _____

_____

Referral Source: _____ **Year:** _____

Tutor

Disability Officer _____

Psychiatrist / GP _____

Other _____

_____

Other Services _____

Times of week that suit you to meet: _____

_____

Date of first Meeting: _____

Are you availing of other services within your course

Subject Tuition	
Post – Graduate Student Aides	
Teaching Assistants	
Tutorials	
Subject Help Websites	
Other	

INSTRUCTIONS FOR USE

There are four more parts to this form. The purpose of this form is to gain an understanding from your perspective of your college experiences to date and to try and identify areas of college life that are presenting as a difficulty for you.

Section two asks questions about your current college experience and areas that you may be experiencing some difficulty.

Section three is designed to ask you about your previous college experiences and work history. If you are in first year then parts of this section may not be relevant to you. If so just go on to the next section.

Part Four asks specific questions about your course content to date as well as any deadlines you have to meet, over the three terms Michaelmas, Hilary and Trinity. The objective of this section is to gain an understanding of your course and the deadlines and standards that you are required to meet. Some of this information may be found in your course handbook and some may not be available to you as of yet. If you do not know your course requirements just move on to the next section.

Section Five is a list of concerns for students. These are broken down into concerns that you may have about yourself and your ability to manage both the academic and social structures (**Person**), concerns about the managing the demands of the university system and the social life of being a student **(Environment**), and concerns you may have about managing the job of being a student (**Occupation)**. You will be asked to **rate** the **level of difficulty** you are experiencing **and** also how **important** it is for you that we work on this with you in the Unilink programme**. By rating the items you will help us identify and prioritise the items you perceive to be a problem and that you most want to work on.** This will enable us to make an appropriate plan of action to tackle the issues.

All the information on this form will be treated confidentially. What is meant by that is that no information on this form will be shared with others unless you indicate otherwise. We will ask you for a copy for our records so that we may track any changes and in keeping with best practice.

PART TWO: Present College Life

		Details
1	What areas of college life, academic or otherwise do you feel that you are managing well?	
2	What do you like to do outside of academic work, either within or outside college? For Example: Hobbies or Interests	
3	Do you work outside of college and how many hours do you work?	

PART THREE: Previous Experience

		Details
4	Have you started any other 3rd level course?	
5	Did you complete it?	
6	Have you repeated any years in your present course?	
7	Have you taken a year out from studying and what did you use the year for?	

8 Tell me about your college experience to date in Trinity?

9 Tell me about your work experience to date

PART FOUR: Course Content

10 Describe your course including subjects, course requirements and deadlines. This information can be found in your course handbook.

Term:	Subjects	Essay: Assignments: Exams: Projects: Lab Work etc..	Deadlines
Michaelmas Term:			
Hilary Term:			
Trinity Term:			

11 Which subjects are do you find the most difficult? Highlight the subjects in the table above or place an astrix beside them.

12 Can you describe why you are experiencing difficulties with that subject? _____

PART FIVE: List of Concerns and Expectations

For each of the items listed below, rate the **level of the difficulty** and how **important** is it for you to work on this item in Unilink

Difficulty: 0 = not difficult at all, 5 = experience great difficulty.

Importance: 0 = not important at all, 5 = very important to me

PERSON – Managing Yourself and Others **Lectures, Seminars and Tutorials, Lab Work, Attachments/Placements**	**Level of Difficulty with the item**	**How Important is it for you to work on this item in Unilink**
Being on time for College (lectures, labs etc.)	0 1 2 3 4 5	0 1 2 3 4 5
Concentrating during lectures and tutorials	0 1 2 3 4 5	0 1 2 3 4 5
Understanding the content of lectures	0 1 2 3 4 5	0 1 2 3 4 5
Using Libraries and Getting Information		
Understanding the Library System	0 1 2 3 4 5	0 1 2 3 4 5
Retrieving Information/Books	0 1 2 3 4 5	0 1 2 3 4 5
Writing Essays, Projects and Reports		
Understanding topic / question	0 1 2 3 4 5	0 1 2 3 4 5
Handing up work on time	0 1 2 3 4 5	0 1 2 3 4 5
Understanding your departments expectations/standards (eg. Length, style etc)	0 1 2 3 4 5	0 1 2 3 4 5
Understanding the course structure and content	0 1 2 3 4 5	0 1 2 3 4 5
Studying		
Maintaining concentration during study	0 1 2 3 4 5	0 1 2 3 4 5
Getting started with studying	0 1 2 3 4 5	0 1 2 3 4 5
Knowing how best to study	0 1 2 3 4 5	0 1 2 3 4 5

Remembering what I have studied	0	1	2	3	4	5	0	1	2	3	4	5
Procrastination	0	1	2	3	4	5	0	1	2	3	4	5
Exams												
Managing the stress before an exam	0	1	2	3	4	5	0	1	2	3	4	5
Deciding which question to do	0	1	2	3	4	5	0	1	2	3	4	5
Recalling Material	0	1	2	3	4	5	0	1	2	3	4	5
Managing panic and "writer's block"	0	1	2	3	4	5	0	1	2	3	4	5
Managing fear that I may fail exams	0	1	2	3	4	5	0	1	2	3	4	5
Life Skills												
Making day to day decisions	0	1	2	3	4	5	0	1	2	3	4	5
Receiving and coping with bad results	0	1	2	3	4	5	0	1	2	3	4	5
Getting enough good quality sleep	0	1	2	3	4	5	0	1	2	3	4	5
Emotional Concerns												
Managing conflict	0	1	2	3	4	5	0	1	2	3	4	5
Managing anger	0	1	2	3	4	5	0	1	2	3	4	5
Being a perfectionist	0	1	2	3	4	5	0	1	2	3	4	5
Managing anxiety	0	1	2	3	4	5	0	1	2	3	4	5
Managing negative thoughts	0	1	2	3	4	5	0	1	2	3	4	5
Managing stressful situations	0	1	2	3	4	5	0	1	2	3	4	5
Maintaining good mental stamina/endurance	0	1	2	3	4	5	0	1	2	3	4	5
Switching off and relaxing	0	1	2	3	4	5	0	1	2	3	4	5
Being Confident	0	1	2	3	4	5	0	1	2	3	4	5

ENVIRONMENT - Managing the University System and its Social Environment **Difficulty:** 0 = not difficult at all, 5 = experience great difficulty. **Importance:** 0 = not important at all, 5 = very important to me	**Level of Difficulty with the item**	**How Important is it for you to work on this item in Unilink**
PHYSICAL - Lectures, Seminars and Tutorials, Library, Lab, Placement/Attachments(please circle which one applies to you)		
Tolerating external distractions e.g. noise, light	0 1 2 3 4 5	0 1 2 3 4 5
Managing lab / placement environments	0 1 2 3 4 5	0 1 2 3 4 5
Using Computers	0 1 2 3 4 5	0 1 2 3 4 5
Exams		
Getting to the exam hall	0 1 2 3 4 5	0 1 2 3 4 5
Social		
Saying 'no' to people	0 1 2 3 4 5	0 1 2 3 4 5
Getting involved in societies	0 1 2 3 4 5	0 1 2 3 4 5
Communicating with people	0 1 2 3 4 5	0 1 2 3 4 5
Communicating with my supervisor	0 1 2 3 4 5	0 1 2 3 4 5
Communicating with other students	0 1 2 3 4 5	0 1 2 3 4 5
Making friends within college	0 1 2 3 4 5	0 1 2 3 4 5
Making friends outside college	0 1 2 3 4 5	0 1 2 3 4 5
Managing flatmates/housemates	0 1 2 3 4 5	0 1 2 3 4 5
Managing family	0 1 2 3 4 5	0 1 2 3 4 5
Managing student support services	0 1 2 3 4 5	0 1 2 3 4 5
Managing Tutor system	0 1 2 3 4 5	0 1 2 3 4 5
Life Skills		
Managing finances/bills	0 1 2 3 4 5	0 1 2 3 4 5
Managing nutritional needs	0 1 2 3 4 5	0 1 2 3 4 5
Managing any medication	0 1 2 3 4 5	0 1 2 3 4 5
Managing alcohol intake	0 1 2 3 4 5	0 1 2 3 4 5
Managing / avoiding other substances	0 1 2 3 4 5	0 1 2 3 4 5
Managing shopping, housework etc.	0 1 2 3 4 5	0 1 2 3 4 5

OCCUPATION – Managing the Job of Being a Student

Difficulty: 0 = not difficult at all, 5 = experience great difficulty
Importance: 0 = not important at all, 5 = very important to me

	Level of Difficulty with the item	How Important is it for you to work on this item in Unilink
Lectures , Seminars and Tutorials		
Taking notes	0 1 2 3 4 5	0 1 2 3 4 5
Participating in discussion	0 1 2 3 4 5	0 1 2 3 4 5
Asking questions	0 1 2 3 4 5	0 1 2 3 4 5
Working in groups	0 1 2 3 4 5	0 1 2 3 4 5
Doing presentations	0 1 2 3 4 5	0 1 2 3 4 5
Listening to others / peers	0 1 2 3 4 5	0 1 2 3 4 5
Talking to lecturers and tutors	0 1 2 3 4 5	0 1 2 3 4 5
Asking for help	0 1 2 3 4 5	0 1 2 3 4 5
Dealing with time pressures and deadlines	0 1 2 3 4 5	0 1 2 3 4 5
Goal – setting	0 1 2 3 4 5	0 1 2 3 4 5
Achieving goals	0 1 2 3 4 5	0 1 2 3 4 5
Dealing with work overload	0 1 2 3 4 5	0 1 2 3 4 5
Lab Work, Field Trips, Attachments/Placements		
Doing practical work	0 1 2 3 4 5	0 1 2 3 4 5
Managing work load	0 1 2 3 4 5	0 1 2 3 4 5
Completing Reports	0 1 2 3 4 5	0 1 2 3 4 5
Writing Essays, Projects and Reports		
Organising information	0 1 2 3 4 5	0 1 2 3 4 5

Structuring and planning the essay or project	0	1	2	3	4	5	0	1	2	3	4	5
Getting down to writing	0	1	2	3	4	5	0	1	2	3	4	5
Continuing writing, avoiding "writer's block"	0	1	2	3	4	5	0	1	2	3	4	5
Finishing the work	0	1	2	3	4	5	0	1	2	3	4	5
Referencing	0	1	2	3	4	5	0	1	2	3	4	5
Studying												
Writing study notes	0	1	2	3	4	5	0	1	2	3	4	5
Exams												
Staying and doing the exam	0	1	2	3	4	5	0	1	2	3	4	5
Balancing college work and life	0	1	2	3	4	5	0	1	2	3	4	5
Managing my free time	0	1	2	3	4	5	0	1	2	3	4	5

What are your **expectations** for your course and college life?

Academically

Socially

Personally

PART Six: Goal Setting

In this section we will work together in making a plan to tackle the issues that you have identified above. We will complete this as we go along.

Consent:

I agree that if I become unwell while engaged in the Unilink project, that the organisers have permission to contact the original referring agency and the health services in college.

Student Signature: **Date:**

Staff Signature: **Date:**

Chapter 5

QUANTITATIVE RESULTS

5.1. STAGE TWO - QUANTITATIVE RESULTS

The previous chapter described the chronological development of the content of the Trinity Student Profile and the method of its use as a part of a collaborative process with students. In order to examine the construct validity and reliability of the Trinity Student Profile an audit of 153 profiles were carried out.

This chapter presents the results of the quantitative data extracted from these profiles. Each question on the profile is examined in turn. Two types of statistics were used in the analysis. First descriptive statistics were used to describe the participants and their answers to parts one, two, three, four, the expectation question in part five, and part six of the Student Trinity Profile. Inferential statistics were then used to test for the construct validity and reliability of the Student Trinity Profile and included: Principle Component Analysis (Factor Analysis), Cronbach's coefficient alpha, T-tests, ANOVA and Multiple Comparisons. The analysis tried to answer the following research questions:

5.1.1. Research Questions

1. What are the difficulties students are experiencing and what is important for them to work on in the Unilink Service?
2. Is the Trinity Student Profile (TSP) a valid and reliable tool for identifying these difficulties/concerns?

5.1.2. Secondary Questions:

3. Are the types of difficulties as identified by the TSP that Unilink students are experiencing different for males and females?

4. Are there differences in the types of difficulties across age as identified by the TSP for Unilink Students?

5. Are the types of difficulties as identified by the TSP that Unilink students are experiencing different across faculties?

6. Are the types of difficulties as identified by the TSP that Unilink students are experiencing different between postgraduates and undergraduates?

7. Are the types of difficulties as identified by the TSP that Unilink students are experiencing different across years?

8. Are the types of difficulties as identified by the TSP that Unilink students are experiencing different across diagnosis?

9. Are the types of difficulties as identified by the TSP that students are experiencing different between those undergraduates accessing the service and those of the general student population?

10. Are the types of difficulties as identified by the TSP that students are experiencing different between those postgraduates accessing the service and those of the general student population?

11. What are the Unilink student's expectations, academically, socially and personally as identified by the TSP?

12. What are the types of goals Unilink students set for them selves as identified by the TSP?

5.2 PART ONE OF THE TRINITY STUDENT PROFILE - DEMOGRAPHICS

The audit of the files produced 153 files for analysis. However, 13 of these had to be omitted as they were incomplete which left a total of 140 cases that were subjected to full analysis. All the cases were included in the Demographics section.

Table 5.1. Number of Trinity Student Profiles

	TSP n	Mean Age	Age Range By Group
Number of Students	140	28	19-24 n=72 25-29 n= 40 30-35 n=16 35+ n=10 Missing 2

The number of males accessing and utilizing the service was higher than the females.

Table 5.2. Gender of students accessing and utilizing the service

	n	% o
Males	72	51.4%
Females	68	48.6%
Total	140	100%

The number of males accessing and utilizing the service was higher than the females.

Table 5.3. Gender of Students and Year of Study

Year of Study	Gender	n	% for each year
Freshman Years	Male	45	56.1%
	Female	36	43.9%
	Total	**81**	**100.0%**
Sophister Years	Male	19	44.1%
	Female	24	55.9%
	Total	**43**	**100.0%**
Post Graduates	Male	6	46.5%
	Female	7	53.5%
	Total	**13**	**100.0%**
Off Books*	Male	1	50.0%
	Female	1	50.0%
	Total	**2**	**100.0%**
Tap **	Male	1	**100%**

***Off books students are students attending the service but not college.**
****TAP – Those students attending the Trinity Access Programme.**

Table 5.4. Primary Diagnosis of Students

DIAGNOSIS	n	% overall
Depression	53	37.9%
ADD/ADHD	18	12.9%
Anxiety	9	6.4%
Asperger's Syndrome	21	15.0%
Bi-Polar Disorder	14	10.0%
Eating Disorder	5	3.6%
Schizophrenia	4	2.9%
Psychosis	4	2.9%
Dyspraxia	1	.7%
Dual Disorders	1	.7%
Social Phobia	1	.7%
Seasonal Affective Disorder	2	1.4%
Obsessive Compulsive Disorder	3	2.1%
Interpersonal Skills	1	.7%
Mood Disorder	2	1.4%
Tourettes	1	.7%
Total	**140**	**100%**

In order to access and utilize the Unilink Service all students need to provide evidence of their disability. Students must have their 'Evidence of Disability Form' verified and completed by a Medical Consultant / Specialist usually the psychiatrist in the case of students with mental health conditions. General Practitioner (GP) letters are not accepted as suitable medical evidence.

Table 5.4. gives the primary diagnosis of all students included in the study.

Table 5.5. Diagnosis and Year of Study

Year	Diagnosis	n	% for each year
Freshman Years	Depression	27	33.3%
	ADD/ADHD	10	12.3%
	Anxiety	5	6.2%
	Asperger's Syndrome	15	18.5%
	Bi-Polar Disorder	10	12.3%
	Eating Disorder	2	2.5%
	Schizophrenia	2	2.5%
	Psychosis	2	2.5%
	Dyspraxia	1	1.2%
	Social Phobia	1	1.2%
	Seasonal Affective Disorder	1	1.2%
	Obsessive Compulsive Disorder	3	3.8%
	Mood Disorder	2	2.5%
	TOTAL	**81**	**100%**
Sophister Years	Depression	20	46.5%
	ADD/ADHD	7	16.2%
	Anxiety	3	6.9%
	Asperger's Syndrome	3	6.9%
	Bi-Polar Disorder	2	4.7%
	Eating Disorder	3	6.9%
	Schizophrenia	2	4.7%
	Dual Disorders	1	2.4%
	Seasonal Affective Disorder	1	2.4%
	Interpersonal Skills	1	2.4%
	TOTAL	**43**	**100%**
Post Graduates	Depression	5	38.5%
	ADD/ADHD	1	7.7%
	Anxiety	1	7.75
	Asperger's Syndrome	2	15.385
	Tourettes	1	7.7%
	Bi-Polar	1	7.7%
	Psychosis	2	15.38
	TOTAL	**13**	100%
Off Books	Bi-Polar	1	50%
	Asperger's Syndrome	1	50%
	TOTAL	**2**	**100%**
TAP	Depression	1	
	TOTAL	**1**	**100%**

Table 5.6. Numbers of Students from each Faculty

Faculty	n	%
Health Science Faculty	12	8.6%
Arts Humanities and Social Science	86	61.4%
Engineering and Maths & Science	41	29.3%
Unknown	1	.7%
TOTAL	**140**	**100%**

Trinity College has three faculties, faculty of Health Science, Arts Humanities and Social Science and Engineering, Mathematics and Science. As can be seen from tables 5.6 and 5.7 most of the students were enrolled within the Art, Humanities and Social Sciences.

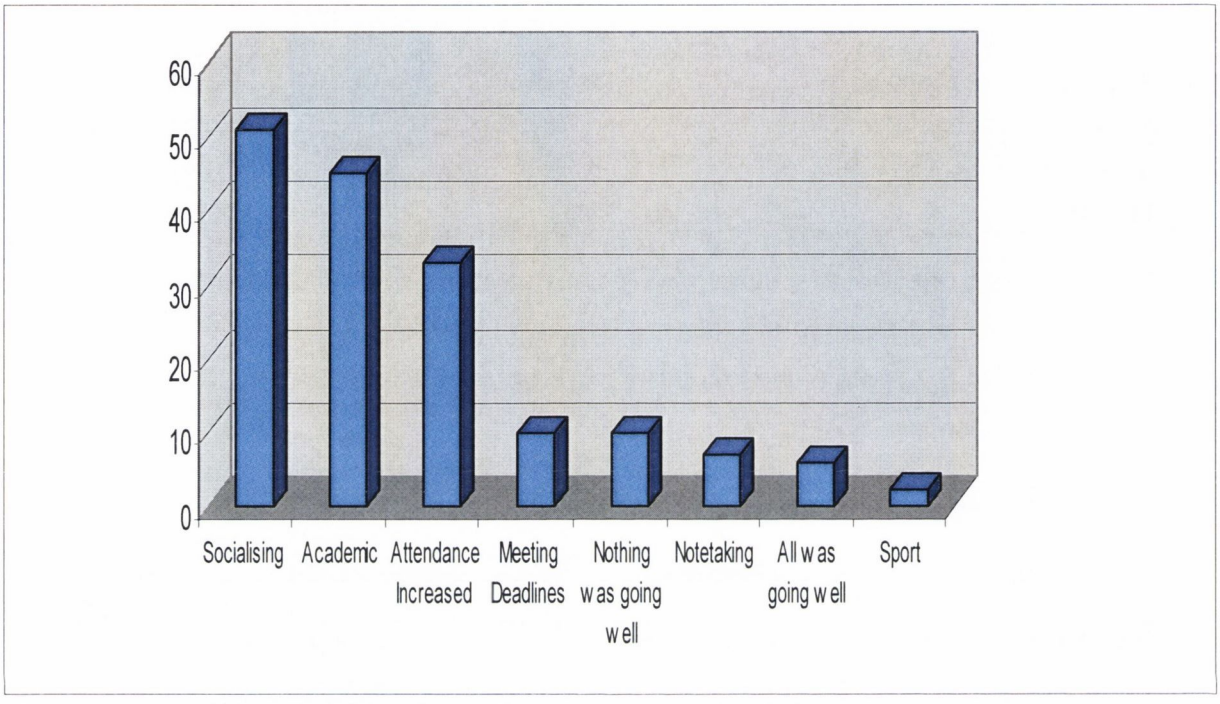
Table 5.7. Faculty and Year of Students

Year	Faculty	n	% for each year
Freshman Years	Arts, Humanities and Social Science	51	62.9%
	Health Science	8	9.8%
	Engineering, Mathematics and Science	22	27.3%
	TOTAL	**81**	**100%**
Sophister Years	Arts, Humanities and Social Science	28	65.1%9.4%
	Health Science	4	9.4%
	Engineering, Mathematics and Science	11	25.5%
	TOTAL	**43**	**100%**
Post Graduates	Arts, Humanities and Social Science	7	53.8%
	Engineering, Mathematics and Science	6	46.2%
	TOTAL	**13**	**100%**
Tap		**1**	
Off Books		**2**	

5.3. PART TWO OF THE TRINITY STUDENT PROFILE – PRESENT COLLEGE LIFE

5.3.1. Question 1

Fig. 5.1.Question 1: TSP Areas students felt they were managing



One hundred and twenty seven Unilink students (n=127) answered the question as to what they though they were 'managing well' (Question 1 on the TSP). The types of items they felt that they were 'managing well' were 51 felt that they had good friends and were getting on with people, 45 said that they were happy with their academic performance, 10 said that they were meeting their deadlines, 33 said that they had increased their attendance, 7 said that they note taking was good, 6 felt that all was ok and 10 felt that they were not managing anything well.

5.3.2. Question 2 asked the students to list all their hobbies and interests outside of academic work. They have been categorized using Baxter, Friel, McAtammy, White and Williamson's (1995) glossary. Table 5.8 gives us the range and frequency of hobbies and interests students engage in.

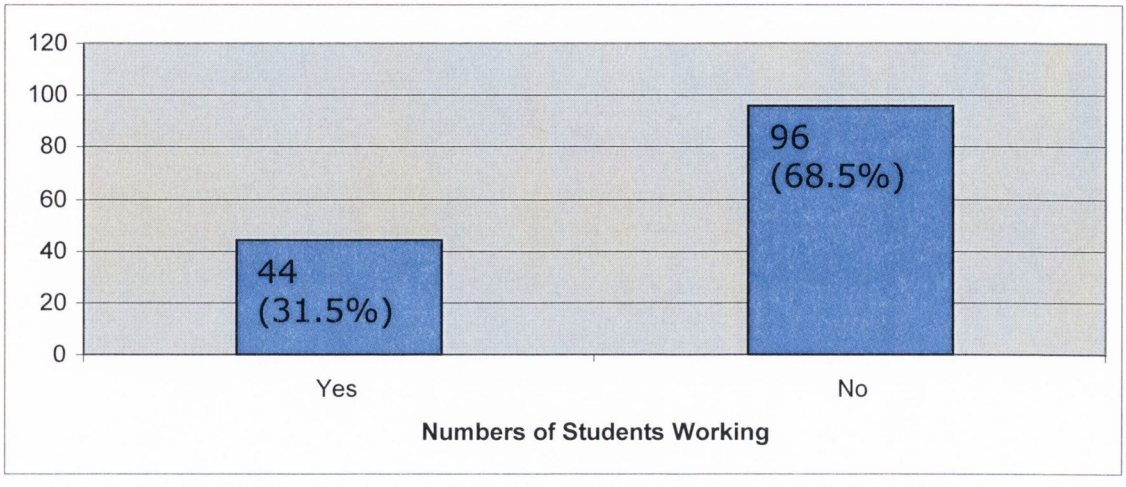
Table 5.8. Question 2: Numbers of Hobbies and Interests of Students

Game/Sport	n	**Creative/Arts**		**Entertainment**		**Social**	
Gym	13	Instrument	20	Reading	54	Friends	46
Swimming	9	Painting	15	Cinema	29	Volunteering	9
Hiking	7	Writing	10	Music	32	Politics	8
Football	7	Cooking	6	Computers	23	Pub	4
Cycling	6	Photography	6	T.V.	18	Travel	4
Walking	5	Baking	6	Theatre	11	Restaurants	1
Hockey	4	Singing	3	Gigs	6		
Judo	4	Jewellery	1	Crosswords	4		
Running	3			Sleeping	2		
Tennis	3			Sudoku	2		
Pool	3			Radio	1		
Dancing	3						
Kayaking	3						
Rugby	3						
Soccer	3						
Table Tennis	3						
Shooting	2						
Basketball	2						
Yoga	2						
Boxing	1						
Rowing	1						
Fencing	1						
Croquet	1						
Net Soc	1						
Scuba	1						
Puks	1						
TOTAL	**92**	**TOTAL**	**67**	**TOTAL**	**182**	**TOTAL**	**72**

Eleven students out of the 140 did not answer this question and of the remaining 129 most had more than 419 hobbies or interests between them. They ranged from active sports such as hockey, football, running, rugby to entertainment leisure interests such as reading, watching television, writing, following history and politics. Others were interested in cinema and playing an instrument, cooking, doing photography volunteering and painting. The majority were interested in reading, socialising with their mates or going to the cinema.

5.3.3. Question 3

Fig. 5.2. Question 3: TSP - Number of students working



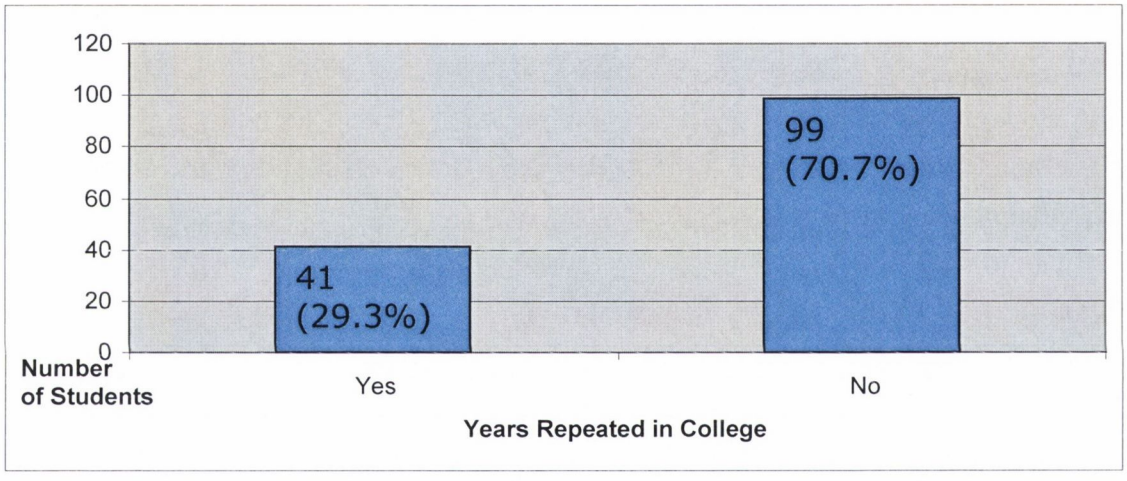
Of the students working most were working between 10 and 15 hours a week with the average student working 9.5 hours a week. Only 7 students were doing less than seven hours a week (fig 5.2)

5.4. PART THREE OF THE TRINITY STUDENT PROFILE – PREVIOUS EXPERIENCE

5.4.1. Question 4 and 5 asked the students had they ever taken another 3rd level course. Forty five (32.14%) had taken another course, but only five (3.5%) of them had completed it.

5.4.2. Question 6 (Fig 5.3)

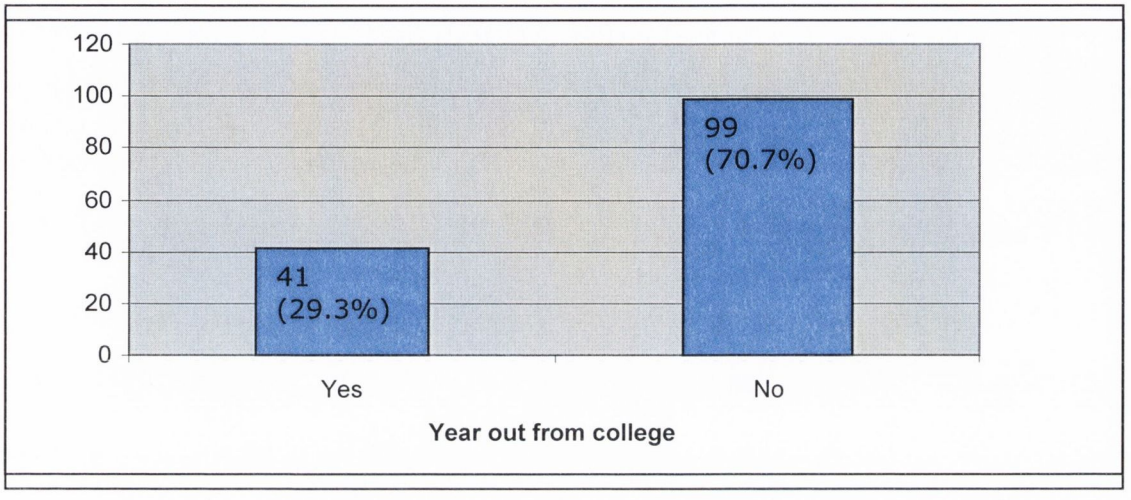
Fig. 5.3. Question 6: TSP Number of students who repeated one or more years



Question 6 (Fig 5.3) asked student had they repeated any years in their present course. Figure 4 shows that 41 (29.3%) of the students have repeated one or more years and 99 (70.7%) did not repeat any years. Of those who repeated a year over students over half of them n=18 repeated within the first two years with one student repeating junior freshman three times.

5.4.3. Question 7

Fig. 5.4. Question 7: TSP - Number of students who took a year out from college



Question 7(Fig.5.4) asked student if they had taken a year out form and studying and what they did with that year. Forty one (29.3%) of students responded that they had taken a year out. Of those students who took a year out from college, 22 (53.6%) did so because of their illness, 7 (17%) for work reasons, 2 (4.8%) dropped out, 2 (4.8%) went off books, 2(4.8%) took a reading year, 1 (2.4%) went travelling, 1 (2.4%)started another course,1 (2.4%)went abroad to study, 1(2.4%) went fishing and to grow up, 1(2.4%) went to be with his father and 1(2.4%) stated personal reasons.

5.5. PART FOUR OF THE TRINITY STUDENT PROFILE.

In this section only questions 10 and 12 were analysed as question 11 asks students to identify which parts of the content of their courses they were experiencing difficulty with. In order to protect their identities and in keeping with the ethical approval, individual courses could not be identified, and therefore this question was not subject to analysis.

5.5.1. Question 10

Table 5.9. Years and number of assignments

Years/Terms	Essays	Presentations	Weekly Assignments	Exams	Projects
Freshman Michaelmas Term (n=49)	2 each this term	1 each this term For those in HS & EMS	5 per week for those in EMS & AHSS	2 each this term	1 each this term for those in EMS &HS
Sophister Michaelmas Term (n=26)	2 each this term mostly in AHSS	1 each in EMS and HS	2 each for those in EMS and AHSS	2each in AHSS and EMS	1 each for all faculties
Freshman Hilary Term (n=46)	2 each this term	1 each this term For those in HS & EMS	5 per week for those in EMS & AHSS	2 each this term	1 each this term for those in EMS
Sophister Hilary Term (n=28)	2 each this term mostly in AHSS	1 each in EMS and HS	2 each for those in EMS and AHSS	2each in AHSS and EMS	1 each for all faculties mostly dissertation and thesis
Freshman Trinity Term (n=40)	1 this term for those in AHSS	0	5 per week for those in EMS & AHSS	3 each this term For those in EMS this goes up to 6	1 for those in EMS only
Sophister Trinity Term (n=22)	1 each in AHSS	0	0	4 each this term Those in EMS would have 6	0

AHSS = Arts, Humanities and Social Science Faculty
EMS = Engineering, Mathematics and Science Faculty
HS = Health Science Faculty

This type of data (Table 5.9) describes the type of pressures, deadlines and challenges that the freshman and sophister students' only were faced with each term (n=127). This question was not relevant to post graduates as most of they were research only students. The average number of assignments that each student has to complete each term is presented. The number of students who completed each term is also reported, as not all students completed this section of the form. Health Sciences Faculty students have case study presentations and placements to complete as well as the presentations, examinations and assignments stated below. For the Art, Humanities and Social Science Students 20 – 30% of the marks/grade is given for attendance.

5.5.2. Question 12 asked students to describe why they were experiencing difficulty with their subjects. Twenty seven freshman (19.28%) students answered this question:

Table 5.10. Reasons for difficulties being experienced by freshman students

Reason for difficulty	Number of students
Difficulty with the level of the subjects	13
Too much reading	4
Too theoretical	4
Concentration	2
Don't know how to do it	2
Memory Problems	1
Poor Attendance	1

Twenty three (16.4%) sophister students answered this question and they gave the following reasons for their difficulties:

Table 5.11. Reasons for difficulties being experienced by sophister students

Reason for difficulty	Number of students
Difficulty of subjects	5
Concentration	3
Too much work on your own	3
Lack of attendance	3
Don't like the subjects	2
Block when writing	2
Too much reading	1
Did not do the assignments	1
Haven't begun studying	1
A lot of stress for degree mark	1
Perfectionisitic Attitude	1

Only three (2.1%) post graduate students answered this question and two of them stated that they had difficulty concentrating and remembering. One maintained that the course was 'complex and huge' and another had difficulty in 'getting going' and completing assignments.

5.6. PART FIVE OF THE TRINITY STUDENT PROFILE deals with the concerns and difficulties students are experiencing. It asks students to rate on a Likert Scale from 0-5, however for the purposes of analysis these were converted to 1-6 as SPSS would not be able to read 0. A six point Likert scale was chosen so that students would be forced to discriminate between levels of difficulty or importance and not just opt for the middle point. A higher score indicates greater difficulty or importance with that item. This part of the analysis addresses the first research question: What are the difficulties students are experiencing and what is important for them to work on in the Unilink Service?

Table 5.12. Likert Scale Categories

Level of Difficulty	**Level of Importance**
1= **no** difficulty at all	1= **no** importance at all
2= Experiencing **some** difficulty	2 = of **some** importance
3 = Experiencing **small** difficulty	3 = of **mild** importance
4 = Experiencing **medium** difficulty	4 = of **medium** importance
5 = Experiencing **moderate** difficulty	5= of **moderate** importance
6 = Experiencing **great** difficulty	6 = of **great** importance

The students were asked to rate the 'level of difficulty they are experiencing with' and the 'level of importance to work on in Unilink' on an item under the headings of Person, Environment and Occupation. They were also asked to state what their expectations were within the remit of academic, social and personal expectations for their course and college life (Tables 51-53). The students were divided into undergraduate (n=127) and postgraduate (n=13) for the purposes of this analysis, and into the top five greatest and least difficult as well as the top five greatest and least important for the undergraduates and the top three and bottom three for the postgraduates. The levels of difficulty experienced by undergraduates (Tables 13-18), is first presented, then their level of importance to work on in Unilink (Tables 19-24) is presented. The postgraduates level of difficulty followed by their level of importance to work on in Unilink is then presented again with the top three greatest and least in each category of difficulty (Tables 25-30) and Importance (31-36) (See Appendix R for full categories)

5.6.1 Frequency and Percentage of the Greatest and Least areas of DIFFICULTY UNDERGRADUATE Students perceived themselves as experiencing with their tasks and activities in their student role and lifestyle.

The frequency and number of undergraduate students experiencing a particular concern was examined, the top and bottom five areas of DIFFICULTY are presented here. The full tables are in Appendix R, Tables 13, 15 and 17 outline the TOP FIVE AREAS OF GREATEST DIFFICULTY and the number of undergraduate students experiencing that difficulty within each of the Person, Environment and Occupation constructs. Tables 14, 16, and 18 outline the areas of concern within the Person, Environment and Occupation areas where undergraduate students were experiencing the LEAST DIFFICULTY.

Table 5.13. Person Concerns - Five Areas of GREATEST Difficulty:

Person Concerns - Five Areas of GREATEST Difficulty	N	%
Managing stress before an exam	63	49.61%
Getting Started with studying	56	44.09%
Maintaining concentration	48	37.80%
Managing anxiety	42	33.07%
Managing negative T thoughts	42	33.07%

Table 5.14. Person Concerns - Five Areas of LEAST Difficulty:

Person Concerns - Five Areas of LEAST Difficulty	N	%
Retrieving Information and books	63	49.61%
Understanding the library system	63	49.61%
Deciding which question to do	49	38.58%
Understanding the course structure and content	45	35.43%
Being on time for College	45	35.43%

Table 5.15. Environment Concerns - Five Areas of GREATEST Difficulty:

Environment Concerns - Five Areas of GREATEST Difficulty	N	%
Saying no to people	19	14.96%
Getting involved in societies	17	13.39%
Making Friends within College	13	10.24%
Managing Family	12	9.45%
Communicating with other students	12	9.45%

Table 5.16. Environment Concerns - Five Areas of LEAST Difficulty:

Environment Concerns - Five Areas of LEAST Difficulty	N	%
Getting to the exam hall	100	78.74%
Managing/avoiding other students	96	75.59%
Managing labs/placements	85	66.93%
Managing any medication	78	61.42%
Managing Student supports	72	56.69%

Table 5.17. Occupation Concerns - Five Areas of GREATEST Difficulty:

Occupation Concerns - Five Areas of GREATEST Difficulty	N	%
Dealing with work over load	50	39.37%
Dealing with pressures and deadlines	49	38.58%
Getting down to writing	42	33.07%
Doing presentations	35	27.56%
Finishing the work	34	26.77%

Table 5.18. Occupation Concerns - Five Areas of LEAST Difficulty:

Occupation Concerns - Five Areas of LEAST Difficulty	N	%
Doing Practical work	83	65.35%
Completing reports	81	63.78%
Listening to others/peers	63	49.61%
Staying and doing the exam	63	49.61%
Referencing	55	43.31%

5.6.2 Frequency and Percentage of the Greatest and Least areas of IMPORTANCE UNDERGRADUATE students attached to items identified that needed to be worked upon within the Service.

Undergraduate students were then asked to rate the level of IMPORTANCE they attributed to a particular concern, the top and bottom, five areas of IMPORTANCE, are presented here. The full tables are in Appendix R, Tables 19, 21, and 23 outline the TOP FIVE AREAS OF GREAT IMPORTANCE, to work on within the service. It also outlines the number of undergraduate students attributing that level of importance, to each of the Person, Environment and Occupation constructs. Tables 20, 22, and 24 outline the areas of LEAST IMPORTANCE to work on within the service and within the Person, Environment and Occupation areas.

Table 5.19. Person Concerns - Five Areas of GREATEST IMPORTANCE:

Person Concerns - Five Areas of GREAT IMPORTANCE	N	%
Managing stress before an Exam	69	54.33%
Knowing how best to study	61	48.03%
Getting started with studying	57	44.88%
Remembering what I have studied	54	42.52%
Handing work up on time	46	36.22%

Table 5.20. Person Concerns - Five Areas of LEAST IMPORTANCE:

Person Concerns - Five Areas of LEAST IMPORTANCE	N	%
Understanding the library system	80	62.99%
Retrieving books and information	74	58.27%
Being on time for college	61	48.03%
Deciding which question to do	57	44.88%
Managing anger	55	43.31%

Table 5.21. Environment Concerns - Five Areas of GREATEST IMPORTANCE:

Environment Concerns - Five Areas of GREAT IMPORTANCE	N	%
Making friends within college	20	15.75%
Saying no to people	16	12.60%
Managing finances/bills	15	11.81%
Managing nutritional needs	14	11.02%
Communicating with people	14	11.02%

Table 5.22. Environment Concerns - Five Areas of LEAST IMPORTANCE:

Environment Concerns - Five Areas of LEAST IMPORTANCE	N	%
Getting to the exam hall	100	78.74%
Managing avoiding others	95	74.80%
Managing labs/placements	92	72.44%
Managing any medication	87	68.50%
Managing housemates/flatmates	87	68.50%

Table 5.23. Occupation Concerns - Five Areas of GREATEST IMPORTANCE:

Occupation Concerns - Five Areas of GREAT IMPORTANCE	N	%
Achieving goals	51	40.16%
Dealing with work over load	51	40.16%
Dealing with pressures	50	39.37%
Getting down to writing	49	38.58%
Finishing the work	42	33.07%

Table 5.24. Occupation Concerns - Five Areas of LEAST IMPORTANCE:

Occupation Concerns - Five Areas of LEAST IMPORTANCE	N	%
Doing Practical work	89	70.08%
Completing reports	89	70.08%
Listening to others/peers	71	55.91%
Staying and doing the exam	67	52.76%
Managing the work load	67	52.76%

5.6.3 Frequency and Percentage of the Greatest and Least areas of DIFFICULTY POSTGRADUATE Students perceived themselves as experiencing with their tasks and activities in their student role and lifestyle.

The frequency and number of postgraduate students experiencing a particular concern was also examined, the top and bottom three areas of DIFFICULTY are presented here, however as there were less numbers there were some items that were found to have the same numbers and therefore they were included. The full tables are in Appendix R, Tables 25, 27 and 29 outline the TOP THREE AREAS OF GREATEST DIFFICULTY and the number of postgraduate students experiencing that difficulty within each of the Person, Environment and Occupation constructs. Tables 26, 28, and 30 outline the areas of concern within the Person, Environment and Occupation areas where postgraduate students were experiencing the LEAST DIFFICULTY.

Table 5.25. Person Concerns - Five Areas of GREATEST Difficulty:

Person Concerns - Five Areas of GREATEST Difficulty	N	%
Managing anxiety	9	69.23%
Procrastination	8	61.54%
Managing negative thoughts	8	61.54%

Table 5.26. Person Concerns - Five Areas of LEAST Difficulty:

Person Concerns - Five Areas of LEAST Difficulty	N	%
Retrieving information and books	8	61.54%
Understanding the course structure and content	8	61.54%
Understanding the library system	7	53.85%

Table 5.27. Environment Concerns - Five Areas of GREATEST Difficulty:

Environment Concerns - Five Areas of GREATEST Difficulty	N	%
Tolerating external distractions	2	15.37%
Communicating with people	2	15.37%
Communicating with my supervisor	2	15.37%

Table 5.28. Environment Concerns - Five Areas of LEAST Difficulty:

Environment Concerns - Five Areas of LEAST Difficulty	N	%
Managing/avoiding other students	11	84.62%
Managing tutor system	9	69.23%
Managing student support	9	69.23%
Using computers	9	69.23%
Managing flatmates/housemates	9	69.23%

Table 5.29. Occupation Concerns - Five Areas of GREATEST Difficulty:

Occupation Concerns - Five Areas of GREATEST Difficulty	N	%
Dealing with pressures and deadlines	6	46.15%
Achieving goals	6	46.15%
Getting down to writing	6	46.15%

Table 5.30. Occupation Concerns - Five Areas of LEAST Difficulty:

Occupation Concerns - Five Areas of LEAST Difficulty	N	%
Referencing	7	53.85%
Asking questions	6	46.15%
Working in groups	6	46.15%
Listening to others/peers	6	46.15%
Writing study notes	6	46.15%

5.6.4 Frequency and Percentage of the Greatest and Least areas of IMPORTANCE Postgraduate students attached to items identified that needed to be worked upon within the Service.

Postgraduate students were then asked to rate the level of IMPORTANCE they attributed to a particular concern, the top and bottom, three areas of IMPORTANCE, are presented here, and in some cases more than three are reported when they are of equal value. The full tables are in Appendix R, Tables 31, 33, and 35 outline the TOP THREE AREAS OF GREAT IMPORTANCE, to work on within the service, however, due to the small numbers more in some instances more than three were chosen because of equal value. It also outlines the number of postgraduate students attributing that level of importance, to each of the Person, Environment and Occupation constructs. Tables 32, 34, and 36 outline the areas of LEAST IMPORTANCE to work on within the service and within the Person, Environment and Occupation areas.

Table 5.31. Person Concerns - Five Areas of GREATEST IMPORTANCE:

Person Concerns - Five Areas of GREAT IMPORTANCE	N	%
Remembering what I have studied	8	61.54%
Managing anxiety	8	61.54%
Managing negative thoughts	8	61.54%

Table 5.32. Person Concerns - Five Areas of LEAST IMPORTANCE:

Person Concerns - Five Areas of LEAST IMPORTANCE	N	%
Understanding the library system	9	69.23%
Retrieving information and books	8	61.54%
Understanding the course structure	8	61.54%

Table 5.33. Environment Concerns - Five Areas of GREATEST IMPORTANCE:

Environment Concerns - Five Areas of GREAT IMPORTANCE	N	%
Tolerating external distractions	3	23.08
Communicating with people	3	23.08
Communicating with my supervisor	2	15.38%
Managing finances	2	15.38%
Managing nutritional needs	2	15.38%

Table 5.34. Environment Concerns - Five Areas of LEAST IMPORTANCE:

Environment Concerns - Five Areas of LEAST IMPORTANCE	N	%
Managing alcohol intake	11	84.62%
Managing housemates/flatmates	9	69.23%
Managing labs/placements	9	69.23%

Table 5.35. Occupation Concerns - Five Areas of GREATEST IMPORTANCE:

Occupation Concerns - Five Areas of GREAT IMPORTANCE	N	%
Goal setting	7	53.85%
Achieving goals	7	53.85%
Getting down to writing	6	46.15%

Table 5.36. Occupation Concerns - Five Areas of LEAST IMPORTANCE:

Occupation Concerns - Five Areas of LEAST IMPORTANCE	N	%
Referencing	8	61.54%
Asking questions	6	46.15%
Working in groups	6	46.15%
Listening to others	6	46.15%

In summary undergraduates appeared to differ from postgraduates on what they were experiencing as difficulties. Undergraduate **person** concerns were around exams and knowing how to study and with getting started whereas postgraduates were concerned with managing their anxiety, negative thoughts and not putting things off. Both student groups were least concerned with the understanding the library system and retrieving books.

Within the **environmental** issues undergraduates were most concerned with making friends, getting involved in societies, communicating with students, saying no to people and managing their families, whereas postgraduates were concerned most with tolerating external distractions, and communicating both with people and their supervisors. Areas of least concern for both groups included managing others and student supports. Undergraduates also had least concern for getting to the

exam hall, managing their labs/placements and any medication, whereas postgraduates were least concerned with the tutor system, computers or managing their house/flatmates.

For the **occupation** concerns undergraduates and postgraduates were both concerned with deadlines and pressures, getting down to writing. Undergraduates also were concerned about finishing work, doing presentations and with work over load, whereas postgraduates were concerned about achieving their goals. Undergraduates least areas of difficulty included doing practical work, completing reports, and doing exams whereas postgraduates had least concerns about asking questions or working in groups. Both groups were not concerned about referencing or listening to others/peers.

Both undergraduates and postgraduates felt that the **person** concern that would be most important to work on would be remembering what they had studied. Undergraduates wanted to work on techniques to improve their study and to help them get started as well as getting to hand up work on time. Postgraduates wanted to work on their anxiety levels and negative thinking. Again items that were considered least important for both groups were, understanding the library system and retrieving books and undergraduates also felt that being on time for college and managing their anger were items that were not important to work on.

Environmental concerns for both undergraduates and postgraduates that needed to be work on were managing their finances, nutritional needs, and communicating with people. Undergraduates also felt that it was important to work on making friends and saying no to people, whereas postgraduates felt they needed to work on communicating with their supervisor and tolerating distractions. Areas of least importance to work on for both groups were managing others and their housemates or flatmates and labs/placements. Undergraduates also felt that managing medication and getting to the exam hall were not things that they wanted to work on. Postgraduates felt that managing alcohol was an item that they did not want to work on.

For **occupation** concerns both groups felt that achieving goals and getting down to writing were items that were important to work on. Undergraduates also felt that dealing with work over load and pressures and deadlines and finishing the work were items they needed to work on where as postgraduates felt that goal setting was an item of importance to them. The least importance items for both groups

were listening to others/peers however for undergraduates doing practical work, reports exams and managing the work load were of least importance. Postgraduates felt referencing, working in groups and asking questions were of least importance to them.

5.7. INSTRUMENT CONSTRUCT VALIDITY AND RELIABILITY

Having examined the outcomes of the Trinity Student Profile descriptively it was then necessary to check the reliability of the instrument and to examine the categories and content of the instrument for construct validity (Pallant 2007). In order to do this the items on the Trinity Student Profile were first loaded into the SPSS 16V in order to perform a factor analysis. Factor analysis was used in this case to explore the relationships between the various items/variables. Factor analysis determines the number of traits based on the Eigen values of the components identified in the analysis. Whether a component of the factor analysis is a trait was based on whether the eigenvalue was greater than one. Varimax rotation of the subscales identified the items that comprise each subscale within the original scale. After the scale was reduced to subscales measuring a single trait, the scale reliability was measured with Cronbach's alpha. A Cronbach's alpha of more than 0.80 is considered a high degree of reliability. In this study any item scoring above .50 were considered for inclusion in the subscale and the items themselves were used to drive the relationships in an attempt to statistically generate the subscales/traits.

For all the analysis the difficulties only part of the scale was used, as the important part of the scale was viewed as a method for students to prioritize items for goals setting and to work upon within the service.

5.7.1. FACTOR ANALYSIS (CONSTRUCT VALIDITY) AND RELIABILITY ON SUBSCALE ITEMS

Each item within the Person, Environment, and Occupation sections are examined as a single survey. The survey is studied to identify how many scales/traits are described by the survey and which items contribute to each. The purpose of this type of analyses is to let the data drive the analysis and identify items which might contribute to subscales other than the subscale originally intended. Additionally, the scales are ranked in order of how much information is contained in each subscale. These analyses answered the second research question: Is the Trinity

Student Profile (TSP) a valid and reliable tool for identifying these difficulties/concerns?

5.7.2. PERSON SUBSCALE - DIFFICULTIES

The Person Survey is comprised of **8** traits based on a factor analysis identifying a meaningful component as one with an Eigen value greater than 1.

The **first** trait is made up of the items:
Level of difficulty in receiving and coping with bad results
Level of difficulty in managing anxiety
Level of difficulty in managing negative thoughts
Level of difficulty in managing stressful situations
Level of difficulty in maintaining good mental stamina/endurance
Level of difficulty in being confident
As a subscale the reliability of these 6 items is **0.887**. This scale is similar to the Emotional Concerns A scale with the addition of the 'Receiving and coping with bad results' item from the Life Skills subscale.

The **second** trait is constructed from the items:
Level of difficulty in knowing how best to study
Level of difficulty in remembering what I have studied
Level of difficulty in managing stress before an exam
Level of difficulty in deciding which question to do
Level of difficulty in recalling material
Level of difficulty with managing panic and "writer's block"
Level of difficulty with managing fear that I may fail exams
As a subscale the reliability of these 7 items is **0.887**. This scale parallels the Exams subscale with the addition of 2 items from the studying subscale; 'Knowing how best to study' and 'Remembering what I have studied'.

The **third** trait is constructed from the items:
Level of difficulty in handing up work on time
Level of difficulty in maintaining concentration
Level of difficulty in getting started studying
Level of difficulty with procrastination
As a subscale the reliability of these 4 items is **0.802**. This scale combines parts of the Studying subscale with the item 'Handing up work on time'.

The **fourth** subscale is constructed from the items:
Level of difficulty in understanding topics/questions
Level of difficulty in understanding departments
Level of difficulty in understanding the course structure and content
As a subscale the reliability of these 3 items is **0.772**. This subscale parallels the Writing Essays, Projects and Reports subscale.

The **fifth** subscale is constructed of:
Level of difficulty in understanding the library systems
Level of difficulty in retrieving information/books
These two items are the Using Libraries and Getting Information subscale and have a reliability of **0.876**.

The **sixth** subscale is constructed from the items:
Level of difficulty in managing conflict
Level of difficulty in managing anger
Level of difficulty in being a perfectionist
This subscale is the Emotional Concerns B subscale with a reliability of **0.757**.

The **seventh** subscale is comprised of:
Level of difficulty of getting enough good quality sleep
Level of difficulty in switching off and relaxing
This subscale has a reliability of **0.679**.

The **eighth** subscale is comprised of:
Level of difficulty with being in time for college
Level of difficulty with concentrating during lectures and tutorials
Level of difficulty with understanding the content of lectures
The subscale is the Lectures, etc. subscale and has a reliability of **0.575.**

Table 5.37. Person Subscale

Eigen Value	Number of Items	Person Subscale	Reliability
9.740	Trait 1. 6 Items	Level of difficulty in receiving and coping with bad results. Level of difficulty in managing anxiety. Level of difficulty in managing negative thoughts. Level of difficulty in managing stressful situations. Level of difficulty in maintaining good mental stamina/endurance. Level of difficulty in being confident.	**0.887**
3.440	Trait 2 7 Items	Level of difficulty in knowing how best to study Level of difficulty in remembering what I have studied Level of difficulty in managing stress before an exam Level of difficulty in deciding which question to do Level of difficulty in recalling material Level of difficulty with managing panic and "writer's block" Level of difficulty with managing fear that I may fail exams	**0.887**
2.084	Trait 3 4 Items	Level of difficulty in handing up work on time Level of difficulty in maintaining concentration Level of difficulty in getting started studying Level of difficulty with procrastination	**0.802**
1.830	Trait 4 3 Items	Level of difficulty in understanding topics/questions Level of difficulty in understanding departments Level of difficulty in understanding the course structure and content	**0.772**
1.257	Trait 5 2 Items	Level of difficulty in understanding the library systems Level of difficulty in retrieving information/books	**0.876**
1.165	Trait 6 3 Items	Level of difficulty in managing conflict Level of difficulty in managing anger Level of difficulty in being a perfectionist	**0.757**
1.093	Trait 7 2 Items	Level of difficulty of getting enough good quality sleep Level of difficulty in switching off and relaxing	**0.679**
1.031	Trait 8 3 Items	Level of difficulty with being in time for college Level of difficulty with concentrating during lectures and tutorials Level of difficulty with understanding the content of lectures	**0.575**

In summary, with the exception of a few items, the subscales are performing as designed. The only item which does not load onto any of the factors is item 20 'Making day to day decisions' this item will therefore be omitted from the final scale.

5.7.3. ENVIRONMENT SUBSCALE - DIFFICULTIES

The Environment survey is comprised of **7** traits based on a factor analysis identifying a meaningful component as one with an eigenvalue greater than 1.

The **first** trait is constructed from the items:
Level of difficulty in getting involved in societies
Level of difficulty in communicating with people
Level of difficulty in communicating with my supervisor
Level of difficulty in communicating with other students
Level of difficulty in making friends within college
Level of difficulty of making friends outside college
This scale of 6 items is the Social A subscale with the addition of 'Communicating with my supervisor'. The scales reliability is **0.845.**

The **second** trait is constructed from the items:
Level of difficulty in managing family
Level of difficulty in managing finances/bills
Level of difficulty in managing nutritional needs
Level of difficulty in managing any medication
Level of difficulty in managing shopping/housework
This scale of 5 items is the Life Skills A with the addition of 'Managing family'. The scales reliability is **0.742**.

The **third** trait is constructed from the items:
Level of difficulty with tolerating external distractions e.g. noise, light
Level of difficulty in using computers
Level of difficulty in getting to the exam hall
Level of difficulty in managing student support services
Level of difficulty in managing tutor system
This scale of 5 items is a mixture of items from Lectures etc., Exams, and Social subscales. The reliability of this scale is **0.665**.

The **fourth** trait is constructed from the items:
Level of difficulty in managing alcohol intake
Level of difficulty in managing/avoiding other substances
This is the Life Skills B subscale and has a reliability of **0.606**.

The **fifth** trait is constructed from the items:
Level of difficulty with tolerating external distractions e.g. noise, light
Level of difficulty in managing lab/placements environments
This subscale is the Lectures etc A subscale with a reliability of **0.518**.

The **sixth** trait is constructed of the items:
Level of difficulty in communicating with my supervisor
Level of difficulty in managing tutor system
This subscale is the Social C subscale and has a reliability of **0.643**.

The **seventh** trait is constructed of the items:
Level of difficulty in managing flat mates/housemates
This single item creates the last dimension.

Again with a few exceptions the scales are consistent with the planned scales.

Table 5.38. Environment Subscale

Eigen Value	Number of Items	Environment Subscale	Reliability
5.008	Trait 1. 6 Items	Level of difficulty in getting involved in societies Level of difficulty in communicating with people Level of difficulty in communicating with my supervisor Level of difficulty in communicating with other students Level of difficulty in making friends within college Level of difficulty of making friends outside college	**0.845**
2.514	Trait 2 5 Items	Level of difficulty in managing family Level of difficulty in managing finances/bills Level of difficulty in managing nutritional needs Level of difficulty in managing any medication Level of difficulty in managing shopping/housework	**0.742**
1.768	Trait 3 5 Items	Level of difficulty with tolerating external distractions e.g. noise, light Level of difficulty in using computers Level of difficulty in getting to the exam hall Level of difficulty in managing student support services Level of difficulty in managing tutor system	**0.665**
1.328	Trait 4 2 Items	Level of difficulty in managing alcohol intake Level of difficulty in managing/avoiding other substances	**0.606**
1.181	Trait 5 2 Items	Level of difficulty with tolerating external distractions e.g. noise, light Level of difficulty in managing lab/placements environments	**0.518**
1.131	Trait 6 2 Items	Level of difficulty in communicating with my supervisor Level of difficulty in managing tutor system	**0.643**
1.031	Trait 7 * 1 Items	Level of difficulty in managing flat mates/housemates	

* No reliability available as it is a single item.

5.7.4. OCCUPATION SUBSCALE - DIFFICULTIES

The Occupation survey spans across **6** dimensions.

The **first** scale is constructed from the items:
Level of difficulty in dealing with time pressures and deadlines
Level of difficulty in goal-setting
Level of difficulty in achieving goals
Level of difficulty in dealing with work-overload
Level of difficulty in balancing college work and life
Level of difficulty in managing my free time
These six items combine aspects of Lectures etc. A with Exams B. The subscales reliability is **0.860**. Further investigation as to whether these two subscales; Lectures A and Exams B are different traits or a single trait should be considered.

The **second** scale is constructed from the items:
Level of difficulty in taking notes
Level of difficulty in organizing information
Level of difficulty in structuring and planning essay or project
Level of difficulty in referencing
Level of difficulty in writing study notes
These 5 items combine aspects of Writing Essays, Projects and Reports with Studying and the note taking task from the Lectures subscales. The reliability of this subscale is **0.837**.

The **third** scale is constructed from the items:
Level of difficulty in participating in discussion
Level of difficulty in asking questions
Level of difficulty of working in groups
Level of difficulty in doing presentations
These 4 items are the Lectures etc. B subscale with a reliability of **0.822**.

The **fourth** scale is constructed from the items:
Level of difficulty in getting down to writing
Level of difficulty in continuing writing, avoiding "writer's block"
Level of difficulty with finishing the work
Level of difficulty in staying and doing the exam

This subscale combines aspects of Writing Essays, Projects and Reports with the Exams subscale. The reliability of this subscale is **0.806**.

The **fifth** scale is constructed from the items:
Level of difficulty in doing practical work
Level of difficulty in managing work load
Level of difficulty in completing reports
This is the Lab Work, Field Trips, Attachments/Placements subscale with a reliability of **0.751**.

The **sixth** scale is constructed of the items:
Level of difficulty in talking to lecturers and tutors
Level of difficulty with asking for help
This is part of the Lectures etc. C subscale and has a reliability of **0.789.**

Table 5.39. Occupation Subscale

Eigen Value	Number of Items	Occupation Subscale	Reliability
8.585	Trait 1. 6 Items	Level of difficulty in dealing with time pressures and deadlines Level of difficulty in goal-setting Level of difficulty in achieving goals Level of difficulty in dealing with work-overload Level of difficulty in balancing college work and life Level of difficulty in managing my free time	**0.860**
2.083	Trait 2 5 Items	Level of difficulty in taking notes Level of difficulty in organizing information Level of difficulty in structuring and planning essay or project Level of difficulty in referencing Level of difficulty in writing study notes	**0.837**
2.053	Trait 3 4 Items	Level of difficulty in participating in discussion Level of difficulty in asking questions Level of difficulty of working in groups Level of difficulty in doing presentations	**0.822**
1.554	Trait 4 4 Items	Level of difficulty in getting down to writing Level of difficulty in continuing writing, avoiding "writer's block" Level of difficulty with finishing the work Level of difficulty in staying and doing the exam	**0.806**
1.348	Trait 5 3 Items	Level of difficulty in doing practical work Level of difficulty in managing work load Level of difficulty in completing reports	**0.751**.
1.166	Trait 6 2 Items	Level of difficulty in talking to lecturers and tutors Level of difficulty with asking for help	**0.789**

These subscales and traits are similar to the original subscales that the qualitative process identified. There are a few exceptions in the **person subscale** the item 'Making day to day decisions' did not load sufficiently onto any factor and therefore is omitted from further analysis. In the **environment subscale** the item 'Saying no to people' again did not sufficiently load onto any factor and is therefore omitted from further analysis. 'Listening to others/peers' in the **occupation subscale** also

did not load sufficiently and is omitted from further analysis. In the environment subscale items 'Tolerating external distractions', 'Managing the tutor system', and 'Communicating with my Supervisor' all loaded to two factors, this needs to be taken into account when reading the next section on comparisons, as they contribute to several traits. The factor analysis allowed for means and standard deviations to be calculated and thus allowed for meaningful comparisons to be made using the new factor groupings of which there were twenty one in total.

5.8. COMPARISONS

These scales were then use to make comparisons and to answer research questions 3 – 12:

3. Are the types of difficulties as identified by the TSP that Unilink students are experiencing different for males and females?

4. Are there differences in the types of difficulties across age as identified by the TSP for Unilink Students?

5. Are the types of difficulties as identified by the TSP that Unilink students are experiencing different across faculties?

6. Are the types of difficulties as identified by the TSP that Unilink students are experiencing different between postgraduates and undergraduates?

7. Are the types of difficulties as identified by the TSP that Unilink students are experiencing different across years?

8. Are the types of difficulties as identified by the TSP that Unilink students are experiencing different across diagnosis?

9. Are the types of difficulties as identified by the TSP that students are experiencing different between those undergraduates accessing the service and those of the general student population?

10. Are the types of difficulties as identified by the TSP that students are experiencing different between those postgraduates accessing the service and those of the general student population?

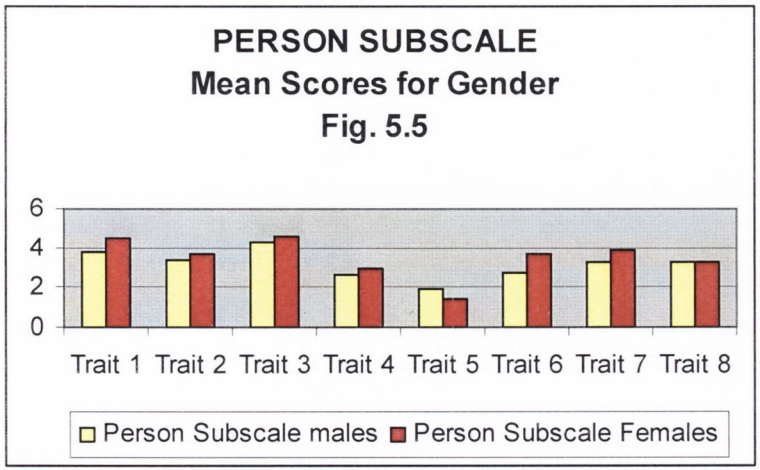
11. What are the Unilink student's expectations, academically, socially and personally as identified by the TSP?

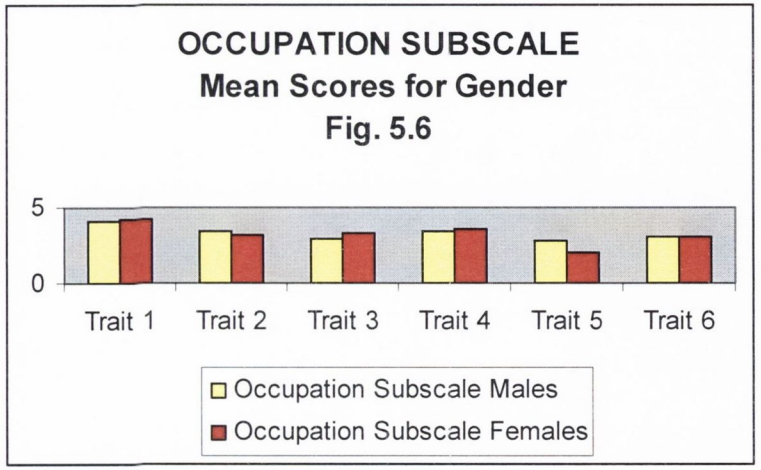
12. What are the types of goals Unilink students set for them selves as identified by the TSP?

5.8.1 ANALYSIS USED IN EACH OF THE QUESTIONS

Questions 3,7,6,9 and 10 were subjected to independent sample t-testing to make the comparisons. Questions 4, 5 and 8 were first subjected to analysis using one-way Analysis of Variance ANOVA to establish whether or not there was a difference and then multiple comparisons were used to detect where those differences lay (See also Appendix S).

Figures 5.5 and 5.6. GENDER -Comparison between males and females including POSTGRADUATES AND UNDERGRADUATES





Figures 5.5 and 5.6 show the mean scores for the Person and Occupation Subscales only as males (n=71) and females (n=67) were found to be significantly different on four traits within these subscales. Three traits within the Person subscale and one within the Occupation subscale.

Table 5.40. GENDER - Comparison between males and females including POSTGRADUATES AND UNDERGRADUATES

Gender - Post Graduates and Undergraduates
N=140

		Males			Females					
Person		N	Mean	sd	N	Mean	sd	t	df	p-value	
	Trait 1- Internal Emotions/Life skills	71	3.751	1.3285	67	4.495	1.2109	-3.43	136	0.001	*
	Trait 2- Studying	70	3.312	1.3182	64	3.643	1.4734	-1.37	132	0.173	
	Trait 3- Writing Essay project and reports	70	4.279	1.487	67	4.601	1.2409	-1.37	135	0.172	
	Trait 4- Course Structure	71	2.596	1.3685	66	3	1.3812	-1.72	135	0.088	
	Trait 5 - Library	72	1.972	1.3812	67	2.366	1.3668	-1.69	137	0.094	
	Trait 6- External Emotions/Life skills	69	2.696	1.2651	68	3.613	1.4102	-4.01	135	0.001	*
	Trait 7- Relaxing, switching off	71	3.289	1.4159	68	3.831	1.6336	-2.09	137	0.038	*
	Trait 8- Lectures, Course work, Seminars, Tutorials	71	3.216	1.3034	67	3.274	1.2018	-0.27	136	0.788	

Environment		N	Mean	sd	N	Mean	sd	t	df	p-value	
	Trait 1 - Social/Intrapersonal	72	2.734	1.2824	67	2.833	1.3222	-0.45	137	0.653	
	Trait 2 - Life Skills	72	2.467	1.1497	68	2.615	1.1278	-0.77	138	0.443	
	Trait 3 - Environmental Factors A	71	2.025	0.9096	63	2.092	0.983	-0.41	132	0.684	
	Trait4 - Substance and Alcohol use	72	1.819	1.1728	68	1.632	1.0208	1.004	138	0.317	
	Trait 5 - Environmental Factors B	71	2.472	1.3413	65	2.062	1.1302	1.92	134	0.057	
	Trait 6 - Social /Interpersonal	72	2.236	1.3188	65	2.308	1.286	-0.32	135	0.749	

	Trait 7- Life skill Single Trait	72	0.448	0.2875	67	0.463	0.3923	-0.25	137	0.8	
Occupation		N	Mean	sd	N	Mean	sd	t	df	p-value	
	Trait 1- Goal setting and work load balance	71	4.082	1.4012	67	4.264	1.268	-0.8	136	0.427	
	Trait 2- Writing Essays Notes	72	3.436	1.4112	66	3.161	1.4496	1.131	136	0.26	
	Trait 3 - Communicating	71	2.884	1.488	67	3.272	1.5989	-1.48	136	0.142	
	Trait 4 - Starting and Getting on with writing	72	3.458	1.5035	63	3.496	1.5237	-0.14	133	0.885	
	Trait 5 -Lab work, Fieldtrips, Placements	71	2.7	1.5235	64	1.943	1.1961	3.186	133	0.002	*
	Trait 6 - Asking for help	72	2.993	1.6583	67	3.015	1.5349	-0.08	137	0.936	
	*. The mean difference is significant at the 0.05 level										

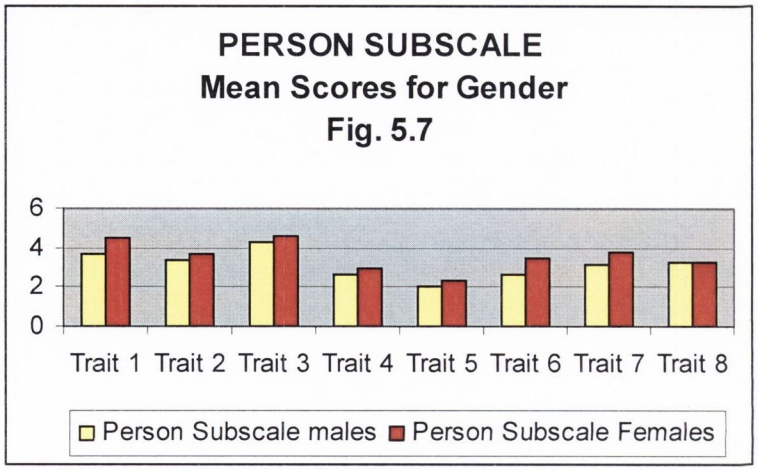
Figures 5.5, 5.6 and Table 5.40 shows that there is a significant difference between males and females on 4 traits.

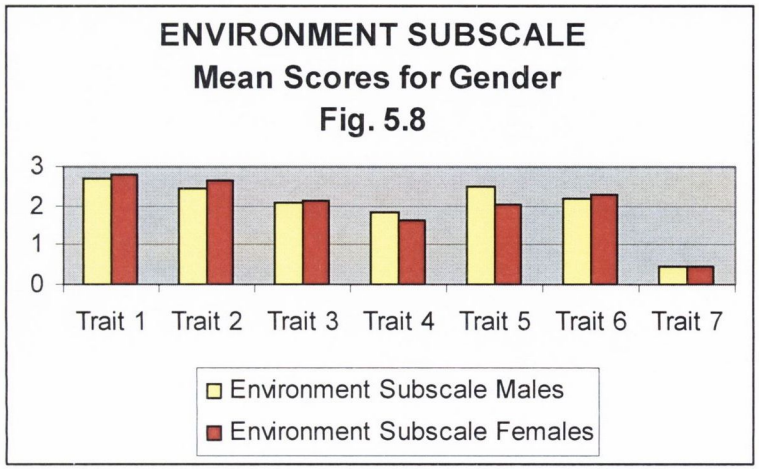
Three of these are within the **person subscale** and the remaining **one trait within the occupation subscale**.

Females were found to experience more difficulty with the emotional aspects of the student life and switching off and relaxing, where as males were found to be experiencing greater difficulty with managing their environment and completing work for their lab, placements or fieldtrips.

When the **postgraduates were removed** from the analysis the **environment subscale trait** 5 was also found to be significant, (males were found to be experiencing more difficulty than their female counterpart on managing distractions) Table 5.41 and Figures 5.7-5.9

Figures 5.7,5.8 and 5.9. GENDER- Comparison between males and females UNDERGRADUATES only





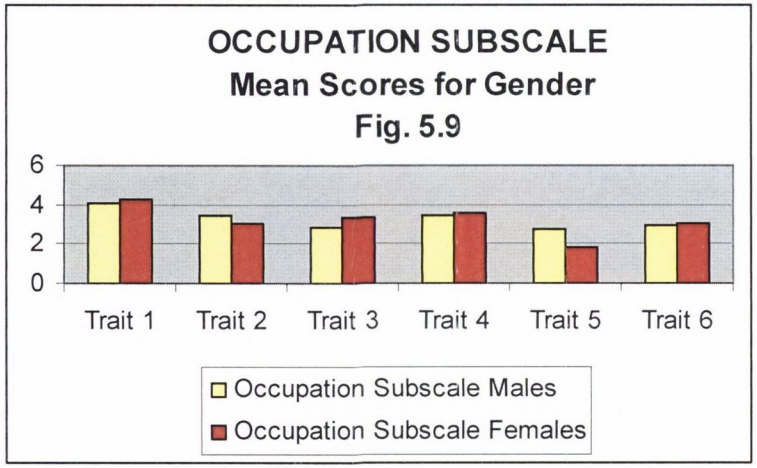


Table 5.41. GENDER Comparison between males and females UNDERGRADUATES only

Gender - Undergraduates Clients
N=127

	Males			Females					
Person	N	Mean	sd	N	Mean	sd	t	df	p-value	
Trait 1- Internal Emotions/Life skills	65	3.6846	1.35629	61	4.4563	1.2483	-3.317	124	0.001	*
Trait 2- Studying	66	3.3377	1.32329	61	3.6487	1.46793	-1.256	125	0.212	
Trait 3- Writing Essay project and reports	66	4.2727	1.52083	61	4.5574	1.21312	-1.16	125	0.248	
Trait 4- Course Structure	66	2.6818	1.37055	61	2.9781	1.41797	-1.197	125	0.233	
Trait 5 - Library	66	2.0227	1.42081	61	2.3361	1.3715	-1.263	125	0.209	
Trait 6- External Emotions/Life skills	65	2.6667	1.2856	61	3.4301	1.41602	-3.587	124	0.001	*
Trait 7- Relaxing, switching off	65	3.1692	1.40389	61	3.7541	1.67736	-2.127	124	0.035	*
Trait 8- Lectures, Course work, Seminars, Tutorials	66	3.2475	1.32215	61	3.2459	1.21396	0.007	125	0.994	
Environment	N	Mean	sd	N	Mean	sd	t	df	p-value	
Trait 1 - Social/Intrapersonal	66	2.6818	1.26718	61	2.8169	1.32522	-0.587	125	0.558	
Trait 2 - Life Skills	66	2.4576	1.19988	61	2.6656	1.14701	-0.997	125	0.321	
Trait 3 - Environmental Factors A	66	2.0758	0.92205	61	2.118	0.98683	-0.25	125	0.803	
Trait 4 - Substance and Alcohol use	66	1.8258	1.14184	61	1.623	1.00688	1.058	125	0.292	

Trait 5 - Environmental Factors B	66	2.5	1.35873	61	2.0328	1.09113	2.126	125	0.035	*
Trait 6 - Social /Interpersonal	66	2.197	1.34416	61	2.3033	1.3111	-0.451	125	0.653	
Trait 7- Life skill Single Trait	66	0.4545	0.29388	61	0.4631	0.38416	-0.142	125	0.887	
Occupation	N	Mean	sd	N	Mean	sd	t	df	p-value	
Trait 1- Goal setting and work load balance	66	4.0455	1.44161	61	4.2596	1.22229	-0.899	125	0.37	
Trait 2- Writing Essays Notes	66	3.4606	1.39095	61	3.0951	1.3869	1.482	125	0.141	
Trait 3 - Communicating	66	2.8561	1.47808	61	3.3402	1.54045	-1.807	125	0.073	
Trait 4 - Starting and Getting on with writing	66	3.4659	1.50441	61	3.5533	1.50839	-0.327	125	0.745	
Trait 5 -Lab work, Fieldtrips, Placements	66	2.7121	1.55127	61	1.8798	1.13044	3.432	125	0.001	*
Trait 6 - Asking for help	66	2.9773	1.66047	61	3.0164	1.51098	-0.138	125	0.89	

*. The mean difference is significant at the 0.05 level

Table 5.42. AGE - Comparison of Undergraduates and Postgraduates

Age - Undergraduates and Postgraduates

Person	N	mean	sd	MS	df	f	p-Value
Trait 1- Internal Emotions/Life skills	136	4.0139	1.3191	1.499	135	0.859	0.464
Trait 2- Studying	132	3.3586	1.45799	1.418	131	0.662	0.577
Trait 3- Writing Essay project and reports	135	4.4426	1.38453	2.175	134	1.138	0.336
Trait 4- Course Structure	131	2.7366	1.32481	3.186	130	1.851	0.141
Trait 5 - Library	137	2.1642	1.38812	1.149	136	0.591	0.622
Trait 6- External Emotions/Life skills	135	2.9296	1.52732	1.364	134	0.579	0.63
Trait 7- Relaxing, switching off	137	3.562	1.54402	5.434	136	2.347	0.076
Trait 8- Lectures, Course work, Seminars, Tutorials	136	3.3493	1.42377	3.277	135	1.639	0.183

Environment	N	mean	sd	MS	df	f	p-Value
Trait 1 - Social/Intrapersonal	137	2.8555	1.3858	2.846	136	1.498	0.218
Trait 2 - Life Skills	138	2.5362	1.12697	0.235	137	0.181	0.909
Trait 3 - Environmental Factors A	132	2.0284	0.9888	0.413	131	0.416	0.742
Trait 4 - Substance and Alcohol use	138	1.7391	1.10608	3.468	137	2.956	0.035
Trait 5 - Environmental Factors B	134	2.2649	1.26207	0.402	133	0.248	0.862
Trait 6 - Social /Interpersonal	135	2.2667	1.30841	0.983	134	0.569	0.636
Trait 7- Life skill Single Trait	137	1.8248	1.37144	1.894	136	1.007	0.392

Occupation	N	mean	sd	MS	df	f	p-Value
Trait 1- Goal setting and work load balance	136	4.0956	1.40031	1.713	135	0.871	0.458
Trait 2- Writing Essays Notes	136	3.2882	1.43517	2.304	135	1.122	0.343
Trait 3 - Communicating	136	3.0735	1.55817	5.794	135	2.464	0.065
Trait 4 - Starting and Getting on with writing	133	3.4887	1.50877	2.93	132	1.296	0.279
Trait 5 -Lab work, Fieldtrips, Placements	133	2.3283	1.43019	0.84	132	0.405	0.75
Trait 6 - Asking for help	137	3.0073	1.60306	3.925	136	1.546	0.206

AGE was not found to be significantly difference on any of the subscales for both postgraduates and undergraduates.

Table 5.43. AGE - Comparison of Undergraduates Only

Age - Undergraduates Only

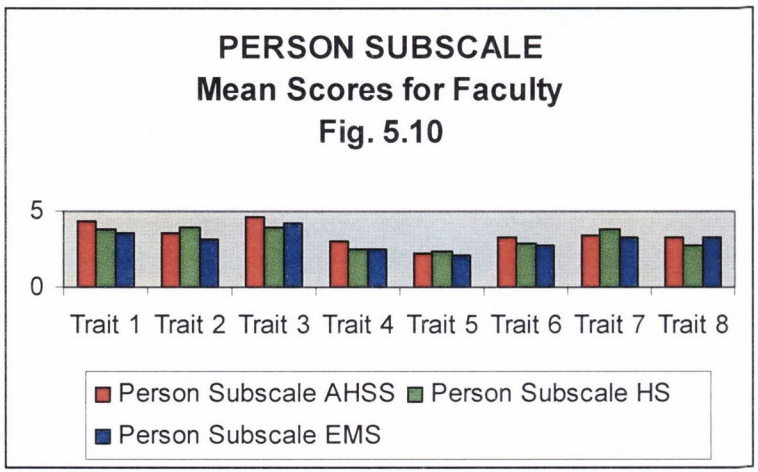
Person	N	mean	sd	MS	df	f	p-Value
Trait 1- Internal Emotions/Life skills	124	4.0739	1.35456	1.658	123	0.902	0.443
Trait 2- Studying	125	3.3733	1.45718	3.25	124	1.551	0.205
Trait 3- Writing Essay project and reports	125	4.416	1.39228	1.551	124	0.796	0.498
Trait 4- Course Structure	125	2.764	1.33437	2.987	124	1.706	0.169
Trait 5 - Library	125	2.176	1.406	1.291	124	0.647	0.586
Trait 6- External Emotions/Life skills	124	2.8871	1.51126	0.348	123	0.149	0.93
Trait 7- Relaxing, switching off	124	3.4597	1.56381	3.5	123	1.47	0.226
Trait 8- Lectures, Course work, Seminars, Tutorials	125	3.384	1.43563	2.279	124	1.109	0.348

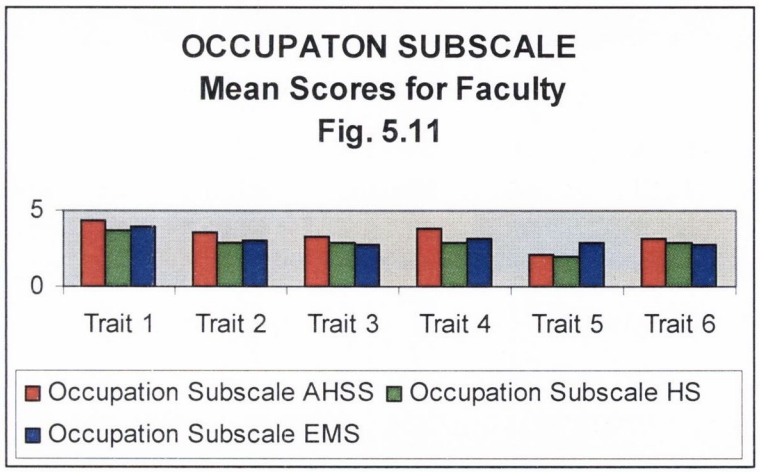
Environment	N	mean	sd	MS	df	f	p-Value
Trait 1 - Social/Intrapersonal	125	2.84	1.39122	1.297	124	0.665	0.575
Trait 2 - Life Skills	125	2.5552	1.16421	0.15	124	0.108	0.955
Trait 3 - Environmental Factors A	125	2.068	0.99868	0.389	124	0.384	0.765
Trait 4 - Substance and Alcohol use	125	1.74	1.08435	2.586	124	2.267	0.084
Trait 5 - Environmental Factors B	125	2.264	1.25976	0.486	124	0.301	0.825
Trait 6 - Social /Interpersonal	125	2.244	1.33443	0.523	124	0.289	0.834
Trait 7- Life skill Single Trait	125	1.84	1.36429	4.439	124	2.469	0.065

Occupation	N	mean	sd	MS	df	f	p-Value
Trait 1- Goal setting and work load balance	125	4.0704	1.41153	2.186	124	1.1	0.352
Trait 2- Writing Essays Notes	125	3.2672	1.3993	0.337	124	0.169	0.917
Trait 3 - Communicating	125	3.09	1.53106	3.249	124	1.399	0.246
Trait 4 - Starting and Getting on with writing	125	3.522	1.50202	1.823	124	0.804	0.494
Trait 5 -Lab work, Fieldtrips, Placements	125	2.2987	1.4286	2.067	124	1.013	0.389
Trait 6 - Asking for help	125	3	1.59384	3.039	124	1.202	0.312

Tables 5.42 and 5.43 compared **Age** for undergraduates and postgraduates as well as undergraduates only. **No significant differences** were found between age groups; therefore no further analysis was warranted.

Figures 5.10 and 5.11. Comparison Between FACULTIES - Undergraduates only





Figures 5.10 and 5.11 Significant differences were found within two of the subscales on three traits, **one within the Person subscale** and **two within the Occupation Subscale.**

Table 5.44. Comparison Between FACULTIES - Undergraduates only

Undergraduates (Clients) - FACULTY

N = 126

	Arts Humanities and Social Sciences			Health Sciences			Engineering, Mathematics and Science				
Person	N	Mean	sd	N	Mean	sd	N	Mean	sd	F	p-value
Trait 1- Internal Emotions/Life skills	79	4.2911	1.375	12	3.7917	1.2395	34	3.5931	1.29957	3.51	0.033 *
Trait 2- Studying	79	3.5208	1.45471	12	4	1.24242	35	3.2204	1.30763	1.47	0.234
Trait 3- Writing Essay project and reports	79	4.5633	1.38181	12	3.9792	1.29447	35	4.2286	1.416	1.37	0.259
Trait 4- Course Structure	79	3.0211	1.51191	12	2.4722	1.24282	35	2.4952	1.10959	2.16	0.119
Trait 5 - Library	79	2.1962	1.34312	12	2.3333	1.73642	35	2.0714	1.46098	0.18	0.837
Trait 6- External Emotions/Life skills	79	3.2743	1.45077	12	2.8611	1.29847	34	2.7059	1.32768	2.11	0.126
Trait 7- Relaxing, switching off	79	3.4367	1.66481	12	3.875	1.2084	34	3.3088	1.4513	0.58	0.563
Trait 8- Lectures, Course work, Seminars, Tutorials	79	3.2827	1.30317	12	2.8056	1.07739	35	3.3143	1.26269	0.8	0.451
Environment	N	Mean	sd	N	Mean	sd	N	Mean	sd	F	p-value
Trait 1 - Social/Intrapersonal	79	2.789	1.3774	12	2.375	1.24138	35	2.8095	1.11521	0.57	0.566
Trait 2 - Life Skills	79	2.5823	1.19279	12	2.5	1.03221	35	2.5029	1.21981	0.07	0.935
Trait 3 - Environmental Factors A	79	2.1772	1.06216	12	2.0167	0.72593	35	1.9429	0.73816	0.78	0.462
Trait 4 - Substance and Alcohol use	79	1.7785	1.13721	12	1.25	0.72593	35	1.9429	0.73816	1.31	0.274
Trait 5 - Environmental Factors B	79	2.1076	1.22126	12	2.5833	1.53495	35	2.5286	1.21233	1.79	0.171
Trait 6 - Social /Interpersonal	79	2.3101	1.4529	12	1.75	0.91701	35	2.2714	1.13334	0.93	0.396
Trait 7- Life skill Single Trait	79	0.4367	0.31892	12	0.5	0.41286	35	0.4857	0.36351	0.36	0.699
Occupation											

	N	Mean	sd	N	Mean	sd	N	Mean	sd	F	p-value	
Trait 1- Goal setting and work load balance	79	4.2975	1.33271	12	3.7083	4.2975	35	3.9429	1.40955	1.55	0.216	
Trait 2- Writing Essays Notes	79	3.4886	1.40466	12	2.8333	1.50595	35	2.9829	1.30192	2.32	0.103	
Trait 3 - Communicating	79	3.2468	1.59451	12	2.875	1.31642	35	2.7929	1.42133	1.2	0.304	
Trait 4 - Starting and Getting on with writing	79	3.769	1.45045	12	2.875	1.58293	35	3.1214	1.50046	3.54	0.032	*
Trait 5 -Lab work, Fieldtrips, Placements	79	2.1055	1.36662	12	1.9722	1.27492	35	2.9333	1.45026	4.78	0.01	*
Trait 6 - Asking for help	79	3.1456	1.61355	12	2.8333	1.2673	35	2.7143	1.63278	0.96	0.386	

*. The mean difference is significant at the 0.05 level

Figures 5.10, 5.11 and Table 5.44 indicates that there **are significant differences between students within faculties on three traits** one within the Person Subscale and two within the Occupation subscale.

The first significant difference is between those within the **Arts, Humanities and Social Sciences (n=79)** who appear to be experiencing greater difficulty on managing their internal emotional state **(Person Subscale)** and on getting started with studying **(Occupation Subscale)** than those within the Health Science Faculty (n=12) and the Engineering, Mathematics and Science Faculty (n=35).

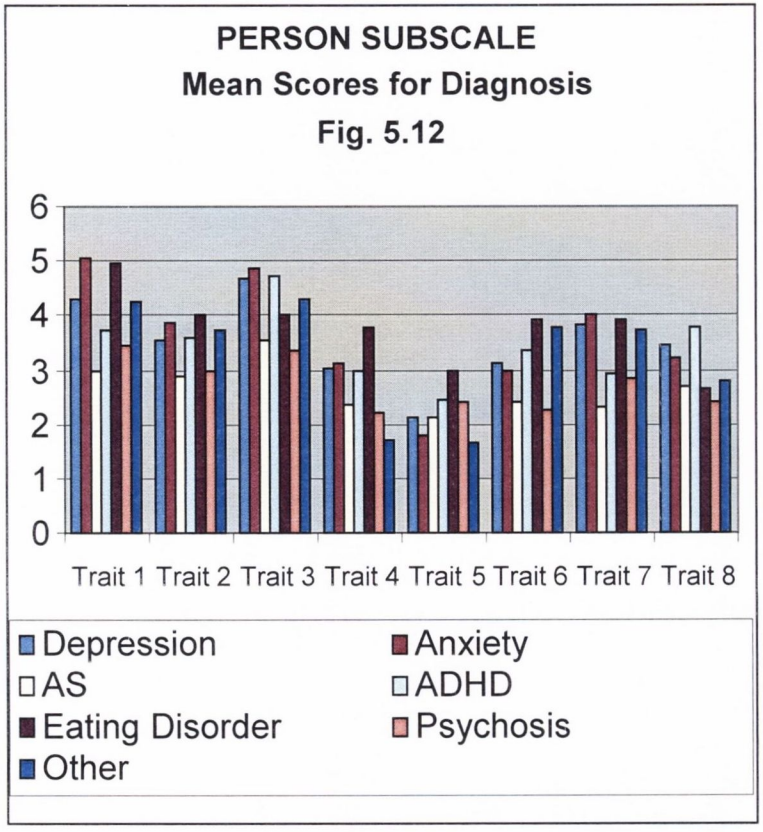
Students within the **Engineering, Mathematics and Science Faculty (n=35)** appear to be experiencing greater difficulty with their lab work, fieldtrips and placements **(Occupation Subscale)** than those in either, the Arts, Humanities and Social Sciences (n=79) or Health Sciences (n=12).

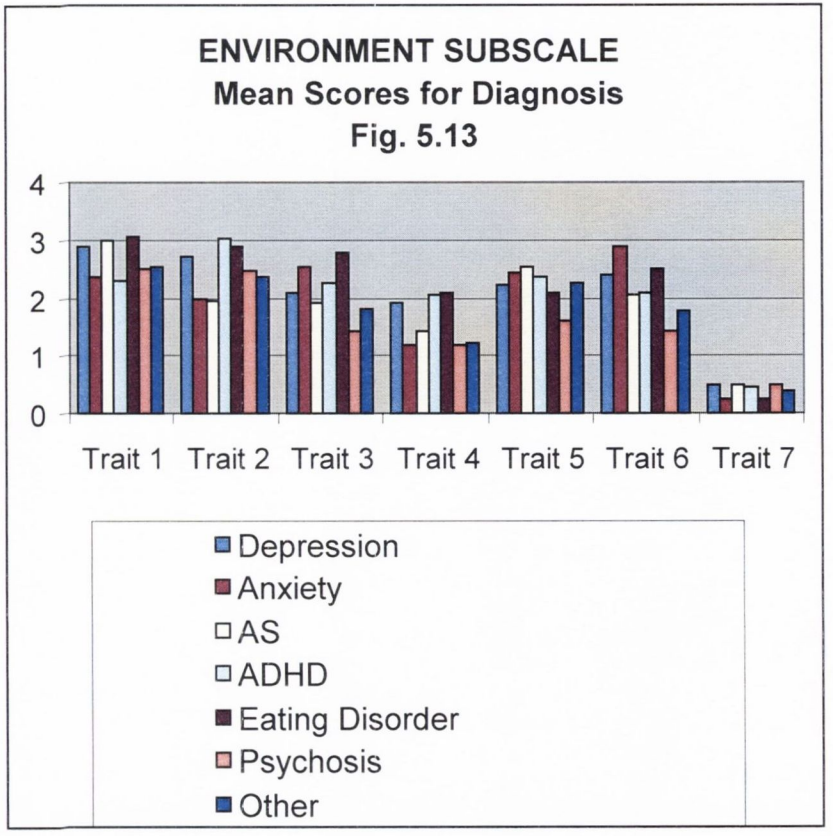
Table 5.45. One-way Analysis of Variance ANVOA for Postgraduates and Undergraduates for DIAGNOSIS

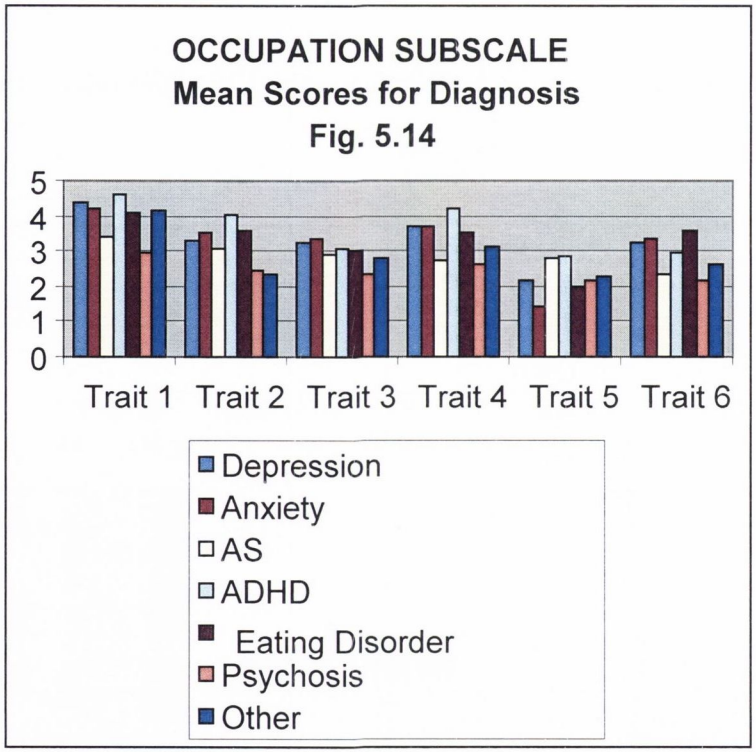
Post Graduates and Undergraduates					**Undergraduates Only**				
PERSON					**PERSON**				
Trait	**Mean Squares**	**F-Statistic**	**df**	**p-Value**	**Trait**	**Mean Squares**	**F-Statistic**	**df**	**p-Value**
1	6.638 1.523	4.357	131	.000**	1	6.849 1.587	4.315	119	.001**
3	5.314 1.737	3.058	130	.008**	3	4.738 1.773	2.672	120	.018**
4	4.677 1.789	2.614	130	.020**	4	4.300 1.831	2.348	120	.035**
7	6.996 2.177	3.214	132	.006**	7	7.017 2.215	3.168	119	.006**
8	3.310 1.485	2.230	131	.044**	8	3.576 1.505	2.377	120	.033**
ENVIRONMENT					**ENVIRONMENT**				
4	2.416 1.159	2.084	133	.059 N.S.*					
OCCUPATION					**OCCUPATION**				
4	4.979 2.145	2.321	128	.037**	1	4.349 1.667	2.608	120	.021**
					2	3.906 1.850	2.111	120	.057 N.S.*
					4	4.481 2.141	2.093	120	.059 N.S.*

*N.S. However they are close to significance.
** p<.05

Figures 5.12 – 5.14. DIAGNOSIS - Comparison Between UNDERGRADUATES only







Figures 5.12 – 5.14. demonstrates the mean scores for **diagnosis** for **undergraduates only**.

Significant differences (p.<05) were found on **FIVE** traits, **three within the Person subscale**, and **two within the Occupation subscale**.

No significant differences were found within the **Environment Subscale** for undergraduates.

Table 5.46. DIAGNOSIS - Comparison Between Undergraduates only

PERSON SUBSCALE	Diagnosis	N	Mean	S.D.	N	Mean	S.D.	Mean Difference	Sig.
Trait 1	Dep. V. A.S	63	4.288	1.1614	18	2.972	1.4408	1.23333	.003
	Anxiety V. A.S.	8	5.063	1.1682	18	2.972	1.4408	1.93740	.003
	A.S. V. E.D	18	2.972	1.4408	5	4.967	0.6604	1.86667	.046
Trait 3	Dep. V. A.S.	63	4.667	1.3175	19	3.566	1.4787	1.13725	.013
Trait 7	Dep. V. A.S.	63	3.825	1.15138	19	2.333	1.1505	1.42025	.004
OCCUPATION SUBSCALE									
Trait 2	ADHD V. other	17	4.035	1.6066	9	2.3556	1.3557	1.82444	.020
Trait 4	A.S. V. ADHD	19	3.063	1.3065	17	4.035	1.6066	1.45833	.037

p. <.05
Dep. = Depression
E.D. = Eating Disorder
A.S. = Asperger's Syndrome

Table 5.47. DIAGNOSIS - Comparison Between - Undergraduates only showing mean and standard deviation

Diagnosis- Undergraduates Only

n=127

	Depression (1)			Anxiety (2)			Asperger's Syndrome (3)		
Person	n	mean	Sd	n	mean	sd	n	mean	sd
Trait 1- Internal Emotions/Life skills	63	4.288	1.1614	8	5.063	1.1682	18	2.972	1.4408
Trait 2- Studying	63	3.551	1.318	8	3.893	1.6968	19	2.902	1.3965
Trait 3- Writing Essay project and reports	63	4.667	1.3175	8	4.875	1.2101	19	3.566	1.4787
Trait 4- Course Structure	63	3.027	1.4521	8	3.125	1.1118	19	2.368	1.191
Trait 5 - Library	63	2.143	1.404	8	1.813	1.5104	19	2.105	1.197
Trait 6- External Emotions/Life skills	63	3.138	1.3542	8	2.958	1.4954	19	2.389	1.259
Trait 7- Relaxing, switching off	63	3.825	1.5138	8	4	1.8516	19	2.333	1.1505
Trait 8- Lectures, Course work, Seminars, Tutorials	63	3.471	1.1802	8	3.208	1.2716	19	2.702	1.4094

	Depression (1)			Anxiety (2)			Asperger's Syndrome (3)		
Environment	n	mean	Sd	n	mean	sd	n	mean	sd
Trait 1 - Social/Intrapersonal	63	2.873	1.271	8	2.354	1.0482	19	3	1.453
Trait 2 - Life Skills	63	2.698	1.1864	8	2	1.331	19	1.958	1.0637
Trait 3 - Environmental Factors A	63	2.095	0.8567	8	2.525	1.3854	19	1.926	0.8279
Trait 4 - Substance and Alcohol use	63	1.897	1.1294	8	1.188	0.5303	19	1.421	0.8861
Trait 5 - Environmental Factors B	63	2.222	1.1351	8	2.438	1.8015	19	2.553	1.3632

Trait 6 - Social /Interpersonal	63	2.397	1.2578	8	2.875	2.0831	19	2.053	1.2349
Trait 7- Life skill Single Trait	63	0.496	0.377	8	0.25	0	19	0.5	0.3436

	Depression (1)			Anxiety (2)			Asperger's Syndrome (3)		
Occupation	n	mean	Sd	n	mean	sd	n	mean	sd
Trait 1- Goal setting and work load balance	63	4.365	1.1616	8	4.188	1.6437	19	3.386	1.5516
Trait 2- Writing Essays Notes	63	3.314	1.3118	8	3.5	1.582	19	3.063	1.3065
Trait 3 - Communicating	63	3.226	1.5232	8	3.344	1.7875	19	2.921	1.6052
Trait 4 - Starting and Getting on with writing	63	3.667	1.3977	8	3.719	1.6226	19	2.75	1.3617
Trait 5 -Lab work, Fieldtrips, Placements	63	2.185	1.4177	8	1.417	0.8498	19	2.79	1.3753
Trait 6 - Asking for help	63	3.246	1.5447	8	3.375	2.1671	18	2.342	1.5189

Table 5.47. DIAGNOSIS - Comparison Between Undergraduates only showing mean and standard deviation Continued...

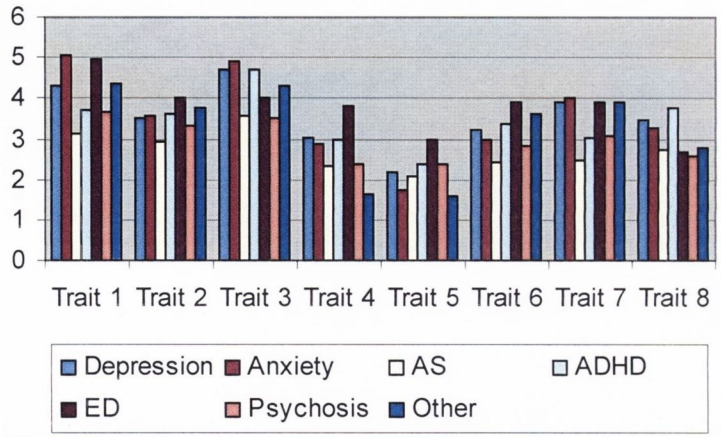
Diagnosis- Undergraduates Only n=127	ADHD (4)			Eating Disorder (5)			Psychosis (6)			Other (7)		
Person	n	mean	sd	n	mean	sd	n	mean	sd	n	mean	sd
Trait 1- Internal Emotions/Life skills	17	3.735	1.7069	5	4.967	0.6604	6	3.444	0.6295	9	4.2407	1.1215
Trait 2- Studying	17	3.597	1.5471	5	4.029	1.3754	6	2.976	1.6072	9	3.746	1.2511
Trait 3- Writing Essay project and reports	17	4.721	1.5534	5	4	0.5303	6	3.375	1.367	9	4.3056	0.8995
Trait 4- Course Structure	17	2.961	1.3534	5	3.8	1.0698	6	2.222	1.047	9	1.7037	1.3889
Trait 5 - Library	17	2.471	1.4734	5	3	1.3693	6	2.417	1.9083	9	1.6667	1.3229
Trait 6- External Emotions/Life skills	17	3.353	1.6975	5	3.933	1.4024	6	2.278	0.8278	9	3.7778	1.3123
Trait 7- Relaxing, switching off	17	2.941	1.5297	5	3.9	1.917	6	2.833	0.8165	9	3.7222	1.5635
Trait 8- Lectures, Course work, Seminars, Tutorials	17	3.765	1.3833	5	2.667	1.3333	6	2.389	1.1238	9	2.7778	0.6236

	ADHD (4)			Eating Disorder (5)			Psychosis (6)			Other (7)		
Environment	n	mean	sd	n	mean	sd	n	mean	sd	n	mean	sd
Trait 1 - Social/Intrapersonal	17	2.284	1.3041	5	3.067	1.3673	6	2.5	1.1785	9	2.537	1.3457
Trait 2 - Life Skills	17	3.012	1.2175	5	2.88	1.045	6	2.467	1.129	9	2.3556	0.7401
Trait 3 - Environmental Factors A	17	2.259	1.1869	5	2.8	0.6325	6	1.433	0.4803	9	1.8222	1.0557
Trait 4 - Substance and Alcohol use	17	2.059	1.4018	5	2.1	1.084	6	1.167	0.4083	9	1.2222	0.5069
Trait 5 - Environmental Factors B	17	2.382	1.5465	5	2.1	1.1402	6	1.583	0.801	9	2.2778	1.1487
Trait 6 - Social /Interpersonal	17	2.088	1.3606	5	2.5	1.4142	6	1.417	0.4916	9	1.7778	1.3255
Trait 7- Life skill Single Trait	17	0.456	0.2963	5	0.25	0	6	0.5	0.4183	9	0.3889	0.2535

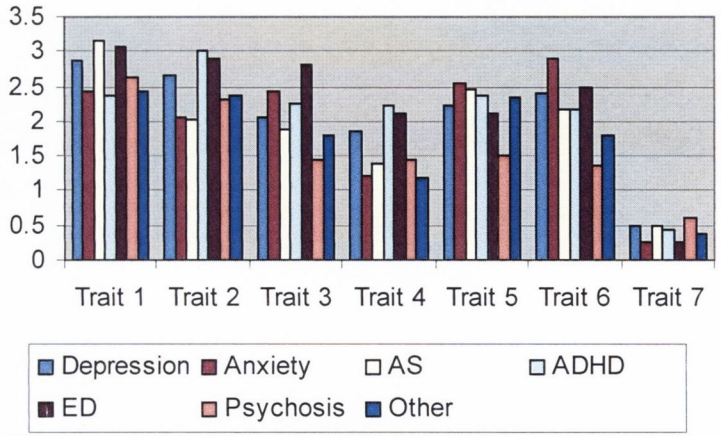
Occupation	ADHD (4)			Eating Disorder (5)			Psychosis (6)			Other (7)		
	n	mean	sd	n	mean	sd	n	mean	sd	n	mean	sd
Trait 1- Goal setting and work load balance	17	4.618	1.2772	5	4.067	0.4183	6	2.972	1.5435	9	4.1481	1.3906
Trait 2- Writing Essays Notes	17	4.035	1.6066	5	3.56	1.1261	6	2.433	1.0912	9	2.3556	1.3557
Trait 3 - Communicating	17	3.088	1.8027	5	3	1.2374	6	2.333	0.8756	9	2.8056	1.1644
Trait 4 - Starting and Getting on with writing	17	4.191	1.5676	5	3.5	1.6863	6	2.625	1.4208	9	3.1111	1.7053
Trait 5 -Lab work, Fieldtrips, Placements	17	2.843	1.5326	5	2	0.9428	6	2.167	1.6021	9	2.2593	1.588
Trait 6 - Asking for help	17	2.941	1.7667	5	3.6	0.6519	6	2.167	1.1255	9	2.6111	1.3869

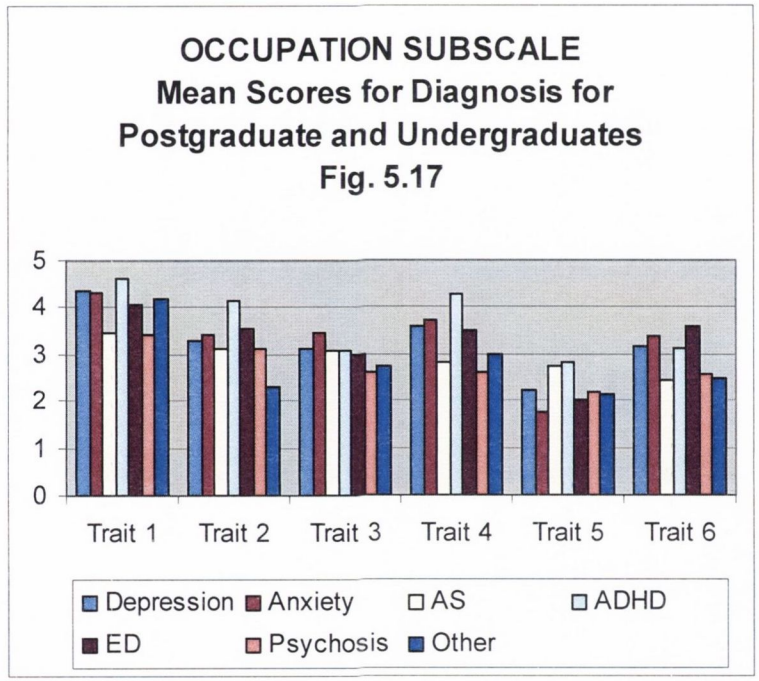
Figures 5.15-5.17 DIAGNOSIS - Comparison Between Undergraduates and Postgraduates

PERSON SUBSCALE
Mean Scores for Diagnosis for Postgraduates and Undergraduates
Fig. 5.15



ENVIRONMENT SUBSCALE
Mean Scores for Diagnosis for Postgraduates and Undergraduates
Fig. 5.16





Figures 5.15 – 5.17. demonstrates the mean scores for **diagnosis** for **postgraduates and undergraduates** .

Significant differences (p.<05) were found on **SIX** traits, **four within the Person subscale**, and **two within the Occupation subscale**.

No significant differences were found within the **Environment Subscale** for postgraduates and undergraduates.

Table 5.48. DIAGNOSIS - Comparison Between UNDERGRADUATES and POSTGRADUATES

PERSON SUBSCALE	Diagnosis	N	Mean	S.D.	N	Mean	S.D.	Mean Difference	Sig.
Trait 1	Dep. V. A.S.	68	4.333	1.1413	20	3.1	1.4208	1.23333	.003
	Anxiety V. A.S.	9	5.037	1.0954	20	3.1	1.4208	1.93704	.003
	A.S. V. Eating Dis.	20	3.1	1.4208	5	4.967	0.6604	1.86667	.046
Trait 3	Dep. V. A.S.	65	4.721	1.2897	21	3.583	1.4127	1.13725	.013
Trait 4	Dep. V. Other	67	3.02	1.4389	10	1.633	1.3282	1.38657	.042
Trait 7	Dep. V. A.S.	69	3.92	1.4991	20	2.5	1.214	1.42029	.004
OCCUPATION SUBSCALE									
Trait 2	ADHD V. Other	17	3.5966	1.5471	10	2.975	1.6644	1.82444	.020
Trait 4	A.S. V. ADHD	21	2.349	1.1425	17	2.9608	1.3534	1.45833	.037

p. <.05
Dep. = Depression
A.S. = Asperger's Syndrome

Table 5.49. DIAGNOSIS - Comparison Between UNDERGRADUATES and POSTGRADUATES showing mean and standard deviation

Diagnosis - Undergraduates and Postgraduates

n=140

	Depression (1)			Anxiety (2)			Asperger's Syndrome (3)			ADHD (4)		
Person	n	mean	Sd	n	mean	sd	n	mean	sd	n	mean	sd
Trait 1- Internal Emotions/Life skills	68	4.333	1.1413	9	5.037	1.0954	20	3.1	1.4208	18	3.7407	1.6561
Trait 2- Studying	65	3.521	1.3203	9	3.587	1.8329	21	2.939	1.3489	17	3.5966	1.5471
Trait 3- Writing Essay project and reports	68	4.721	1.2897	9	4.917	1.1388	21	3.583	1.4127	17	4.7206	1.5534
Trait 4- Course Structure	67	3.02	1.4389	9	2.889	1.2583	21	2.349	1.1425	17	2.9608	1.3534
Trait 5 - Library	68	2.184	1.406	9	1.722	1.4386	21	2.071	1.165	18	2.3889	1.4709
Trait 6- External Emotions/Life skills	69	3.237	1.3565	8	2.958	1.4954	20	2.45	1.2056	17	3.3529	1.6975
Trait 7- Relaxing, switching off	69	3.92	1.4991	9	4	1.7321	20	2.5	1.214	18	3.0278	1.5289
Trait 8- Lectures, Course work, Seminars, Tutorials	68	3.451	1.2132	9	3.259	1.1993	21	2.746	1.3454	17	3.7647	1.3833

	Depression (1)			Anxiety (2)			Asperger's Syndrome (3)			ADHD (4)		
Environment	n	mean	Sd	n	mean	sd	n	mean	sd	n	mean	sd
Trait 1 - Social/Intrapersonal	68	2.863	1.2362	9	2.444	1.0172	21	3.167	1.4814	18	2.3704	1.3168
Trait 2 - Life Skills	69	2.667	1.1569	9	2.044	1.2521	21	2.019	1.0294	18	3	1.1822
Trait 3 - Environmental Factors A	65	2.062	0.8645	9	2.422	1.3321	21	1.876	0.8037	17	2.2588	1.1869
Trait 4 - Substance and Alcohol use	69	1.855	1.1217	9	1.222	0.5069	21	1.381	0.8501	18	2.2222	1.5265

Trait 5 - Environmental Factors B	67	2.239	1.1657	9	2.556	1.722	21	2.452	1.3408	17	2.3824	1.5465
Trait 6 - Social /Interpersonal	67	2.396	1.2356	9	2.889	1.949	21	2.167	1.2281	18	2.1667	1.3612
Trait 7- Life skill Single Trait	68	0.482	0.3673	9	0.25	0	21	0.5	0.3354	18	0.4444	0.2915

	Depression (1)			Anxiety (2)			Asperger's Syndrome (3)			ADHD (4)		
Occupation	n	mean	Sd	n	mean	sd	n	mean	sd	n	mean	sd
Trait 1- Goal setting and work load balance	68	4.353	1.202	9	4.315	1.5843	21	3.452	1.4871	17	4.6176	1.2772
Trait 2- Writing Essays Notes	67	3.275	1.3693	9	3.4	1.51	21	3.124	1.2577	18	4.1444	1.626
Trait 3 - Communicating	68	3.129	1.5511	9	3.472	1.7159	21	3.06	1.6084	17	3.0882	1.8027
Trait 4 - Starting and Getting on with writing	65	3.592	1.4392	9	3.722	1.5178	21	2.833	1.3189	18	4.2917	1.5794
Trait 5 -Lab work, Fieldtrips, Placements	66	2.232	1.4465	9	1.741	1.2559	21	2.746	1.3162	18	2.8333	1.4874
Trait 6 - Asking for help	68	3.177	1.5687	9	3.389	2.0276	21	2.452	1.4824	18	3.1111	1.8594

Table 5.49. DIAGNOSIS Comparison Between UNDERGRADUATES and POSTGRADUATES showing mean and standard deviation Continued.....

Diagnosis - Undergraduates and Postgraduates

n=140

Person	Eating Disorder (5)			Psychosis (6)			Other (7)		
	n	mean	sd	n	mean	sd	n	mean	sd
Trait 1- Internal Emotions/Life skills	5	4.967	0.6604	8	3.688	0.7634	10	4.383	1.1495
Trait 2- Studying	5	4.029	1.3754	7	3.327	1.7354	10	3.757	1.1801
Trait 3- Writing Essay project and reports	5	4	0.5303	8	3.531	1.6004	9	4.306	0.8995
Trait 4- Course Structure	5	3.8	1.0698	8	2.375	1.0303	10	1.633	1.3282
Trait 5 - Library	5	3	1.3693	8	2.375	1.6637	10	1.6	1.2649
Trait 6- External Emotions/Life skills	5	3.933	1.4024	8	2.833	1.48	10	3.633	1.3189
Trait 7- Relaxing, switching off	5	3.9	1.917	8	3.063	0.9039	10	3.9	1.5776
Trait 8- Lectures, Course work, Seminars, Tutorials	5	2.667	1.3333	8	2.583	1.0197	10	2.8	0.5921

Environment	Eating Disorder (5)			Psychosis (6)			Other (7)		
	n	mean	sd	n	mean	sd	n	mean	sd
Trait 1 - Social/Intrapersonal	5	3.067	1.3673	8	2.646	1.5182	10	2.433	1.3105
Trait 2 - Life Skills	5	2.88	1.045	8	2.325	1.1003	10	2.36	0.6979
Trait 3 - Environmental Factors A	5	2.8	0.6325	7	1.457	0.4429	10	1.78	1.0042
Trait 4 - Substance and Alcohol use	5	2.1	1.084	8	1.438	0.9039	10	1.2	0.4831
Trait 5 - Environmental Factors B	5	2.1	1.1402	7	1.5	0.7638	10	2.35	1.1068

Trait 6 - Social /Interpersonal	5	2.5	1.4142	7	1.357	0.4756	10	1.8	1.2517
Trait 7- Life skill Single Trait	5	0.25	0	8	0.594	0.5165	10	0.375	0.243

	Eating Disorder (5)			Psychosis (6)			Other (7)		
Occupation	n	mean	sd	n	mean	sd	n	mean	sd
Trait 1- Goal setting and work load balance	5	4.067	0.4183	8	3.417	1.6809	10	4.2	1.3212
Trait 2- Writing Essays Notes	5	3.56	1.1261	8	3.1	1.6142	10	2.32	1.2831
Trait 3 - Communicating	5	3	1.2374	8	2.625	1.6202	10	2.725	1.127
Trait 4 - Starting and Getting on with writing	5	3.5	1.6863	7	2.607	1.2979	10	2.975	1.6644
Trait 5 -Lab work, Fieldtrips, Placements	5	2	0.9428	6	2.167	1.6021	10	2.133	1.5492
Trait 6 - Asking for help	5	3.6	0.6519	8	2.563	1.5222	10	2.5	1.354

All individuals utilizing the Unilink Service have a diagnosis which has been confirmed by a psychiatrist and have produced evidence of a disability in order to avail of the service.

Figures 5.12–5.17 and Tables 5.45-5.49 depict the level of difficulties experienced by individuals with a primary diagnosis of depression including mood disorder and bipolar disorder, anxiety, Asperger's syndrome, ADHD, eating disorder, psychosis including schizophrenia, and other such as Tourettes syndrome for both postgraduates and undergraduates. There were not enough individuals within each category to enable a meaningful exploration to take place amongst postgraduates alone.

Undergraduates Only

Multiple comparisons for **undergraduates only** found that students with Asperger's Syndrome differed significantly ($p<.05$ level). on five traits in comparison to either those students experiencing depression($n=63$), anxiety ($n=8$) and ADHD ($n=17$). On the **Person Subscale** those with AS ($n=19$) were found to have **significantly less difficulty** ($p<.05$ level). managing their emotions, writing essays and projects and in relaxing and switching off ($p<.05$ level) from those with either depression ($n=63$), anxiety ($n=8$) or eating disorders ($n=5$). There were no differences found between students on the **Environmental Subscale**.

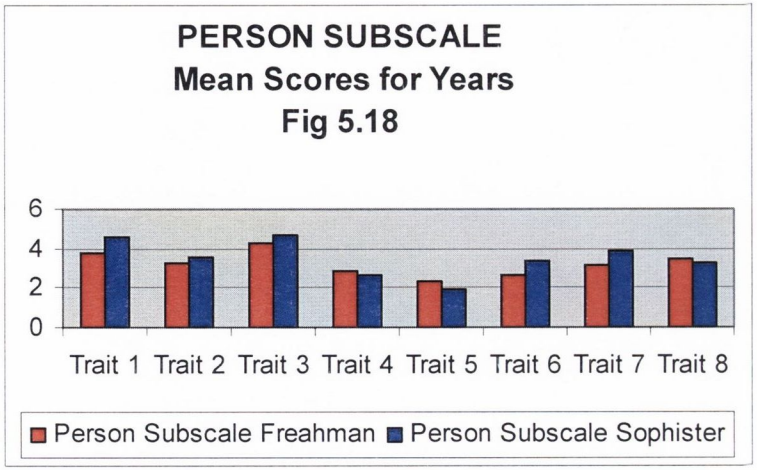
On the **Occupation Subscale** those who had ADHD ($n=17$) experienced **significantly greater difficulty** ($p<.05$ level).with 'writing notes' than did those within the other category ($n=9$) ($p<.05$ level). Those with ADHD ($n=17$) also experienced **significantly greater difficulty** ($p<.05$ level).getting started with study than did those with AS ($n=19$) ($p<.05$ level).

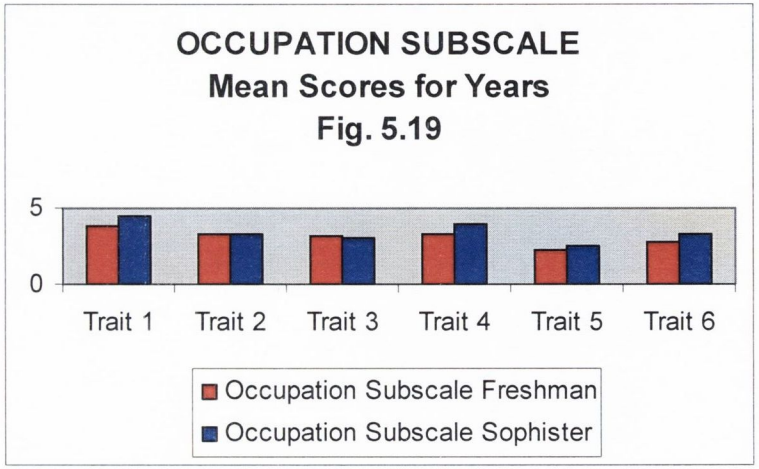
Postgraduates and Undergraduates

Multiple comparisons for **postgraduates and undergraduates** found that those with AS (n=21) differed significantly ($p<.05$ level). on five traits in comparison to either those students experiencing depression (n=69), anxiety (n=9), ADHD (n=17) and eating disorders (n=5). On the **Person Subscale** those with AS (n=21) were found to have **significantly less difficulty** ($p<.05$ level), managing their emotions, writing essays or projects and switching off and relaxing that did those with wither depression (n=69), anxiety (n=9), or eating disorder(n=5). Those with eating disorders (n=5) experienced **significantly great difficulty** ($p<.05$ level) with 'understanding their course structure' than did those within the other category (n=10).

On the **Occupation Subscale** those with ADHD were found to have **significantly great difficulty** ($p<.05$ level) writing notes and getting started, than those with either AS (n=21) or those within the other category (n=10).

Figures 5.18 and 5.19 Comparison Between Those in the Freshman Years (1st and 2nd Years) and those in the Sophister Years (3rd and 4th Years, Including 5th and 6th Medicine) Undergraduates only





Figures 5.18 and 5.19 demonstrates the mean scores for **YEARS** for **undergraduates, Sophister and Freshman students**.

Significant differences (p.<05) were found on **FIVE** traits, **three within the Person subscale**, and **two within the Occupation subscale**.

No significant differences were found within the **Environment Subscale** for postgraduates and undergraduates.

Table 5.50. Comparison Between Those in the Freshman Years (1st and 2nd Years) and those in the Sophister Years (3rd and 4th Years, Including 5th and 6th Medicine) Undergraduates only

Undergraduates Clients Freshman v. Sophister Years
N=124

	Freshman			Sophister					
Person	N	Mean	sd	N	Mean	sd	t	df	p-value	
Trait 1- Internal Emotions/Life skills	81	3.7654	1.36620	43	4.5504	1.18664	10.129	123	.002	*
Trait 2- Studying	81	3.2757	1.46016	43	3.5349	1.41961	.902	123	.344	
Trait 3- Writing Essay project and reports	81	4.2901	1.34132	43	4.7035	1.37284	2.625	123	.108	
Trait 4- Course Structure	81	2.8580	1.35551	43	2.6279	1.28565	.839	123	362	
Trait 5 - Library	81	2.3086	1.43955	43	1.8837	1.26226	2.659	123	.106	
Trait 6- External Emotions/Life skills	81	2.6358	1.42305	43	3.3605	1.58236	6.736	123	.011	*
Trait 7- Relaxing, switching off	81	3.1914	1.55235	43	3.8605	1.48535	5.375	123	.022	*
Trait 8- Lectures, Course work, Seminars, Tutorials	81	3.4815	1.33333	43	3.2558	1.59004	.703	123	.404	
Environment	N	Mean	sd	N	Mean	sd	t	df	p-value	
Trait 1 - Social/Intrapersonal	81	2.9728	1.44144	43	2.5860	1.29864	2.163	123	.144	
Trait 2 - Life Skills	81	2.5086	1.18450	43	2.6372	1.20100	.328	123	.568	
Trait 3 - Environmental Factors A	81	2.0494	.92906	43	2.1279	1.12648	.173	123	.678	
Trait 4 - Substance and Alcohol use	81	1.7469	1.15142	43	1.7326	.97192	.005	123	.945	
Trait 5 - Environmental Factors B	81	2.2469	1.23522	43	2.2791	1.25974	.019	123	.891	
Trait 6 - Social /Interpersonal	81	2.1173	1.19183	43	2.4302	1.51807	1.595	123	.209	
Trait 7- Life skill Single Trait	81	1.8765	1.40875	43	1.7674	1.28799	.179	123	.673	

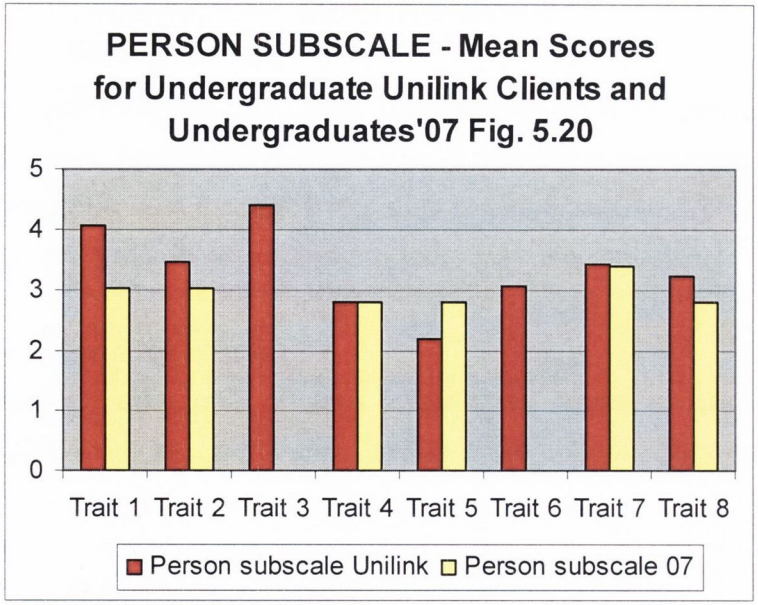
Occupation	N	Mean	sd	N	Mean	sd	t	df	p-value	
Trait 1- Goal setting and work load balance	81	3.8593	1.48676	43	4.4512	1.09900	5.276	123	.023	*
Trait 2- Writing Essays Notes	81	3.2741	1.36288	43	3.3256	1.45734	.038	123	.845	
Trait 3 - Communicating	81	3.1389	1.50104	43	2.9767	1.54671	.321	123	.572	
Trait 4 - Starting and Getting on with writing	81	3.2963	1.46581	43	3.9128	1.47790	4.940	123	.028	*
Trait 5 -Lab work, Fieldtrips, Placements	81	2.2263	1.38827	43	2.4574	1.41986	.766	123	.383	
Trait 6 - Asking for help	81	2.8086	1.59014	43	3.3256	1.49158	3.097	123	.081	

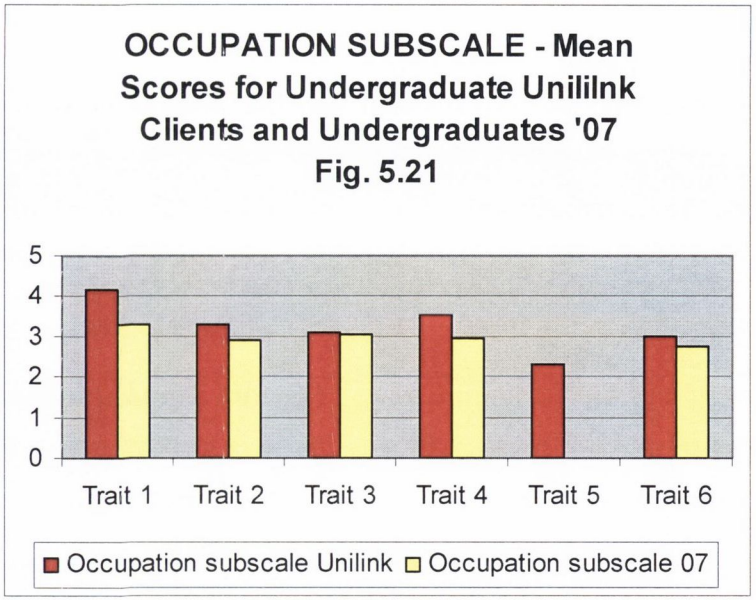
*. The mean difference is significant at the 0.05 level

Figures 5.18, 5.19 and Table 5.50 demonstrates that those students within the **Sophister years (n=43) were experiencing greater difficulty on five traits than those in the Freshman years (n=81)** (three within the Person Subscale and two within the Occupation Subscale).

On the **Person Subscale** students within the sophister years were experiencing **significantly greater difficulty** ($p<.05$) managing their emotions and switching off and relaxing and in the **Occupation Subscales** the sophister students were experiencing **significantly greater difficulty** ($p<.05$) with goal setting balancing their workload, and with getting started on their writing. It should be noted that students are expected to be more self-directed in their course work as they progress through the sophister years.

Figures 5.20 and 5.21. Comparison between those UNDERGRADUATE students using the Unilink Service and the UNDERGRADUATES in the 07 Study.





Figures 5.20 and 5.21 demonstrates the mean scores for **undergraduates using the Unilink Service and those undergraduates within the 07 study.**

Significant differences (p.<05) were found on **EIGHT** traits, **four within the Person subscale**, and **four within the Occupation subscale**. No significant differences were found within the **Environment Subscale**.

Table 5.51. Comparison between those UNDERGRADUATE students using the Unilink Service and the UNDERGRADUATES in the 07 Study.

Undergraduates (Clients) and Undergraduates 07

N=127 and N= 746

	Undergraduates - Clients			Undergraduates 07					
Person	N	mean	sd	N	mean	sd	t	df	p-value
Trait 1- Internal Emotions/Life skills	126	4.0582	1.3564	737	3.06	1.0846	9.18	861	0.001*
Trait 2- Studying	127	3.4871	1.3978	727	3.056	1.0212	4.13	852	0.001*
Trait 3- Writing Essay project and reports	127	4.4094	1.3836	0[a]	.	.			
Trait 4- Course Structure	127	2.8241	1.3959	746	2.828	1.0593	-0.04	871	0.971
Trait 5 - Library	127	2.1732	1.4007	744	2.807	1.0403	-6	869	0.001*
Trait 6- External Emotions/Life skills	126	3.0847	1.4129	0[a]	.	.			
Trait 7- Relaxing, switching off	126	3.4524	1.5639	751	3.42	1.2057	0.27	875	0.791
Trait 8- Lectures, Course work, Seminars, Tutorials	127	3.2467	1.2663	745	2.815	0.9479	4.49	870	0.001*
Environment	N	mean	sd	N	mean	sd	t	df	p-value
Trait 1 - Social/Intrapersonal	127	2.7467	1.292	0[a]	.	.			
Trait 2 - Life Skills	127	2.5575	1.1748	710	2.579	0.9893	-0.22	835	0.828
Trait 3 - Environmental Factors A	127	2.0961	0.9501	0[a]	.	.			
Trait 4 - Substance and Alcohol use	127	1.7283	1.0797	745	1.884	1.1049	-1.47	870	0.142
Trait 5 - Environmental Factors B	127	2.2756	1.2547	729	2.387	0.9975	-1.11	854	0.266
Trait 6 - Social /Interpersonal	127	2.248	1.3242	0[a]	.	.			

Trait 7- Life skill Single Trait	127	0.4587	0.3389	707	0.508	0.3155	1.61	832	0.108
Occupation	N	mean	sd	N	mean	sd	t	df	p-value
Trait 1- Goal setting and work load balance	127	4.1483	1.3398	722	3.281	1.1322	7.73	847	0.001*
Trait 2- Writing Essays Notes	127	3.285	1.3956	723	2.907	1.0378	3.58	848	0.001*
Trait 3 - Communicating	127	3.0886	1.5218	737	3.029	1.231	0.48	862	0.629
Trait 4 - Starting and Getting on with writing	127	3.5079	1.501	717	2.955	1.0703	5.02	842	0.001*
Trait 5 -Lab work, Fieldtrips, Placements	127	2.3123	1.4228	0[a]	.	.			
Trait 6 - Asking for help	127	2.9961	1.5843	748	2.724	1.2942	2.12	873	0.035*

a. t cannot be computed because at least one of the groups is empty.

*. The mean difference is significant at the 0.05 level

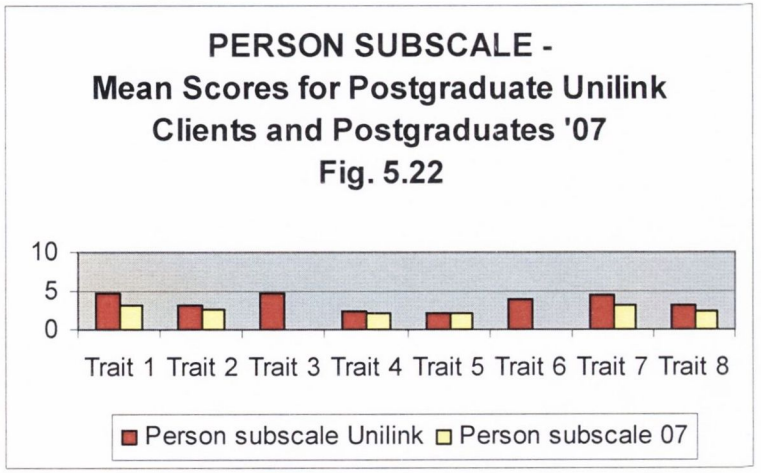
Figures 5.20, 5.21 and Table 5.51 demonstrate that students who were attending and availing of the Unilink services (N=127) ere found to be significantly differences (p<.05) on 8 traits in comparison to students within the 07 group (N=751).

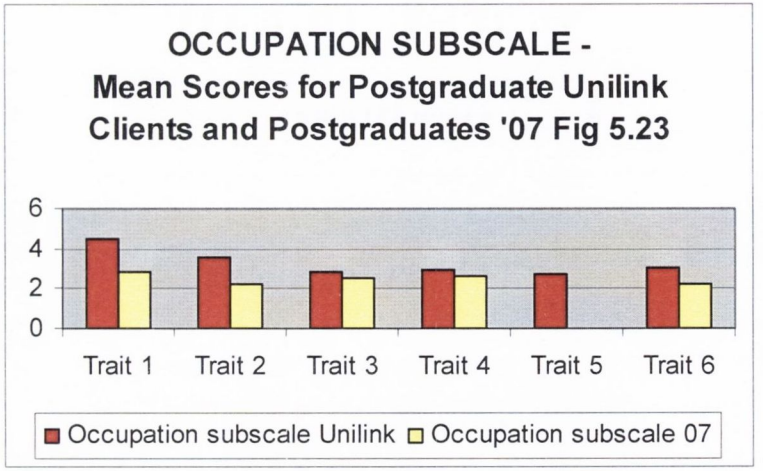
Four traits within the Person Subscale and four traits within the Occupation Subscale.

On the **Person Subscales** differences were found between student's ability to manage their life skills and emotions, the lecturers' coursework and tutorials.

On the **Occupation Subscale** significant differences were found between goal setting and balancing work, writing notes, starting and getting on with writing and asking for help with those student accessing the services experiencing greater difficulty in all these areas than did their normal student counterparts.

Figures 5.22 and 5.23 Comparison between those POSTGRADUATE STUDENTS using the Unilink Service and the POSTGRADUATES in the 07 Study





Figures 5.22 and 5.23 demonstrates the mean scores for **postgraduates using the Unilink Service and those postgraduates within the 07 study.**

Significant differences (p.<05) were found on **Six** traits, **three within the Person subscale**, and **three within the Occupation subscale**. No significant differences were found within the **Environment Subscale**.

Table 5.52. Comparison between those POSTGRADUATE STUDENTS using the Unilink Service and the POSTGRADUATES in the 07 Study

Postgraduates (Clients) and Postgraduates 07

N=13 and N= 212

	Post Graduates - Clients				Post Graduates 07					
Person	N	mean	sd		N	mean	sd	t	df	p-value
Trait 1- Internal Emotions/Life skills	12	4.681	0.687		191	3.182	1.0946	4.68	201	0.001*
Trait 2- Studying	7	3.163	1.497		170	2.511	1.0593	1.57	175	0.118
Trait 3- Writing Essay project and reports	10	4.775	1.3041	0[a]		.	.			
Trait 4- Course Structure	10	2.367	1.2116		193	2.169	0.8963	0.67	201	0.506
Trait 5 - Library	12	2.042	1.2332		192	2.193	0.8512	-0.58	202	0.563
Trait 6- External Emotions/Life skills	11	3.909	1.2027	0[a]		.	.			
Trait 7- Relaxing, switching off	13	4.539	0.9005		197	3.203	1.147	4.11	208	0.001*
Trait 8- Lectures, Course work, Seminars, Tutorials	11	3.212	1.1083		189	2.247	0.8479	3.61	198	0.001*
Environment	N	mean	sd		N	mean	sd	t	df	p-value
Trait 1 - Social/Intrapersonal	12	3.153	1.3604	0[a]		.	.			
Trait 2 - Life Skills	13	2.354	0.6741		190	2.41	0.8893	-0.22	201	0.825
Trait 3 - Environmental Factors A	7	1.343	0.276	0[a]		.	.			
Trait 4 - Substance and Alcohol use	13	1.731	1.3481		199	1.643	0.9419	0.32	210	0.753
Trait 5 - Environmental Factors B	9	2.278	1.3718		186	2.336	1.0973	-0.15	193	0.878
Trait 6 - Social /Interpersonal	10	2.55	0.9265	0[a]		.	.			
Trait 7- Life skill Single Trait	12	0.417	0.3744		190	0.495	0.3096	-0.84	200	0.404

Occupation	N	mean	sd	N	mean	sd	t	df	p-value
Trait 1- Goal setting and work load balance	11	4.424	1.332	186	2.84	1.0394	4.83	195	0.001*
Trait 2- Writing Essays Notes	11	3.527	1.8596	185	2.281	0.9051	4.11	194	0.001*
Trait 3 - Communicating	11	2.886	1.915	193	2.531	1.1387	0.96	202	0.336
Trait 4 - Starting and Getting on with writing	8	2.969	1.6226	178	2.653	1.107	0.77	184	0.336
Trait 5 -Lab work, Fieldtrips, Placements	8	2.792	1.4686	0[a]	.	.			
Trait 6 - Asking for help	12	3.083	1.7688	196	2.258	1.0901	2.44	206	0.015*

a. t cannot be computed because at least one of the groups is empty.

*. The mean difference is significant at the 0.05 level

Figures 5.22, 5.23 and Table 5.52 examines the differences between postgraduate students who are accessing and using the Unilink Service (N=14) and those postgraduate students who answered the survey in 2007 (N=210).

It was found that the postgraduates attending the service were experiencing **significantly greater difficulty (p.<05)** on **THE PERSON SUBSCALE** in managing their emotions, relaxing and switching off and managing the course work and lectures than those postgraduates in the 2007 study. Postgraduates students utilizing the Unilink Service were also experiencing **significantly greater difficulty (p.<05)** in **THE OCCUPATION SUBSCALE** in goal setting and balancing their work loads writing notes and asking for help than their 2007 counterparts.

5.9. EXPECTATIONS

This section deals with research question 10 which asks: What are the student's expectations, academically, socially and personally?

Table 5.53. Academic Expectations Ranked 1-7

Code No.	Name	n	%
2	Get my degree/pass the year	121	40.1%
6	Fulfil potential/develop self	31	10.2%
3	Meet deadlines	20	6.3%
4	Fully engage with the course	18	5.6%
7	Manage academic stress/strain/energy	13	4.3%
1	Develop study techniques/study pattern	7	2.3%
5	Increase attendance/manage work load	4	1.3%
	Sub Total	**214**	70.1%
	No Response to this question	84	27.9%
	Total	**301**	**100%**

As can be seen from table 5.51 the highest ranked academic expectation was to either pass the year or 'get their degree'. The second highest ranked expectation that students had for themselves was to achieve a high standard and to continue onto further education and to work their hardest. However, it is worth noting that nearly 28% did not respond to this question.

Table 5.54. Social Expectations Ranked 1-8

Code No.	Name	n	%
3	Increase their circle of friends	45	17.2%
5	Not a priority/of secondary importance	27	10.3%
4	Develop confidence/become more comfortable	26	9.9%
1	Get involved in societies	18	6.8%
7	Build relationships with classmates	17	6.5%
8	Have fun/get out more	15	5.7%
2	Maintain friendships	11	4.2%
9	Buffer illness	7	2.6%
6	Prioritize family/family relationships	2	.8%
	Sub Total	**168**	64.9%
	No Response to this question	93	36.1%
	Total	**261**	**100%**

The highest ranked social expectation that students had for themselves was to increase their circle of friends. The second highest ranked expectation was that social issues were not a priority for them, but for some it was becoming for involved with college societies and their classmates. Thirty six percent did not respond to this question.

Table 5.55. Personal Expectations Ranked 1 - 9

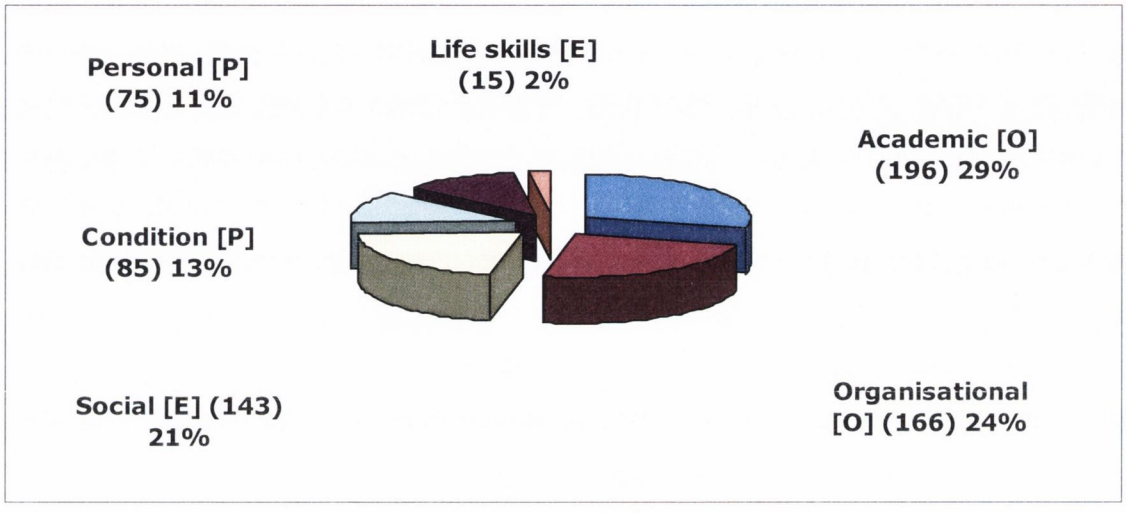
Code No.	Name	n	%
4	Develop as a person/mature/self esteem	65	23.5%
1	Become organised/achieve my goals	25	9%
8	College not to become the worst experience	17	6.2%
2	Prevent relapse/manage my condition	15	5.4%
7	Fulfil dreams	14	5.2%
3	Develop physical finesses/mental stamina	13	4.7%
9	Want to get a Wife/girlfriend/boyfriend/family	10	3.6%
6	Want to get Employment/travel/go away	9	3.2%
5	Manage anxiety/condition	5	1.8%
	Sub Total	**173**	62.7%
	No Response to this question	103	37.3%
	Total	**276**	**100%**

The highest ranked personal expectation was for the students to mature in themselves and to grow their confidence. The second highest ranked category was to become organised, improve their attendance, and to achieve so that they could enjoy their free time guilt free. Over 37% did not respond to this question.

5.10. PART SIX OF THE TRINITY STUDENT PROFILE - GOAL SETTING

This part of the Profile tries to answer the research question 11: What are the types of goals students set for themselves?

Fig. 5.24: Student Goals



P= Person E = Environment O= Occupation

Part Six of the TSP is related to goal setting and the students' set a number of goals each for their future which were categorized into **Personal Goals** n=75 (11%)which included such things as working on confidence for social situations, motivation and avoidance, dealing with problem people, managing emotions, and goal setting. **Academic goals** n=196 (29%) related to designing work plans for final year project, to be more productive with study and have a time table, run through my presentation, complete all written assignments, get dissertation done, improve study skills, go to disability and get tutorials. **Organisational goals** n=166 (24%) related to making out a timetable, introduction of health inducing routines, organise time for task completion, making time for essays and submitting on time, building new routines and habits, maintaining balance of social life and work, organising notes and study habits. **Life skills** n=15 (2%) goals included getting up in the morning and not oversleeping, get up early to maintain routine or plan, develop a healthy routine, identify a hobby and build this into weekly routine, examine life style issues. **Social goals** n=143 (21%) included reduce partying between now and exams, maintain my social contacts, improve contact with course peers, improve communication skills with staff, improve my communication with people in course. **Condition goals** n=85 (13%) included such items as the management of fatigue, getting through college without too much stress, monitoring anxiety levels, examining techniques for anxiety management as required, addressing positive thinking and developing self management skills in

relation to depression. As the students set several goals each this add up to more than 140. See Appendix X for full range of goals and their categories.

5.11. SUMMARY OF MAIN RESULTS

This research aimed to explore the concerns and issues for students with mental health problems/mental illness attending Trinity College by using an instrument designed for the purpose, the Trinity Student Profile. It also attempted to explore the reliability and validity of this Profile. One hundred and forty Trinity Student Profiles were subjected to testing. There were more males than females within this study, males n=72(51.4%) females n=68 (48.6%) and more from the Arts Humanities n=86 (61.4%) and Social Science Faculty than, Engineering, Mathematics and Science n=41 (29.3%) or Health Science n=12 (8.6%). The age ranged from 19 to 40+, with a mean age of 28 years.

Most of the students had depression n=53 (37.9%) as a primary diagnosis, followed by Asperger's Syndrome n=21 (15%), Attention y Deficit Hyperactivity Disorder ADHD n= 18 (12.9%), Bi-Polar Disorder n=14 (10%) Anxiety n=9 (6.4%) and Eating Disorder n=5 (5%) and the rest made up of psychosis, social anxiety, Tourette' s syndrome amongst others. When asked about their what they felt they were doing well the majority felt that they had made good friends followed by being happy with their academic performance.

Students within this study were involved in a number of different hobbies and outside activities, the majority of them watched TV or played a sport whilst others pursued creative hobbies or went socializing. Less than half of this group were working (n=44: 31.5%) and of those who were they worked on average 9.5 hours per week. Forty five (32.14%) had taken another course and forty one (29.3%) had repeated one or more years in their present course, the same number of students had taken a year out form study with 53.6% n=22 doing so because of their illness.

The Engineering, Mathematics and Science Faculty experienced the most number of assignments per week and freshman students maintained that they had most difficulty with the level of their subjects and the volume of reading they had to do.

Sophister students maintained that they also had difficulty with the level of their subjects as well as with their ability to concentrate.

In the field testing of the Trinity Student Profile the results indicated that the instrument has a reliability between .887 and .518 and for the various Person, Environment and Occupation subscales. Eight traits within Person Subscale, seven traits within the Environment Subscale and six traits within the Occupation Subscale were identified through the factor analysis process.

Each of these traits were then subjected to further analysis and the results indicated that the profile is sensitive to differences, between gender, faculty, years, diagnosis and a normal student group, age was found not to be statistically significant.

One hundred and twenty-one (41%) students within the academic expectations, expected to pass the year or get their degree, and a further thirty-one (10.2%) expected to reach their full potential. Of the social expectations only forty-five (17.2%) wanted to increase their circle of friends and for twenty-seven (10.3%) of the students they did not see social expectations as important. For the personal expectations the majority 65 (23.5%) expected to mature and develop as a person and a further twenty-five (9%) expected to become more organized.

Of the goals that students set for themselves 24% (n=166) were related to developing organisational skills by making out a timetable, introducing health inducing routines, organising time for task completion, making time for essays and submitting on time, building new routines and habits, maintaining balance of social life and work, organising notes and study habits. The second highest rated goals were related to social goals. Twenty one percent n=143 expressed an interest in reducing their 'partying' between now and exams, maintain their social contacts, improve contact with their course peers, improve communication skills with staff and with people in their course (social goals).

Chapter 6

DISCUSSION

6.1. DISCUSSION OF THE QUALITATIVE FINDINGS

6.1.1. THEMES GENERATED BY FOCUS GROUPS AND INTERVIEWS

6.1.1.1. INTRODUCTION

The research literature has shown that students with mental health problems face a myriad of issues and concerns when trying to access college and universities for the first time or indeed on returning to college after a period of absence due to their illness (Stanley and Manthorpe, 2001; College of Psychiatrists 2003, Collins and Mowbray, 2005; Beamish 2005; Nolan and MacCobb, 2006; Soydan 2007; Collins and Mowbray 2008). Most of the researchers on supported education programmes for individuals with mental health problems agree that the attainment of a third level award is a recognised and valued achievement, and that the rewards for most students are the attainment of an academic qualification, increased employment opportunities, the development of social skills and a range of practical and technical skills (Nolan and MacCobb 2006, Lindsay 2005; Mansbach-Kleinfeld, Sasson, Shvarts, and Grinshpoon 2007). On the whole, these studies described or reported on the difficulties encountered by students in their programmes, however, few appear to have an empirical way of accounting for or measuring them. This study attempted to develop a way of capturing the concerns and issues of students with mental health problems, through the development and use of the Trinity Student Profile. The development of the Profile emerged in direct response to a perceived lack of assessments available for measuring the needs of students with mental health problems, both within the literature and in practice.

This final chapter contains the discussion and the integration of the results from the qualitative and quantitative aspects of this study with the literature. The qualitative findings will be discussed first, followed by a discussion of the quantitative results. Recommendations are made for future developments and further research.

In this section the themes are merged and discussed together as it was felt that it would enhance the flow and have more meaning in the discussion

The Trinity Student Profile emerged from practice by a team of expert therapists working within the Unilink Service in Trinity College Dublin, a service targeting students with significant mental health problems. This research documents the development of the Trinity student Profile through the use of focus groups and interviews. Therapists explored the issues and difficulties that students presented with and drew up an initial list of concerns which then became refined over several years through focus groups, interviews and by administering pilot drafts to students. The themes generated by the focus groups support the developmental process and included and exploration of the vision the Unilink service (theme 1), the creation of the Trinity Student Profile (theme 2), the use of the form (theme 3), how the service would function (Unlink functioning theme 4), challenges (theme 5) and the outcomes (theme 6). Themes generated by the student included 'being a student' (theme 1), Creation of the TSP(theme 2), functioning in the Unilink (theme 3), how students viewed the profile (theme 4),macro environment (theme 5), and satisfaction with the service (theme 6). This process has led to describing the face validity as Kielhofner (2006) maintains face validity can be a good place to start when deciding whether or not to use an instrument, and in capturing underlying constructs. Through the interviews with students within this research face validity was also upheld with the content of the Trinity Student Profile as students maintained that, although they knew the extent of their problems, they found it useful to have to say them aloud to someone else and that the profile enabled them to identify them quicker, and to understand their circumstances, 'how student viewed the profile' (theme4).

The concerns and issues raised within the focus groups and interviews were aligned with the concepts of the person-environment-occupation approach as outlined by Mary Law and her colleagues in 1996 (Law, Cooper, Stewart, Letts, Rigby, and Strong, 1996). This approach was chosen as it best explained the focus of occupational therapy which is facilitating occupational performance, or a person's successful engagement in daily occupations within the environment (Baum and Law 1997) and it allowed for occupational therapy's unique and distinct contribution to the Disability Service within Trinity to be easily understood within the framework of the social model.

The PEO is seen as an umbrella model which guides the development of the Trinity Student Profile. The concept of **person** is defined as a unique human being who assumes a variety of roles simultaneously. The roles are considered to be dynamic varying across time and context and varying in their importance, domain and

significance. The person is viewed as holistic and includes such qualities as physical, cognitive and affective attributes which facilitate occupational performance. The **environment** is defined as including cultural, socioeconomic, institutional, physical and social and it is where behaviour takes place and equal importance is given to the various aspects of the environment. Elements in the environment can be viewed as barriers or supports. **Occupation** is defined as groups of self-directed, functional tasks and activities in which as person engages over the lifespan, and which are affected by time patterns and rhythms within a day, week or longer. (Law, Cooper, Strong Stewart, Rigby, and Letts 1997).

This research has demonstrated through the focus groups and interviews that the constructs embedded within the Person-Environment-Occupation Model were a valid method of conceptualizing student issues and difficulties. The person constructs were envisioned as those attributes and abilities within the person that enabled them to engage with their student role and included cognitive abilities such as understanding, concentrating, remembering and recalling, and emotional abilities such as managing panic, fear, anger, conflict, anxiety, negative thoughts, stress, receiving and dealing with bad results as well as the ability to get work completed on time. The environment constructs were envisioned as the physical, social, cultural and institutional contexts for engaging in the student role. The university environment and context has its own unique rules and regulations, social opportunities and cultural and institutional heritage and expectations. The construct of environment were therefore identified by the therapists and described as physical and included light, noise, use of computers, laboratories and placements, exam halls and living accommodation. University life demands not only academic performance but also integration into the social fabric of student life as identified through the theme of issues and concerns, for this reason the social environment was included and took the form of communication with fellow students, using societies, and dealing with authority figures. Universities within their communities offer institutional supports for students and these were included on the TSP form under environment. They are unique to the student environment and students were therefore asked about the Trinity College tutor system and support services. For a number of students particularly first years, independent living is an issue and therefore students physical environments change and for the first time they may have to do their own cooking, cleaning and washing, manage their housemates, finances and nutritional needs and so these issues were included under life skills.

The tasks and activities that a student needs to get done in order to fulfil their student role emerged strongly from the focus groups under the Themes of ' background and vision' and 'creation of the Trinity Student Profile' and 'Being a student' in the student interviews and included tasks that were related to attending lectures such as note taking, discussion, asking questions, listening to others, talking to lecturers, tasks that were related to completing assignments or reports such as getting down to writing, structuring the essay or project and organising information. Tasks related to engaging in laboratory work or placements such as doing the practical assignments, completing the reports related to the laboratory work and managing the work load and finally tasks related to doing examinations and managing to balance academic work with other college demands such as managing free time and a social life. These concepts are in keeping with Law et al's (1996; 1997; 2003) constructs of the person, environment and occupation. By constructing the Trinity Student Profile under this model it enabled therapists to articulate their unique contribution and to address the needs and concerns of students within a framework that was meaningful to both therapists and students.

In the construction and development of the profile the theme of 'the creation of the TSP-narratives' emerged. This theme allowed the therapists to include the students stories and to explore the students background prior to their engagement with the service as part of the process of engagement, is the exploration of the students journey with their student role, interests, work, and mental health history. Law (1998) supports the use of narrative as she maintains that whilst the client has a story, the therapist must find a way to enable the client tell that story, and in this research the Trinity Student Profile actively asks questions enabling the story to be told. The theme of 'creation of the TSP-goal setting' was also prominent within the focus groups as therapists identified that students were experiencing difficulties in setting goals for themselves. Students themselves under the theme of 'how they worked in Unilink' referred to goal setting as enabling them to manage their student role better. The setting of goals is synonymous with occupational therapy practice and with enabling participation in occupation (in the case of this study it is the occupation of being a student). Therapists set goals as part of the process for intervention and as a way of collaborating with individuals. Towsend et al. (2002) maintain that involving clients in the decision making process is key to involvement, participation and enablement. In the Trinity Student Profile students are invited to actively engage in the setting of goals, which is done by reviewing the areas of difficulties within the person-environment-occupation framework and matching them with the areas that the student perceives as important to work upon

within the service. This process is similar to the process described by Baron, Kielhofner, Lyenger, Goldhammer and Wolenski (2006) in the user's manual for OSA where clients are asked to indicate which of the items he or she would like to focus on changing first. However, rather than assuming that the student will be working on changing something as in the OSA the focus of the Trinity Student Profile is upon doing, setting long terms goals related to their student role and lifestyle, and some short term goals on how to achieve the long term goals.

The theme of 'Unilink functioning' raised issues and concerns for the practising therapists themselves and it allowed them to question what it was that they were offering. They concluded that their unique contribution to students with mental health problems was the 'doing, the practical issues that students needed and wanted to do'. Students themselves under the theme of 'satisfaction with the service' found that the practical approach enabled them to manage their thoughts better and to keep them focused on the job of being a student. Reed and Sanderson (1999) maintain that every profession should offer the client, consumer, student/patient a service that is unique and different from the service offered by other professions. This study showed that therapist engaged with the process of defining themselves to explore their uniqueness which is inline with Reed and Sanderson's view that occupational therapy supports people to do and perform certain skills, habits, routines, tasks and roles at certain times with a certain level of performance or criterion to meet certain personal or environmental demands.

The theme of 'Use of the Form' raised several important issues which involved an exploration of how client-centred practice could be incorporated into the service. Therapists differed in how they administered the form. Some therapists filled out the form for the student, whilst others tried emailing it to students and yet others gave it to the student in situ to complete themselves. Some therapists argued that time was needed to build a relationship with the student before introducing the Trinity Student Profile, as they found the Profile could take up to three or four sessions to complete. Those who were practicing in other arena's were more likely to hold on to the form and fill it in with or for the student than those who had less experience with other services which as Clark and Bell (2000) maintain historically therapists have felt that doing the assessment and planning the intervention fell into their domain of expertise. Stern, Restall and Ripat (2000) maintain that many occupational therapists espouse the principles of client centred practice but that theories-in-use are more likely to guide much of the professional's behaviour. The approaches to administering the form were challenged and a large part of the focus

groups was devoted to debating how the form should be administered. This debate challenged not just the practice but raised the debate about how one should enact client-centred philosophy. The vision shared by the moderator, was that students should be given the form and students themselves should be invited to take ownership of the form, and therapist should ask for a copy of it for their files. This point within the theme 'Use of Form' was asking therapists to shift the balance of power from themselves to the students, which is in line with Law's (2000) view of the skills needed by therapists to implement client centred practice, namely one that emphasizes equality, sharing and partnership.

Baron, Kielhofner, Lyenger and Wolenski (2006) raised the question when developing the Occupational Self-Assessment (OSA) about whether or not their assessment met the criteria for being client centred, as it has fixed items that clients respond to rather than the items emerging from the client themselves as in the Canadian Model of Model of Occupation. In response to this criticism Baron et al (2006) maintained that a) their assessment defines a set of concerns which occupational therapists are prepared to respond to, b) while the goal of therapy is to be client-centred it should not be assumed that all clients clearly understand their problems and strengths, c) one of the goals of therapy is to provide a measure of occupational competence and value. They maintained that a true measure can only be achieved when a fixed set of items is used, d) the OSA is designed to be theory-based instrument. That is it is based on the concepts from the Model of Human Occupation, which seeks to provide a holistic approach to understanding occupation and considers multiple factors related to motivation, life style, performance capacity and environmental impact, e) the OSA is designed not only to help identify problems to be addressed in therapy, but also to affirm and build upon the strengths of the client, f) the structure of the OSA allows the therapist and client to work together within a framework to define areas that are priorities for the change and it identifies therapy goals and strategies. Within this study the same criticism could be centred on the Trinity Student Profile, however, as has been demonstrated all the items which have been included in the content of the Trinity Student Profile emerged directly from the experience of therapists working with students with mental health problems. These items were also endorsed by the Unilink students during the interviews. Secondly, like Baron et al. this study also found that students did not always understand what their issues were and the students themselves found that completing the form enabled them to articulate more clearly the issues and concerns they had, which helped give clarity to their situations.

> 'Client centred practice involves an negotiation between client and therapist and if a therapist understands client centred practice and communicates to the client that the intention of the [assessment] is to elicit their perspective on [their lives], then the [assessment] can be used a truly client-centred assessment.'(Baron, Kielhofner, Lyenger and Wolenski (2006)

In this study, the Trinity Student Profile emerged as a tool which enabled therapists and students to negotiate areas for goal setting and intervention. A practice emerged where the therapists were genuinely interested in obtaining the student's perspectives on their lives, issues and concerns. Students were encouraged to take ownership of the Trinity Student Profile and to reflect honestly on their issues and difficulties. The Trinity Students Profile as a tool enabled therapists to revisit and revaluate on a regular basis thus ensuring students needs were met and kept to the fore.

Stern, Restall and Ripat (2000) maintain that:

> 'Reflecting on past events shapes future choices'.

In this study 'reflection and review' emerged as a sub theme within the theme of 'use of the form' and it was viewed as a method to include the student in the process and as a way for them to begin to take responsibility for their student and mental health needs. This approach to reviewing and reflecting with the student at the end of each term enables both therapist and student to embrace the concept of partnership and facilitation of the inclusive decision making process. Stern, Restall and Ripat (2000) maintain that therapists should have opportunities to evaluate their own practice as it can improve their use of client-centred approaches. They see reflection as critically evaluating one's thinking and action. This process was incorporated into the use of the Trinity Student Profile and this research established that, therapists found students responded really positively to it. Students themselves under the theme of 'how they viewed the profile' found that they learned a lot about their own circumstances by doing the profile.

Therapists debated the term 'profile' and concluded that the term profile was better suited to the title rather than 'assessment' that is calling it the Trinity Student Assessment. It emerged from the focus groups that therapists wished to profile students rather then do an assessment, which they maintained reflected the values of client-centred practice. The word 'profile' can mean biography, description, diagram or portrait whereas the word 'assessment' can mean analysis, judgement or measurement (Roget's Thesaurus 1988).

How the form should look emerged under 'use of the form' and as the therapist used the form in practice they were able to identify its limitations and any ambiguities that emerged with the items and content. A six point Likert scale was chosen as it would force students to discriminate on the levels of difficulty and importance they were experiencing. The language of 'intensity of the problem' changed to 'identifying the level of difficulty' as the therapists gained experience in administrating the form. Kielhofner (2006) and Hemphill-Pearson (2008) maintain that it is important to pilot the instrument so that one can identify unforeseen difficulties in administration, content, instructions, procedures and rating scales.

For novice therapists entering into the service the 'challenge' was learning to distance themselves from their own student role and having confidence in their knowledge, whereas, for therapists with a few more years experience, the challenge, was in applying client-centred practice, designing the form and using language that reflected that approach. Sumsion (2006) maintains that there are several barriers which can impede the implementation of client-centred practice, namely power, therapist confidence, the environment in which the therapist operates and the client themselves. In this study therapists engaged in thoughtful reflective and open debate which resulted in not only the development of the content for the Trinity Student Profile but in a practice that became embedded in the philosophy of client-centred practice, through the flexible use of technology, emailing and mobile phone text messaging and the ongoing nature of service provision which could meet the needs of enduring issues and difficulties faced by students. Students themselves under the theme 'satisfaction with the service' valued the open, flexible and the ongoing nature of the service.

6.2. DISCUSSION OF THE QUANTITATIVE RESULTS

The field testing of the Trinity Student Profile was carried out over 3-4 years and all students were administered the profile on entry to the service. The purpose of the field testing was to enable validity and reliability tests to be carried out on the profile ensuring its robustness. One hundred and forty Trinity Student Profiles were analysed using version 16 of Statistical Packages for Social Scientists (SPSS).

6.2.1. TRINITY STUDENT PROFILE – PART ONE

The mean age of students was 28 with more students in falling into the 19-24 year age category than any of the other three age categories. This is in contrast to most of the participants reported in the supported education programmes within the USA as the mean age for participants was described as between 32 and 39 (Mowbray, 2004) but not surprising as the majority of students entering the third level institutions do so straight from school and rather than targeting individuals with mental health problems attached to psychiatric institutions this study targeted students who were already attending university. Difference in age was not found to be statistically significant with differences in problems encountered by the Unilink students. The primary types of diagnosis reported within this study was depression, bi-polar disorder, anxiety, Asperger's Syndrome, Attention Deficit Disorder, eating disorders, schizophrenia, psychosis, obsessive compulsive disorder and mood disorders. These disorders are in line with other studies where the most commonly reported diagnosis were, major depression, bi-polar disorder and schizophrenia but differed in the length and duration individuals were living with their condition. Those in the USA studies were on average living with their condition for fourteen years or more, whereas those in this study were living with their condition for an average of two years or had been recently diagnosed (Cook and Solomon 1993; Unger 2002; Mowbray, Collins, and Bybee 1999; Megivern, Pellerito, and Mowbray 2003; Salzer, Wick and Rogers 2008; Sung, Kim, Puskar and Kim 2006; Unger, Pardee and Shafer 2000; Gutman, Schindler, Furphy, Klein, Lisak, and Durham,2007). There were more students from the Arts, Humanities and Social Science Faculty than from either, the Health Sciences or the Engineering, Mathematics and Science Faculties. One reason for this difference may be that Health Science students are more reluctant to present themselves because of the implications for professional practice. However, (Nolan, Quinn and Gleeson 2009)

maintain that there has been a noticeable increase over the recent past from the Health Sciences and Engineering, Mathematics and Science Faculties in the number of students accessing the Unilink Service. They also maintain that there has been an increase in the numbers of students accessing the service with both Asperger's syndrome and Attention Deficit Disorder, which may be in part due to the increase in diagnosis at an earlier age within the Irish health care system and the development of earlier intervention services. Equally it could be attributed to a social skills programme which is offered by the Discipline of Education within Trinity College that targets students in the secondary education system. Traditionally more females access support services than do males. Lee and Yuen Loke (2005) found that females were more capable than male students in using interpersonal relationships to maintain their psychosocial wellbeing. O'Brien, Hunt and Hart (2005) found that men were reluctant to seek help as such behaviour was seen as challenging to the notion of masculinity. This trend is reversed in this study as more males are accessing the service than females. Nolan and Quinn (2009) postulate that could be in part due to the increase in those students who have Asperger's Syndrome and Attention Deficit Disorder now attending the university, but also males tend to prefer 'instrumental help or practical help' rather than counselling or emotional help (Franks and Medforth, 2005). Anderson and Lowen (2010), advocate for services to be situated within schools and the community near to where youths live and hang out. Cusack, Deane, Wilson and Ciarrochi (2006) maintain that the perceptions of treatment helpfulnesss are an important feature in help seeking intention of men. In this study the use of technology as a method of contacting students and maintaining the relationship was seen by students as helpful, which also may contribute to their remaining in the service.

6.2.2. TRINITY STUDENT PROFILE – PART TWO

Part two of the profile explored the types of hobbies and interests students had and the number of hours they worked per week and what they perceived they were doing well. The majority of students (n=51, 40.15%) perceived that they had good friends, had increased their attendance at university (n=33, 25.98%) and were happy with their academic performance (n=45, 35.43%), which may reflect that for this group of student their problems were in other aspects of their lives. They outlined over four hundred activities that they were involved in, with the majority of them stating that they engaged in reading, going to the cinema, out with friends, listening or playing music, going to the gym or swimming. On average they worked 9.5 hours a week, however less than 50% were in gainful employment. This range

of activities is in keeping with the types of leisure pursuits adults engage with as described by Connolly, Law and MacGuire (2005) and (Hunt 2001).

6.2.3. TRINITY STUDENT PROFILE – PART THREE

Part three of the Trinity Student Profile asked students about their previous experiences in college. Forty two (32.14%) of students had started another course, forty one (29.3%) had repeated one or more years and/or taken a year out. The most common reason stated for taking a year out from studies was illness management. Within the USA studies the most common reason for student to drop out of college was the onset of their psychiatric illness (Unger, 2003), and this was also the reason cited by the Royal College of Psychiatrists in their report on the Mental Health of students in Higher Education 2006.

6.2.4. TRINITY STUDENT PROFILE - PART FOUR

Part four of the Trinity Student Profile asked students to state what courses they did and the types of number of assignments and deadlines they had to reach as well as what they perceived as the difficulties they were encountering with the content of their courses. Students within the Engineering, Mathematics and Science Faculty were found to have the highest level of assignments per term, followed by the Arts, Humanities and Social Science Faculty. The Freshman Students (first and second years) stated that their difficulties lay in the level of the subjects, and the amount of reading they were expected to do where as the Sophister Students (3 and 4th Years) stated that concentrating and having to do work on their own as well as the level of subjects and the amount of reading were difficulties for them. Post Graduates on the other hand expressed their difficulties as not being able to concentrate, remember or get going on doing their work. These findings are unique to this study as no other study appeared to assess these issues.

6.2.5. TRINITY STUDENT PROFILE – PART FIVE

Part five of the Trinity Student Profile describes the issues and concerns that students were experiencing within the service. As can be seen from the focus groups and interviews the content appears to have good face validity as they directly emerged in response to students needs. The issues and concerns within this study were grouped together using the Person-environment-occupation model as

the framework. Issues and concerns in other studies were just described but do not appear to be organised in any framework (Collins and Mowbray 2005; Lindsay 2005; Kenny and Treanor 2006; Sung,Kim, Pusdar and Kim 2006; Gutman, Schindler, Furphy, Klein, Lisak, and Durham,2007).

6.2.5.1. DESCRIPTIVE DATA

Initially this framework was explored examining the top five and bottom five items for each subscale that students perceived as difficulty and important to work on in the service. The items that undergraduate students identified within this study as most difficult in each of the subscales, managing stress, getting started with studying, concentrating, remembering, making friends, managing nutritional needs, achieving goals, dealing with work over load, time pressures, getting started with writing and finishing work were similar to the findings within Dolan, Maye and Monahan (2008) study for two of the subscales person and occupation but differed on the environmental subscale in that the students within this study had more difficulty in making friends and achieving their goals than did the students within the general student population. The items that the undergraduates within this study identified as least difficult included retrieving books, using the library, deciding which question to do, understanding their course structure, being on time for college, getting to the exam, managing other students, their laboratory and placements their medications and student supports, doing practical work, completing reports, listening to others referencing and doing the exam. In Dolan, Maye and Monahan's (2008) study the students were found to have least difficulty with handing work up on time, understanding their course content and structure and managing panic and writers block, any medication or other substances, listening to others and staying and doing the exam. The findings of this study need to be interrupted with caution as most of these students were first years within their first term and therefore some of the difficulties they were or were not experiencing were due to the fact that they had not had any examinations as of yet nor had they to hand up any assignments at the time of the administration of the profile. For students within the Sophister year's exam pressures and stress was a great difficulty. Post graduate students found remembering, managing their anxiety and negative thinking, dealing with external distractions, communicating with people especially their supervisors, goal setting, achieving goals and managing their finances as great difficulties. They were similar to both the undergraduate students and the general student population in their areas of greatest difficulty, however in the areas where they experienced less difficulty they were similar on

the person subscale, but were found to differ on both the environment and occupation subscales. They were found to have the least difficulty with managing alcohol, laboratory or placements, working in groups, listening to others or asking questions, which maybe reflective of their level of maturity, or they may have greater family and financial commitments. These items of least difficult stand to reason as most of the post graduates do not have to partake in laboratory work or placements, nor do they work in groups as most of them are research students and not taking a taught course.

Undergraduate and postgraduate students identified managing stress, how best to study, getting started, dealing with procrastination, negative thoughts anxiety, and remembering, making friends saying no to people, managing finances, nutritional needs, managing people and supervisors, goal setting, achieving goals, dealing with work loads, time pressures getting down to writing and finishing work as issues that are important to work on in unlink. They also identified the items of least importance as the library system, retrieving books, being on time, managing anger, getting to the exam hall avoiding others, managing laboratory or placements, medication, housemates, doing practical work, reports, listening to peers, staying and doing the exams. Postgraduates also identified managing alcohol, references asking questions, and managing groups as having least importance for them to work upon in the service. No comparable data is available as the importance to work on is a method for students to enable them to prioritise items and areas to work on in the Unilink service.

6.2.5.2. CONSTRUCT VALIDITY AND RELIABILITY

This framework was then subjected to a Factor Analysis to test which groups of items formed unique and coherent subsets that were relatively independent of each other and to test the construct validity of the instrument. Each of the items within the subscales person-environment-occupation, were subjected to exploratory factor analysis. Factor loadings for this analysis were included if they reached .50 as Tomita (2006) maintains factor loading of .30 are generally considered to be indicative of some degree of relationship. Each of the scores were then rotated using the varimax rotation in order to maximize the likelihood that each item would relate highly to one factor/trait only. In this study under the 'Person' subscale, 8 factors or traits were identified. One item loaded onto two traits, trait 3 and trait 8 'level of difficulty with understanding the content of lectures'. For the purposes of further analysis this item stayed loaded on the two traits. In further research and

development of the instrument a clinical decision will have to be made as to which trait it should be aligned to. Only one item within this subscale did not load sufficiently onto any trait making day to day decisions' and it was therefore omitted for any further analysis and the instrument. Tomita (2006) maintains that the purpose of factor analysis is to find structure among data by reducing it. The reliability of this subscale ranged from .887 to .575 as measured using Cronbach's alpha. Factor Analysis of the 'Environment' subscale produced 7 factors/traits. To trait items loaded unto two traits, 'level of difficulty managing the tutor system' loaded onto trait 3 as well as trait 6, 'level of difficulty communicating with my supervisor' loaded onto trait1 and trait 6. A clinical decision will have to be made as to which trait they should be aligned to for future research and development. Trait 7 had only one item that loaded onto it but it had an eigenvalue of 1.031 and was displaying sufficient variance it was included in the subscale, however in the future this item will have to be examined and further items maybe added to it, to develop its robustness. One item did not load onto any trait 'saying no to people' and this item was therefore omitted from further analysis and the scale. The reliability as measured using Cronbach's alpha varied from .845 to .518. In the 'Occupation' subscale 6 factors/traits were identified. All the items within this scale clearly aligned themselves to one of the factors/traits and there was no crossover of items. The reliability for this subscale was higher than the other two scales, ranging from .860 to .0751. Only one item did not load onto any trait 'listening to others/peers' and this was omitted from the instrument and not subjected to any further analysis. This analysis indicates that the reliability of the subscales are high but that further work will need to be carried out to expand or collapse some of the factors inherent within the 'Person' and 'Environment' subscales in particular.

6.2.5.3. COMPARISONS USING THE NEW SUBSCALES AND IDENTIFIED FACTORS/TRAITS.

In order to answer research questions 3-10 the new subscales were subjected to further analysis using independent t-test, one-way analysis of variance ANOVA and multiple comparisons. The purpose of this analysis was to establish whether the Trinity Student Profile could adequately discriminate between groups. Gender differences were established using independent t-tests. All traits within the subscale were tested and it was found that males and females differed on three traits within the person subscale Trait 1 ($t=-3.43$ $df=136$ $p=.001$), 6 ($t=-4.01$ df 135 $p=.001$), and 7 ($t=-2.09$ $df=137$ $p=.038$), females were found to be experiencing greater

difficulty than the males in all three traits. Examining these traits more closely it is not surprising as most of these traits are related to emotional factors and to the ability to switch off and relax. Females have been found in other studies to be twice as likely to access and discuss their emotional problems than males, and that females are better at expressing their emotions and asking for help (Karcen 2003; Franks & Medforth 2005; Addis & Mahalik 2003). It has been suggested that men under utilise health services (Mansfield, Addis and Courtenay 2005). Males were found to have greater difficulty than females on Trait 5 within the 'Environment' subscale (t=1.92 df 134 p=.057) which is a trait that is related to tolerating external distractions, using computers, getting to the exam hall, managing student supports and the tutor system. This may be explained by the greater number of males students accessing the service and the increase in those with both Asperger's Syndrome and Attention Deficit Disorder who are mostly males. Males were found to have great difficulty on trait 5 within the 'Occupation' subscale (t=3.186 df 133 p=.002) which related to laboratory work, fieldtrips and placements. Again this is an expected result as these students would have more exposure to these types of learning experiences than those in the Arts, Humanities and Social Science or Health Sciences Faculties. Age was not found to be a factor in identifying differences between students. Females have also been found to experience more academic stressors than did men (Misra, McKean, West, & Russo 2000).

Students within this study were also found to differ across faculties. Students within the Arts, Humanities and Social Science Faculty were found to experience a greater level of difficulty than those within the other two faculties on trait 1 (f-statistic =3.51 p=.033) within the person subscales. This trait is related to managing anxiety, negative thoughts, stressful situations, good mental stamina, being confident and receiving and coping with bad results. There were no differences found between Faculties on the 'Environment' subscale and within the 'Occupation' subscales two traits were found to be significantly different. Those within Arts, Humanities and Social Science Faculty were found to have greater difficulty than those within the other two Faculties on trait 4 (f-statistic =3.54 p=.032) which is related to getting down to writing, continuing writing, avoiding writer block, finishing the work and staying and doing the exam. This could be attributed to course design as those within the Engineering, Mathematics and Science Faculty were found to have greater difficulty than those within the other two faculties on trait 5 (f-statistic =4.78 p=.01), which is doing practical work, managing work load and completing reports. The nature of the programmes within the Engineering, Mathematics and Science Faculty are generally 9am-5pm and students are

expected to complete weekly assignments related to their coursework. These findings bear out the descriptive findings that, students within this study experience difficulties with managing emotions, studying, writing essays and projects, doing practical work and managing their work load.

On the examination of differences between diagnosis, analysis of variance found that all students differed on 5 traits within the person subscale, trait 1 (f-statistic= 4.357 df 131 p=.000) trait 3 (f-statistic= 3.058 df 130 p=.008) trait 4 (f-statistic= 2.614 df 130 p=.020) trait 7 (f-statistic= 3.214 df 132 p=.006), trait 8 (f-statistic=2.230 df 131 p=.044) and 1 traits in the occupation subscale (f-statistic= 2.321 df 128 p=.037). When the postgraduates were removed the differences for the traits within the person subscale remained the same, there were no differences found within the environment subscale and one trait was found to be different within the occupation subscale, trait 1 (f-statistic= 2.608 df 120 p=.021. Multiple comparisons found that students with Asperger's Syndrome differed significantly on five traits in comparison to either those students experiencing depression, anxiety and ADHD. On the **Person Subscale** those with AS (n=19) were found to have **less difficulty** managing their emotions, concentrating, sleeping, writing essays and projects and in relaxing and switching off ($p<.05$ level) from those with either depression (n=63) or anxiety (n=8). Those with eating disorders (n=5) experienced **more difficulty** with 'understanding their course structure' than did those with AS (n=19) ($p<.05$ level).

There were no differences found between students on the **Environmental Subscale**.

On the **Occupation Subscale** those who had ADHD (n=17) experienced more difficulty with 'writing notes' than did those within the other category (n=9) ($p<.05$ level). Those with ADHD (n=17) also experienced more difficulty getting started than did those with AS (n=19) ($p<.05$ level).

When the postgraduates were included and the multiple comparisons rerun for the all students the results showed that those with depression (n=69) and anxiety (n=9) had **greater difficulty** than those with Asperger's Syndrome (n=21) on managing their emotions, writing essays and in relaxing and switching off ($p<.05$ level). Those with eating disorders (n=5) were also found to have **more difficulty** than did those with understanding their course structure than those with AS (n=21) ($p<.05$ level) in the **Person Subscale**. There needs to be caution in interrupting these results as the numbers in each of the categories are low.

However, these results do indicate that those with Asperger's syndrome are experiencing less difficulties than other groups however these results need to be interpreted with caution as those with Asperger's syndrome are known to lack insight into their difficulties (Powell 2002) and subsequently may score items down, particularly those related to emotions. There has been a marked increase in those students with Asperger's Syndrome and Attention Deficit Hyperactivity Disorder (ADHD) accessing third level education and in taking up the support being offered by the Unilink Service (Nolan, Quinn and Gleeson 2009). This noticeable increase demands a considered response to service provision. Those with Asperger's Syndrome have suffered for too long in isolation and services need to be offered that build upon their strengths and affirm their positive self image (Powell 2002). Powell recommends that supports are offered that reduce social isolation, target practical skills of living and self care, social presentation needs, opportunities to explore learning styles, and problem solving learning environments. Services need also to be adaptable, flexible and consistent. Powell (2002) also maintains that assessment can be a difficult process for individuals with Asperger's Syndrome to engage in as they may wish to fit in and not want others to know about their difficulties and therefore report themselves better than they are. They also have limited insight and understanding of their own emotional needs, inability to process too much verbal information, and may be unable to imagine what items mean unless they have experience of them. All of these factors may well be impacting upon those students within this study and therefore one needs to take them into account when administrating and inviting students to complete the Trinity Student Profile.

Those individuals with depression are the largest group within this study (n=between 63 and 69), this is similar to the findings of other studies (Collins and Mowbray 2005; Lindsay 2005; Treanor and Kenny 2006; Sung,Kim, Pusdar and Kim 2006; Gutman, Schindler, Furphy, Klein, Lisak, and Durham,2007) that major depression and schizophrenia were the largest groups accessing supported education programmes. Depression is marked by periods of emotional instability (Royal College of Psychiatrists 2006) and consequently individual students may well experience, as this research has shown higher levels of anxiety and stress. Students with pre-existing mental health problems are entering universities in greater numbers including those with depression and anxiety, this study also confirms that, as the numbers of first years students entering the university with

evidence of a disability and who are accessing the Unilink Service has doubled in the past two years (Nolan, Quinn and Gleeson 2009).

In a comparison of freshman years (1st and 2nd years) and sophister years (3rd, 4th 5th and 6th years) this study found the sophister students were experiencing greater difficulty that the freshman years on five traits. Three traits were identified within the person subscale trait 1 on trait 1 (f-statistic =10.129 df 123 p=.002) within the person subscales. This trait is related to managing anxiety, negative thoughts, stressful situations, good mental stamina, being confident and receiving and coping with bad results. Trait 6 (f-statistic =6.736 df 123 p=.011) managing conflict anger and being a perfectionist. Trait 7 (f-statistic =5.375 df 123 p=.022) which is related to getting enough good quality sleep and switching off and relaxing. No differences were found on the 'Environment' scale and two traits were found to differ on the 'Occupation' scale. Trait 1 (f-statistic =5.276 df 123 p=.023) which is related to dealing with time pressures and deadlines, goal setting, achieving goals, dealing with work load, balancing college work and life and managing free time. Trait 4 (f-statistic =4.940 df 123 p=.028) which is related to getting down to writing, continuing with writing avoiding writers block, finishing the work and staying and doing the exam. These results are to be expected as the sophister students are expected to be more self-directed and to engage in research projects where they have to manage their work load, set goals for themselves and manage their time lines. Sophister students with mental health difficulty problems are more likely to have had a year out from their studies and the proportion of students with depression is greater in the sophister years than the freshman years, which may have an influence on the levels of difficulty they are experiencing in managing their negative thinking, anxiety and stressful situations.

The Unilink undergraduate students within this study were found to significantly differ on 8 traits in comparison to the students from the general undergraduate student population and the post graduate students were found to significantly differ on 6 traits in comparison to the general postgraduate student population. These findings indicate that the Trinity Student Profile is able to discriminate between students with mental health problems/mental illness and the general student population which adds to its robustness. The 'Environment' subscale was the only subscale where no statistically significant differences were found between groups.

The final question within this study asked students what they expected for themselves academically, socially and personally. The vast majority of students

wanted to pass the year or get their degree n=121 (40.1%) which is to be expected, a further 31 (10.2%) wanted to fulfil their potential academically. Forty five (17.2%) wanted to increase their circle of friends again which is expected as making and keeping friends is a large part of being as student (Lindsay 2005; Nolan and MacCobb 2006). However, what was not expected was that for 27 (10.3%) of student social expectations were not a priority, in future research it would be interesting to explore this further. Personally n=65 (23.5%) expected to develop as a person, 25 (9%) expected to become more organised and 17 (6.2%) expected that college would not become their worst experience; again this is an interesting result which warrants further investigation. The non response rate for each of these expectations ranged from 27 – 37%, one possible explanation for this high non response rate is that students did not perceive themselves as having any broader expectations other than getting their degree.

6.2.6. TRINITY STUDENT PROFILE – PART SIX

This study found that students set more goals in relation to their academic, organisational and social achievements than they did life, personal or condition oriented goals. As was described earlier under the qualitative section goal setting is an integral part of the therapeutic intervention process in the Unilink service and in the case of the students within this study goal setting was found to be a new experience for some and something which they struggled with. This was particularly evident amongst the sophister and post graduate students who described one of the greatest difficulties they experienced as 'having to work on their own' and deal with their lapses in concentration and recalling of material. The social goals were as expected to increase the circle of friends and to improve their own communication skills with that staff and students. What was not expected was, 'that students indicated that they needed to reduce their party going and at the same time maintain their social contacts.' Personal goals reflected the findings of the ANOVA's that students needed to work on managing their emotions, set goals and work on their confidence for social situations and they also connect with their personal expectations for themselves in that they should mature and develop. The life goals and organisational goals were centred on managing their attendance better and building new and more productive routines for themselves, which reflects the findings of the undergraduate study where sophister students were found to have difficulties with time pressures and deadlines, goal setting, achieving goals, dealing with work load, balancing college work and life and managing free time. Academic goals were found to be aligned to their expectations for themselves in that they

wished to pass the end of year examinations and obtain their degree and students therefore set goals related to being more productive, completing their assignments and improving their study skills. These goals were also found to reflect those areas of most difficulty that students were experiencing namely, getting started with studying, concentrating, remembering, achieving goals, managing work load, time pressures, and getting started with work. Over 50% of the students identified that they need to work on managing their condition and levels of anxiety. This reflects the areas of difficulty they had identified namely managing their negative thoughts and anxiety this is particularly true for post graduate students who had identified these factors as being of great difficulty for them.

6.2.7. CONCLUSION

This study set out to explore the development of the Trinity Student Profile which seeks to capture the concerns and issues of students with significant mental health problems attending the Unilink service. The research objective was to develop an instrument that would profile the needs of students in relation to the tasks and activities necessary to support them in their student role and lifestyle, so that their needs could be addressed.

This research has shown through the literature search, that there was a need to develop an instrument that would capture the needs of this group of students. The Person-Environment-Occupation model emerged as the theoretical basis and framework for this research and this study has shown that the constructs of the PEO model had good face, content and construct validity as well as good reliability, when applied in this manner through the Trinity Student Profile. It has also been shown that the Trinity Student Profile is able to discriminate between groups, on the variables of, gender, faculty, year, diagnosis and the general student population.

This study emerged from practice with an ethos of client-centeredness and an occupation focus. Issues about conducting research in this arena have been addressed including that of researcher/clinician bias, ethical inclusion of vulnerable service users in research and the protection of the confidential relationship between therapist and client. This research has indicated a method for working collaboratively with service users in providing a quality assurance service which is needs based. Leonard and Bruer (2007) maintain that the nature and the quality of the therapeutic relationship is crucial to the success of students and that the

programme offered should be continuous and individualized, matching services to needs, strengths, preferences and values of the recipient. Cole and McLean (2003); Mee, Sumsion and Craik (2004); Taylor, Lee, Kielhofner and Ketkar (2009) maintain that the therapeutic relationship is vital to client's engagement in therapeutic activities and to the outcomes of therapy. This research has demonstrated through the development and use of the Trinity Student Profile that collaborative relationships with students can be established and maintained over time that are needs based, individualized and allows for matching services to students with mental health problems/difficulties. Therefore it is not just the content of the profile (The What) in identifying the needs but it is the collaborative process (The How) that is equally important.

6.2.8. LIMITATIONS

Although there was very a high level of reliability found for the items within the TSP under the constructs of the Person-Environment-Occupation, the reliability was found to be less for the environment subscale. However, there maybe other factors in the students' life that effects their participation in college life that has not been identified by the TSP. This research was limited by a number of factors the first being the number of students using the Unilink service which affected the data collection period as the application of the TSP was dependent on the numbers accessing the service. To counteract this the period of data collection was extended to ensure as many profiles as possible were available for analysis. A second limitation which emerged was the part-time nature of the contracts of employment for staff, which meant that a lot of the group interviews had to be conducted out of the normal working hours. In order to counteract this, breaks were scheduled during the interviews so that participants could refresh themselves. A third limitation that was encountered was the dual role of researcher/practitioner and conducting research in practice. To counteract this, a reflective journal was employed which helped clarify understanding and negotiation through the messy swamp of an emerging practice, and the development of a research approach to capturing those developments.

6.2.9. RECOMMENDATIONS AND IMPLICATIONS FOR FUTURE WORK AND OCCUPATIONAL THERAPY

6.2.9.1. Further Research

It is recommended that further research be carried out on this tool and that further refinements should include developing trait 7 of the environment subscale, expanding it to include other living skills that reflect its ethos. Clear clinical decisions need to be made about those items within the person and environment subscales 'level of difficulty in understanding the course structure and content' and 'level of difficulty in communicating with my supervisor' and 'level of difficulty in managing the tutor system' respectively, so that they are clearly aligned with one trait. Further development needs to take place on the naming of all the traits/factors that have emerged from the analysis.

Future research needs to be carried out on the timing of the profile and on tracking change over time. Future research needs to be carried out on the correlation between scales which may lead to further refinement of the overall scale. In order to reduce error in the measurement itself, refinement of the instructions on the administration of the Profile need to be developed and the underlying constructs need to be better explained. Further testing could include testing for concurrent validity, by taking the various construct of the profile and testing them against student's perceptions of the constructs using a survey design. The use of the Trinity Student Profile needs to be trialled in other institutions of higher education in order to test its robustness and validity.

The profile is currently being translated into Hebrew so that it can be used within Universities in Israeli and cross cultural studies will be undertaken on the TSP.

Training workshops for therapists need to be developed in order to ensure standardization on the administration of the Profile.

6.2.9.2. Outcomes for Unilink

This research has shown that the Trinity Student Profile was able to adequately capture the needs of students in relation to the tasks and activities necessary to support them in their student role and lifestyle. It has also shown that more men that women are accessing and utilizing the service. The model of service developed during this research process has now been disseminated to two other third level

colleges and again more men than women are accessing and utilizing the service. This is a good indicator for the model of service delivery and as a means to supporting male students, who traditionally do not engage in help seeking behaviours. It is hoped to bring this point to the attention of the Equality Committee within Trinity College and to use this information as a means to secure future funding for the development and promotion of the service.

6.2.9.2.1. New Developments

These findings have lead us to develop specific strands within the Unilink Service that now cater for the needs of those with ADHD, AS and Dyspraxia as this is the emerging and rapidly growth area. The sensory needs of students with ADHD and AS are been examined by this service so that environmental adaptations can be made to better support their student role. An audit is being conducted on the physical and social environmental study such as the study space, lecture theatres, lecture rooms and examination rooms within the university with the purpose of making recommendations for the provision of a more appropriate environment.

A 'self-management' tool based upon the work of Mary Ellen Copeland's Wellness Recovery Action Plan (Copeland 2000) is also being researched and developed. It is planned that this tool will be appropriate to a student group and be rooted in the concepts of occupation as well as wellness.

A model of 'leisure enhancement' through group work is being trialled for students with AS and this study is due for completion in September 2011. A website is also under construction to enable users to access information easily and to enable us to disseminate materials related to the service.

6.2.9.3. Implications for Occupational Therapy

This is the first time an occupational therapy service has been developed and integrated within a third level institution both within Ireland, the UK and the U.S.
As a result of this study I plan to publish and disseminate the findings of this study and to share the tools developed. I have previously presented preliminary findings from this study at the WFOT Conference in Chile 2010 and at the Seventh International Conference on Higher Education and Disability in Innsbruck 2010. I will be collaborating with Occupational Therapists with an interest in Students with Disability in Iceland on 25th May 2011 where we will present our research. For occupational therapy, this research has provided the profession with practical tools

and a model for service delivery to work within the university and third level sectors. Unilink offers a student centred, occupation focused intervention in the real world of third level education which provides a way forward in supporting participation and engagement in student life.

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APPENDICES

APPENDIX A

Ethics Letter of Permission One

THE UNIVERSITY OF DUBLIN

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Ms Clodagh Nolan
Occupational Therapy
Trinity Centre for Health Sciences
St James's Hospital
Dublin 8

Tuesday 18th July 2006

Study: **Action research on unilink - a Trinity student mental health initiative**

Dear Ms Nolan

Further to a recent meeting of the Faculty of Health Sciences Research Ethics Committee, we are pleased to inform you that the above project has been approved without further audit.

Yours sincerely

pp Fedelma McNamara

Professor Chris Bell
Chairperson
Faculty of Health Sciences Ethics Committee

APPENDIX B

Ethics Letter of Permission Two

THE UNIVERSITY OF DUBLIN
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SCHOOL OF MEDICINE
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Professor Dermot Kelleher, MD, FRCPI, FRCP, F Med Sci
Head of School of Medicine
Vice Provost for Medical Affairs

Ms Fedelma McNamara
School Administrator
email: medschadmin@tcd.ie

Ms. Clodagh Nolan,
Discipline of Occupational Therapy,
Trinity Centre for Health Sciences,
St. James' Hospital Campus,
Dublin 8

Tuesday, 13 October 2009

Study: Audit of the 'Trinity Student Profile' (Needs Assessment) completed by students with mental health difficulties who attend an occupational therapy service. (Unilink)

Dear Applicant (s),

Further to a meeting of the Faculty of Health Sciences Ethics Committee held in September 2009, we are pleased to inform you that the above project has been approved without further audit.

Yours sincerely

Prof. Orla Sheils
Chairperson
Faculty of Health Sciences Ethics Committee

Cc Dr. Siobhan MacCobb
Discipline of Occupational Therapy,
Trinity Centre for Health Sciences,
St. James' Hospital Campus,
Dublin 8

APPENDIX C

Staff Information Leaflet and Consent Form

UNIVERSITY OF DUBLIN
TRINITY COLLEGE

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Participation Information Leaflet (Staff)

Title of Study

An action research project to investigate the implementation and development of a Trinity College Student Mental Health Service entitled Unilink.

Unilink Service aims to provide a practical on-site support service for students with mental health problems by focusing on how they manage their time, how they meet their deadlines and by helping them to plan and deal with college life. During the process of participation in the service clients/students will be facilitated to identify, examine and address their individual goals in the areas of academic achievement, personal development and effectiveness, communication and stress management.

Introduction

The aim of this study is to follow the development and assess the outcomes of the Unilink Service. This would allow us to improve our understanding of the types of services being offered and to add to the body of knowledge about student mental health services and personal supports in a third level educational establishment. The staff, of this service have devised a collaborative assessment tool 'Trinity Student Profile' which has been specifically designed for use within this service. I am seeking your permission **as staff of the service** to discuss and audiotape how you used this profile with your clients. This should enable us to capture and track any improvements/developments being made to the service.

Procedure

All students attending the Unilink Service will be invited to participate in this study as well as all staff working in the service. Currently the students fill out the 'Trinity Student Profile' as part of their introduction to the Unilink Service and are given a copy of this profile for themselves as part of the client centred approach of this service. It is planned to include this profile in the research with the strictest proviso that **all identifying data** such as name, address, email contact details or phone numbers **will be omitted** from the form in the study. It is also planned to include their end of term progress reports in the study in order to capture the outcomes of the service and again all **personal identifying data will be removed** before any data is processed. They may also be asked to partake in an exiting interview that will be taped and again all personal details will be omitted and they will be given a copy of the transcript.

It is planned that staff of the service will be interviewed at regular intervals about the implementation of the profile and the development of the service over the duration of the project. These will be taped and again all personal identifying data will be removed and staff will be given copies of the transcripts.

All audiotapes will be kept by Clodagh Nolan Unilink Coordinator and will be transcribed verbatim. They will be kept securely by Clodagh for the duration of the study and will not be available to anyone else. Audiotapes and the data will be retained for 5 years following completion of the study.

Benefits

This research will be using an action research method, which allows for careful critical reflective, evaluation of the implementation of the 'Trinity Student Profile'. It will allow for a real world intervention to be monitored and reviewed and for both staff and students to have a say in its development, which will directly feed back into the delivery of the service.

Confidentiality

Your identity and any personal details will remain confidential at all times. Your name and any other identifiable data will not be included in the study, be published, discussed or disclosed to anyone outside the service, or be used in subsequent reports. Students are free to withdraw from the study without it affecting their right to the service being provided by Unilink. Staff are invited to participate in the study and are free to withdraw at any time and they will not be disadvantaged in their contract with the service.

Compensation

This study is covered by standard institutional indemnity insurance. Nothing in this document restricts or curtails you rights.

Voluntary Participation

You have volunteered to participate in this study. You may withdraw at any time. If you decide not to participate, or if you withdraw, you will not be penalised in anyway or disadvantaged in your contracts. Your participation is much appreciated.

Stopping the study

You understand that the investigators may stop your participation in the study at any time without your consent.

Permission

The research Ethics Committee of Trinity College has approved this study.

Further Information

You can get more information or answers to your questions about the study, your participation in the study, your rights from Clodagh Nolan, Unilink Coordinator who can be telephoned at 6083218 or on 087 2743858.

Thank you for agreeing to participate in this study.

_____

Clodagh Nolan M.Sc. PG. Dip Stats., Dip.C.O.T.
Unilink Coordinator

UNIVERSITY OF DUBLIN
TRINITY COLLEGE

Siobhan MacCobb, Ph.D., M.Sc., DipCOT
Head
Telephone: (+353 1) 896 3212
Email: smaccobb@tcd.ie

Occupational Therapy
Trinity Centre for Health Sciences
St. James' Hospital
James' Street, Dublin 8
Telephone: (+353 1) 896 3210
Fax: (+353 1) 454 6363

INFORMED CONSENT FORM (Staff)

Study
This study aims to research the implementation and development of a Trinity College Mental Health Service for Students entitled Unilink.

Principal Investigator
Clodagh Nolan Lecturer and Unilink Service Co-ordinator, Occupational Therapy, University of Dublin, Trinity College, Dublin 2.

Declaration
This study and this consent form have been explained to me. I understand what will happen if I agree to be part of this study.

I have read this consent form. I have had the opportunity to ask questions and I am satisfied that my questions have been answered. I freely and voluntarily agree to be part of this study, thought without giving up my legal and ethical rights. I have received a copy of this agreement. I understand I can withdraw from this study at any time and that I will not be disadvantaged in my contract with the Unilink Service by not participating. I also understand that the data collected (both audiotapes and transcripts) will be retained for 5 years on completion of the study and then destroyed.

Participants Name _____

Contact Details _____

Participants' Signature _____

Date _____

Statement of Investigator's responsibility:
I have explained the nature and purpose of this research study. I have offered to answer any questions and fully answered such questions. I believe that the participant understands my explanation and has freely given informed consent.

Investigator's Signature _____

Date _____

APPENDIX D

Student Information Leaflet and Consent Form

UNIVERSITY OF DUBLIN
TRINITY COLLEGE

Siobhan MacCobb, Ph.D., M.Sc., DipCOT
Head
Telephone: (+353 1) 896 3212
Email: smaccobb@tcd.ie

Occupational Therapy
Trinity Centre for Health Sciences
St. James' Hospital
James' Street, Dublin 8
Telephone: (+353 1) 896 3210
Fax: (+353 1) 454 6363

Participation Information Leaflet (Students)

Title of Study

An action research project to investigate the implementation and development of a Trinity College Student Mental Health Service entitled Unilink.

Unilink Service aims to provide a practical on-site support service for students with mental health problems by focusing on how they manage their time, how they meet their deadlines and by helping them to plan and deal with college life. During the process of participation in the service clients/students will be facilitated to identify, examine and address their individual goals in the areas of academic achievement, personal development and effectiveness, communication and stress management.

Introduction

The aim of this study is to follow the development and assess the outcomes of the Unilink Service. This would allow us to improve our understanding of the types of services being offered and to add to the body of knowledge about student mental health services and personal supports in a third level educational establishment. The staff of this service has devised a collaborative assessment tool 'Trinity Student Profile' which has been specifically designed for use within this service. I am seeking your permission to use the information provided by you on this profile in the research study. I am also asking staff of the service to discuss the use of this profile and to directly feed back to all involved with this service in order to improve the service being provided.

Procedure

All students attending the Unilink Service will be invited to participate in this study as well as all staff working in the service. Currently you fill out the 'Trinity Student Profile' as part of your introduction to the Unilink Service and you are given a copy of this profile for yourself as part of the client centred approach of this service. It is planned to include this profile in the research with the strictest proviso that **all identifying data** such as name, address, email contact details or phone numbers **will be omitted** from the form in the study. It is also planned to include your profile, end of term progress reports and any other communication from you including text messages in the study in order to capture the working of the service and again all **personal identifying data will be removed** before any data is processed. You may also be asked to partake in an exiting interview that will be audiotaped and again all personal details will be omitted and you will be given a copy of the transcript. Should

transcript. Should you become unwell at any stage or distressed in relation to this study your participation will be terminated and we will seek help for you.

It is planned that staff of the service will be interviewed at regular intervals about the implementation of the profile and the development of the service over the duration of the project. These will be audiotaped and again all personal identifying data will be removed and staff will be given copies of the transcripts.

All audiotapes will be kept by Clodagh Nolan Unilink Coordinator and will be transcribed verbatim. They will be kept securely by Clodagh for the duration of the study and will not be available to anyone else. Audiotapes and the data will be retained for 5 years following completion of the study.

Benefits

This research will be using an action research method, which allows for careful critical reflective, evaluation of the implementation of the 'Trinity Student Profile'. It will allow for a real world intervention to be monitored and reviewed and for both staff and students to have a say in its development, which will directly feed back into the delivery of the service.

Confidentiality

Your identity and any personal details will remain confidential at all times. Your name and any other identifiable data will not be included in the study, be published, discussed or disclosed to anyone outside the service, or be used in subsequent reports. Students are free to withdraw from the study without it affecting their right to the service being provided by Unilink.

Compensation

This study is covered by standard institutional indemnity insurance. Nothing in this document restricts or curtails you rights.

Voluntary Participation

You have volunteered to participate in this study. You may withdraw at any time. If you decide not to participate, or if you withdraw, you will not be penalised and it will not in any way change any of the services you receive as part of the Unlink Service. Your participation is much appreciated.

Stopping the study

You understand that the investigators may stop your participation in the study at any time without your consent.

Permission

The research Ethics Committee of Trinity College has approved this study.

Further Information

You can get more information or answers to your questions about the study, your participation in the study, your rights from Clodagh Nolan, Unilink Coordinator who can be telephoned at 6083218 or on 087 2743858.

Thank you for agreeing to participate in this study.

_____

Clodagh Nolan M.Sc. PG. Dip Stats., Dip.C.O.T.
Unilink Coordinator

UNIVERSITY OF DUBLIN
TRINITY COLLEGE

Siobhan MacCobb, Ph.D., M.Sc., DipCOT
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Telephone: (+353 1) 896 3210
Fax: (+353 1) 454 6363

INFORMED CONSENT FORM (Students)

Study
This study aims to research the implementation and development of a Trinity College Mental Health Service for Students entitled Unilink.

Principal Investigator
Clodagh Nolan Lecturer and Unilink Service Co-ordinator, Occupational Therapy, University of Dublin, Trinity College, Dublin 2.

Declaration
This study and this consent form have been explained to me. I understand what will happen if I agree to be part of this study.

I have read this consent form. I have had the opportunity to ask questions and I am satisfied that my questions have been answered. I freely and voluntarily agree to be part of this study, thought without giving up my legal and ethical rights. I have received a copy of this agreement. I understand I can withdraw from this study at any time and it will not affect my ongoing contact with the Unilink Service. I also understand that the data collected (both audiotapes and transcripts) will be retained for 5 years on completion of the study and then destroyed.

Participants Name _____

Contact Details _____

Participants' Signature _____

Date _____

Statement of Investigator's responsibility:
I have explained the nature and purpose of this research study. I have offered to answer any questions and fully answered such questions. I believe that the participant understands my explanation and has freely given informed consent.

Investigator's Signature _____

Date _____

APPENDIX E

Staff Letter for Member Checking

UNIVERSITY OF DUBLIN
TRINITY COLLEGE

Siobhan MacCobb, Ph.D., M.Sc., DipCOT
Head
Telephone: (+353 1) 896 3212
Email: smaccobb@tcd.ie

Occupational Therapy
Trinity Centre for Health Sciences
St. James' Hospital
James' Street, Dublin 8
Telephone: (+353 1) 896 3210
Fax: (+353 1) 454 6363

20th August 2010

Dear

Over a two year period from 2006 to 2008 you participated in focus group interviews which enabled the development of the 'Trinity Student Profile' for the Unilink Service here in Trinity College. These interviews were transcribed verbatim from the tapes and were then subjected to analysis using the NVivo 7 package. A number of themes were generated and were then written up. I am enclosing a copy of these findings , for you to review. If you wish to make any comments about them please do not hesitate to contact me, my email address is nolancl@tcd.ie or you may phone me on 8963218.

If you do wish to make a comment please could you do so before Friday 3rd September.

Many thanks again for your contribution to this process.

Kind regards,

Clodagh Nolan

APPENDIX F

Student Email for Member Checking

Clodagh Nolan

From: Clodagh Nolan
Sent: 10 August 2010 16:10
To: [redacted]
Subject: Unilink Interview
Attachments: Student 7 Transcript.doc

Hello [redacted]

Attached please find your unilink interview.
If you wish to change or add anything please feel free to do so. Can you send me the updated script by the end of the week.
Many thanks for your participation.
Kind regards,
Clodagh

Clodagh Nolan M.Sc., M.A., Pg. Dip.Stats., Dip.C.O.T.
Head of the Discipline of Occupational Therapy, Trinity Centre for Health Science, St. James's Hospital, James's Street., Dublin 8
Phone: 018963218

APPENDIX G

Ethics Letter of Permission Three

THE UNIVERSITY OF DUBLIN

SCHOOL OF MEDICINE

TRINITY COLLEGE

FACULTY OF HEALTH SCIENCES

Trinity College, Dublin 2, Ireland

Professor Dermot Kelleher, MD, FRCPI, FRCP, F Med Sci
Head of School of Medicine
Vice Provost for Medical Affairs

Tel: +353 1 896 1476
Fax: +353 1 671 3956
email: medicine@tcd.ie

Ms Fedelma McNamara
School Administrator

email: fmcnamar@tcd.ie

email: fmcnamar@tcd.ie

Ms. Fiona Maye
Laragan
Collooney
Co. Sligo

21 May 2007

Study: An exploration of possible stressors, demands and issues experienced by University students by using a modified version of the Unilink Trinity Student Profile

Dear Ms. Maye,

Further to a meeting of the Faculty of Health Sciences Ethics Committee 2006 - 2007, we are pleased to inform you that the above project has been approved without further audit.

Yours sincerely

p.p. Orla Sheils

Dr. Orla Sheils
Chairperson
Faculty of Health Sciences Ethics Committee

cc. Ciara Dolan, Student, Occupational Therapy Department, Trinity Centre, St. James's Hospital
Fiona Monahan, Student, Occupational Therapy Department, Trinity Centre, St. James's Hospital
Clodagh Nolan, Lecturer, Occupational Therapy Department, Trinity Centre, St. James's Hospital

APPENDIX H

Trinity Student Profile Version 1

VERSION 1 TSP

Layout

Concern	Further info.	Intensity of Problem (0 – 5)	Importance to improve (0 – 5)	Subjects / areas this affects	Order of Importance
Essay Writing	• Planning • Researching info. • Staying in word count	3	4		

List of Concerns

Academic

- Concentrating on my tasks
- Planning my study time
- Taking Notes
- Listening in lectures
- Working in groups
- Planning essays
- Writing essays
- Preparing for exams
- Doing exams
- Reading books / articles
- Using computers
- Doing research / thesis
- Doing presentations
- Getting work in on time
- Leaving tasks to the last minute
- Spending too much time on tasks
- Attending lectures
- Prioritising my workload
- Getting books out of the library
- Asking questions in lectures
- Asking lecturers / teaching assistants / other students questions
- Organising my notes
- Experiments / Practical Work
- Placements
- Getting started on tasks
- Getting motivated to do work
- Not interested in what I am doing
- I find it hard to concentrate because of distracting thoughts
- Forgetfulness
- Lack of challenge from course
- Asking for help with course
- Identifying and solving problems
- Listening to others / peers

Non – Academic

Emotional

- Difficulty dealing with bad results
- Expressing myself to others
- Anxiety
- Dealing with conflict
- Dealing with stressful situations
- Having a perfectionistic attitude
- Confidence in ability to do my course
- Difficulty relaxing and enjoying myself
- Not able to get up in the morning
- Finding activities that I enjoy doing / Getting involved in societies

Health

Physical

- Difficulty physically doing what I need to do
- Poor diet
- Taking care of myself
- Recurrent illness
- Lethargy
- Difficulty sleeping

Mental

- Fear of relapse
- Thoughts of suicide
- Medication issues
- Stress

Lifestyle

- Drinking
- Drugs
-
- Difficulty travelling to college
- Balancing academic and non-academic activities
- Managing my basic needs (food, medicine)
- Socialising with people in my course
- Saying 'no' to people
- Doing something new
- Following instructions

Work

- Difficulty getting college work done because of jobs
- Pressure from employers

Financial

- I have difficulty managing my finances
- Trouble accessing grants etc.

Contexts

- Lectures
- Libraries
- Computer rooms
- Labs
- Home / Accommodation
- Coffee Shops
- Lunch Areas
- Bars

APPENDIX I

Trinity Student Profile Version 2

VERSION 2 TSP



Uni –Link Personal Profile



Date:

Part One: Personal Details:

Name: Student Number:

Contact Details: Phone: Email:

Course: Year:

Referral Source: Name of Psychiatrist / GP:

Name of tutor: Name of Disability officer:

Other services student is attending: Address:

Times of week that suit you to meet:

Part Two: Course Content

(i) Describe your course including subjects, course requirements and deadlines:

Michelmas Term:

Hilary Term:

Trinity Term:

(ii) What are your expectations for your course and college life?

(iii) Are there any support services within your course that you are availing of or have access to as part of your course? (Subject tuition, post-graduate student aides, teaching assistants, tutorials, subject help websites etc.)

Part Three: Present College Life

(i) What areas of college life, academic or otherwise do you feel that you managing well with?

(ii) What areas of college life, academic or otherwise do you feel you are having difficulty with?

(iii) What do you like to do outside of academic work, either within or outside college?

(iv) Do you work outside of college?

(v) Are there any specific areas academic or otherwise that you would like the Uni -link service to help you to address?

Part Four:
List of Concerns

0 – no problem
5 – a major problem

0 – not important to improve
5 – very important to improve

	Intensity of problem(0-5)	Importance to improve(0-5)	Rating
Planning			
Essays			
Study Time			
Spreading workload across term / year			
Exam preparation			
Thesis / Projects			
Unsure of course layout			
Other:			
Organising / Prioritising			
Time management			
Taking notes			
Filing notes			
Being unclear of what is expected of me			
Having too many roles to fill			
Balancing college work and home / social life			
Goal – setting			
Achieving goals			
Missing / Being late for lectures			
Time pressures and deadlines			
Other:			
Doing the Task			
Listening in lectures			
Essay writing			
Reading			
Practical work			
Procrastination			
Presentations			

	Intensity of Problem (0-5)	Importance to improve (0-5)	Rating
Using computers			
Doing exams			
Motivation			
Working in groups			
Having too much work to do			
Concentrating on tasks			
Attending to a task			
Photocopying material			
Accessing library			
Recalling material			
Following instructions			
Forgetfulness			
Other:			
Social Concerns			
Making friends			
Talking to lecturers			
Asking for help			
Talking to tutors			
Listening to others / peers			
Self –esteem / Confidence			
Getting on with housemates			
Saying 'no' to people			
Getting involved in societies			
Other:			
Life Skills			
Receiving / handling bad results			
Managing my basic needs			
Alcohol			
Medication			
Other substances			
Difficulty sleeping			
Other:			

Emotional Concerns
Dealing with conflict
Dealing with anger
Having a perfectionistic attitude

	Intensity of problem (0-5)	Importance to improve (0-5)	Rating
Anxiety			
Tearfulness			
Negative thoughts			
Being in control of my life			
Dealing with stress			
Mental Stamina			
Difficulty switching off at home			
Relaxing and enjoying myself			
Other:			

Environment
Lectures
Home
Libraries
Other study environments
Restaurants / coffee shops
Pubs
Noise
Light

Part Five: Goal Setting

Having outlined your course and identified possible areas of concern, what areas would you like to initially focus on?

1. _____
   _____
2. _____
   _____
3. _____
   _____
4. _____
   _____

When setting goals it is important to make sure they are 'SMART'

S Specific – clearly outline what you are seeking to achieve
M Measurable - clearly define the goal to allow you to see if you have achieved them or not
A Action – Related – goals should include what you must do to achieve the goal
R Realistic – goals should be achievable for you
T Time - a time period should be set for when the goal should be achieved by

Initial Goals

What goals do you think you need to set to address these areas?

1. _____

2. _____
_____
_____
_____

3. _____
_____
_____

4. _____
_____
_____

Consent:

I agree that if I become unwell while engaged in the Uni - link project, that the organisers have permission to contact the original referring agency and the health services in college.

Student Signature: **Date:**

Staff Signature: **Date:**

APPENDIX J

Trinity Student Profile Version 3

Uni –Link Service

VERSION 3 TSP

Trinity College Dublin

Personal Profile

Date:

Part One: Personal Details:

Name: Student Number:

Contact Details: Phone: Email:

Course: Year:

Referral Source: Name of Psychiatrist / GP:

Name of tutor: Name of Disability officer:

Other services student is attending: Address:

Times of week that suit you to meet:

Part Two: Background Information

(1) Have you done any other 3rd level course?
Please elaborate.

(2) Have you repeated any years in your course?
Please elaborate.

(3) Have you taken a year out from studying?
Please elaborate.

(4) Tell me about your college experience to date.

(5) Tell me about your work experience to date?

Part Three: Course Content

(6) How aware are you of your course structure at the moment?

(7) Do you know what you have to do between now and June for your course?

(8) What subject's are you experiencing difficulty with?

(9) Can you prioritize these subjects in level of difficulty, starting with the most difficult?

(10) Can you describe why you are experiencing difficult with that subject?

(11) Can you take the subject you are experiencing difficulty with and can you describe the demands of that course?

(12) How do the demands of that subject link back to the demands of the other subjects in your course?

(13)Describe your course including subjects, course requirements and deadlines:

Michelmas Term:

Hilary Term:

Trinity Term:

(14) What are your expectations for your course and college life?

(15) Are there any support services within your course that you are availing of or have access to as part of your course? (Subject tuition, post-graduate student aides, teaching assistants, tutorials, subject help websites etc.)

Part Four: Present College Life

(16) What areas of college life, academic or otherwise do you feel that you managing well with?

(17) What areas of college life, do you feel you are having difficulty with?

(18) What do you like to do outside of academic work, either within or outside college?

(19) Do you work outside of college?

(20) Are there any specific areas academic or otherwise that you would like the Uni - link service to help you to address?

Part Five:
List of Concerns

	Intensity of problem(0-5)	Importance to improve(0-5)

0 – no problem
5 – a major problem

0 – not important to improve
5 – very important to improve

PLANNING

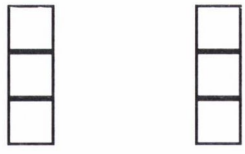
Essays		
Study Time		
Spreading workload across term / year		
Thesis / Projects		
Unsure of course layout		
Other:		

ORGANISING/PRIORITISING

Time management		
Taking notes		
Organising notes		
Being unclear of what is expected of me		
Having too many roles to fill		
Balancing college work and home / social		
Life		
Goal – setting		
Achieving goals		
Missing / Being late for lectures		
Time pressures and deadlines		
Other:		

DOING THE TASK

Listening in lectures
Essay writing
Reading



	Intensity of Problem (0-5)	Importance to improve (0-5)
Practical work (eg.Labs)		
Procrastination (eg. putting things off)		
Presentations		
Using computers		
Doing exams		
Motivation		
Working in groups		
Having too much work to do		
Concentrating on tasks		
Attending to a task		
Avoiding the task		
Photocopying material		
Accessing library		
Recalling material		
Following instructions		
Forgetfulness		
Problem Solving a task		
Having to make a decision		
Other:		

SOCIAL CONCERNS

Making friends		
Talking to lecturers		
Asking for help		
Talking to tutors		
Listening to others / peers		

	Intensity of Problem (0-5)	Importance to improve (0-5)
Self –esteem / Confidence		
Getting on with housemates		
Saying 'no' to people		
Getting involved in societies		
Other:		

LIFE SKILLS

Receiving / handling bad results		
Managing my time		
Managing my flatmates		
Managing Finances		
Managing my family		
Managing my nutritional needs		
Alcohol		
Medication		
Other substances		
Difficulty sleeping		
Other:		

EMOTIONAL CONCERNS

Dealing with conflict		
Dealing with anger		
Having a perfectionistic attitude		
Anxiety		
Tearfulness		
Negative thoughts		
Being in control of my life		
Managing stressful situations		
Mental Stamina		

Difficulty switching off at home	☐	☐
Relaxing and enjoying myself	☐	☐
Other:	☐	☐
	☐	☐
	☐	☐

ENVIRONMENT

Lectures	☐	☐
Home	☐	☐
Libraries	☐	☐

	Intensity of Problem (0-5)	**Importance to improve (0-5)**
Other study environments	☐	☐
Restaurants / coffee shops	☐	☐
Pubs	☐	☐
Noise	☐	☐
Light	☐	☐

Part Six: Goal Setting

Having outlined your course and identified possible areas of concern, what areas would you like to initially focus on?

1. _____
   _____
2. _____
   _____
3. _____
   _____
4. _____
   _____

When setting goals it is important to make sure they are 'SMART'

S Specific – clearly outline what you are seeking to achieve
M Measurable - clearly define the goal to allow you to see if you have achieved them or not
A Action – Related – goals should include what you must do to achieve the goal
R Realistic – goals should be achievable for you
T Time - a time period should be set for when the goal should be achieved by

Consent:

I agree that if I become unwell while engaged in the Uni - link project, that the organisers have permission to contact the original referring agency and the health services in college.

Student Signature: **Date:**

Staff Signature: **Date:**

APPENDIX K

Trinity Student Profile Version 4

Uni –Link Service

VERSION 4 TSP

Trinity College Dublin

Personal Profile

Date:

Part One: Personal Details:

Name: Student Number:

Contact Details: Phone: Email:

Course: Year:

Referral Source: Name of Psychiatrist / GP:

Name of tutor: Name of Disability officer:

Other services student is attending: Address:

Times of week that suit you to meet:

Part Two: Background Information

(i) Have you done any other 3rd level course?
Please elaborate.

(ii) Have you repeated any years in your course?
Please elaborate.

(iii) Have you taken a year out from studying?
Please elaborate.

(iv) Tell me about your college experience to date.

Part Three: Course Content

(i) Describe your course including subjects, course requirements and deadlines:

Michelmas Term:

Hilary Term:

Trinity Term:

(ii) What are your expectations for your course and college life?

(iii) Are there any support services within your course that you are availing of or have access to as part of your course? (Subject tuition, post-graduate student aides, teaching assistants, tutorials, subject help websites etc.)

Part Four: Present College Life

(i) What areas of college life, academic or otherwise do you feel that you managing well with?

(ii) What areas of college life, academic or otherwise do you feel you are having difficulty with?

(iii) What do you like to do outside of academic work, either within or outside college?

(iv) Do you work outside of college?

(v) Are there any specific areas academic or otherwise that you would like the Uni -link service to help you to address?

Part Five:
List of Concerns

0 – no problem
5 – a major problem

0 – not important to improve
5 – very important to improve

	Intensity of problem(0-5)	Importance to improve(0-5)	Rating
Planning			
Essays			
Study Time			
Spreading workload across term / year			
Thesis / Projects			
Unsure of course layout			
Other:			
Organising / Prioritising			
Time management			
Taking notes			
Filing notes			
Being unclear of what is expected of me			
Having too many roles to fill			
Balancing college work and home / social Life			
Goal – setting			
Achieving goals			
Missing / Being late for lectures			
Time pressures and deadlines			
Other:			
Doing the Task			
Listening in lectures			
Essay writing			
Reading			

	Intensity of Problem (0-5)	Importance to improve (0-5)	Rating
Practical work			
Procrastination			
Presentations			
Using computers			
Doing exams			
Motivation			
Working in groups			
Having too much work to do			
Concentrating on tasks			
Attending to a task			
Photocopying material			
Accessing library			
Recalling material			
Following instructions			
Forgetfulness			
Other:			
Social Concerns			
Making friends			
Talking to lecturers			
Asking for help			
Talking to tutors			
Listening to others / peers			
Self –esteem / Confidence			
Getting on with housemates			
Saying 'no' to people			
Getting involved in societies			
Other:			

	Intensity of Problem (0-5)	Importance to improve (0-5)	Rating
Life Skills			
Receiving / handling bad results			
Managing my basic needs			
Alcohol			
Medication			
Other substances			
Difficulty sleeping			
Other:			
Emotional Concerns			
Dealing with conflict			
Dealing with anger			
Having a perfectionistic attitude			
Anxiety			
Tearfulness			
Negative thoughts			
Being in control of my life			
Dealing with stress			
Mental Stamina			
Difficulty switching off at home			
Relaxing and enjoying myself			
Other:			
Environment			
Lectures			
Home			
Libraries			

Other study environments	☐	☐	☐
	Intensity of Problem (0-5)	**Importance to improve (0-5)**	**Rating**
Restaurants / coffee shops	☐	☐	☐
Pubs	☐	☐	☐
Noise	☐	☐	☐
Light	☐	☐	☐

Part Six: Goal Setting

Having outlined your course and identified possible areas of concern, what areas would you like to initially focus on?

1. _____
2. _____
3. _____
4. _____

When setting goals it is important to make sure they are 'SMART'

S Specific – clearly outline what you are seeking to achieve
M Measurable - clearly define the goal to allow you to see if you have achieved them or not
A Action – Related – goals should include what you must do to achieve the goal
R Realistic – goals should be achievable for you
T Time - a time period should be set for when the goal should be achieved by

Initial Goals

What goals do you think you need to set to address these areas?

1. _____
2. _____
3. _____
4. _____

Consent:

I agree that if I become unwell while engaged in the Uni - link project, that the organisers have permission to contact the original referring agency and the health services in college.

Student Signature: **Date:**

Staff Signature: **Date:**

APPENDIX L

Trinity Student Profile Version 5



Trinity College Dublin VERSION 5
Unilink Service

Trinity Student Profile

Part One: Personal Details

Name: _____
Student Number: _____

Contact Details:
Phone: _____ Email: _____
Other: _____

Course: _____ Year: _____

Tutor _____
Disability Officer _____
Psychiatrist / GP _____
Referral Source _____
Unilink Contact Person _____
Other Services _____

Times of week that suit you to meet:

Date of first Meeting:		
Dates of other meetings:		

Part Two: Present College Life

		Details
1	What areas of college life, academic or otherwise do you feel that you are managing well?	
2	What areas of college life do you feel you are having difficulty with?	
3	What do you like to do outside of academic work, either within or outside college?	
4	Do you work outside of college?	
5	What are your expectations for your course and college life?	
6	Are there any specific areas academic or otherwise that you would like to address through the Uni-link service?	

Part Three: Previous Experience

		Details
7	Have you done any other 3rd level course?	
8	Have you repeated any years in your course?	
9	Have you taken a year out from studying?	

10 Tell me about your college experience to date

11 Tell me about your work experience to date

Part Four: Course Content

12 Describe your course including subjects, course requirements and deadlines:

Term:	Subjects	Requirements	Deadlines
Michaelmas Term:			
Hilary Term:			
Trinity Term:			

13 Which subjects are most difficult? Highlight the subjects in the table above.

14 Can you describe why you are experiencing difficulties with that subject?

15 For any subjects you are finding difficult, describe the demands of that course and compare them to the demands of other less difficult subjects.

Subject:	Course Demands	Difference between this and other, less difficult courses.

16 Are there any support services within your course that you are availing of or have access to as part of your course?

- ☐ Subject tuition
- ☐ post-graduate student aides,
- ☐ teaching assistants,
- ☐ tutorials,
- ☐ subject help websites
- ☐ Other

Part Five: List of Concerns

For each of the items listed below, rate the **intensity** of the difficulty and how **important** it is to you that it is resolved.
Intensity: 0 = not a problem at all, 5 = a very big problem for me.
Importance: 0 = not important at all, 5 = very important to me

	Intensity						Importance					
LECTURES, SEMINARS AND TUTORIALS												
Attending lectures and tutorials	0	1	2	3	4	5	0	1	2	3	4	5
Being on time for lectures and tutorials	0	1	2	3	4	5	0	1	2	3	4	5
Concentrating during lectures and tutorials	0	1	2	3	4	5	0	1	2	3	4	5
Listening in lectures and tutorials	0	1	2	3	4	5	0	1	2	3	4	5
Understanding the content of lectures	0	1	2	3	4	5	0	1	2	3	4	5
Taking notes	0	1	2	3	4	5	0	1	2	3	4	5
Participating in discussion	0	1	2	3	4	5	0	1	2	3	4	5
Asking questions	0	1	2	3	4	5	0	1	2	3	4	5
Following instructions	0	1	2	3	4	5	0	1	2	3	4	5
Working in groups	0	1	2	3	4	5	0	1	2	3	4	5
Doing presentations	0	1	2	3	4	5	0	1	2	3	4	5
Listening to others / peers	0	1	2	3	4	5	0	1	2	3	4	5
Being in lecture theatres	0	1	2	3	4	5	0	1	2	3	4	5
Being in tutorial rooms	0	1	2	3	4	5	0	1	2	3	4	5
Talking to lecturers and tutors	0	1	2	3	4	5	0	1	2	3	4	5
Asking for help	0	1	2	3	4	5	0	1	2	3	4	5
Other	0	1	2	3	4	5	0	1	2	3	4	5
LAB WORK, FIELD TRIPS AND FIELDWORK												
Attending and being on time for labs and fieldwork	0	1	2	3	4	5	0	1	2	3	4	5
Being in lab / fieldwork environments	0	1	2	3	4	5	0	1	2	3	4	5
Doing practical work	0	1	2	3	4	5	0	1	2	3	4	5
Following instructions	0	1	2	3	4	5	0	1	2	3	4	5
Explaining my difficulties	0	1	2	3	4	5	0	1	2	3	4	5
Managing others' attitudes	0	1	2	3	4	5	0	1	2	3	4	5
Risk management	0	1	2	3	4	5	0	1	2	3	4	5
Other	0	1	2	3	4	5	0	1	2	3	4	5

Intensity: 0 = not a problem at all, 5 = a very big problem for me.
Importance: 0 = not important at all, 5 = very important to me

	Intensity						Importance					
USING LIBRARIES AND GETTING INFORMATION												
Accessing library	0	1	2	3	4	5	0	1	2	3	4	5
Being in the library environment	0	1	2	3	4	5	0	1	2	3	4	5
Photocopying material	0	1	2	3	4	5	0	1	2	3	4	5
Handling books	0	1	2	3	4	5	0	1	2	3	4	5
Reading	0	1	2	3	4	5	0	1	2	3	4	5
Organising notes	0	1	2	3	4	5	0	1	2	3	4	5
Using computers	0	1	2	3	4	5	0	1	2	3	4	5
Other	0	1	2	3	4	5	0	1	2	3	4	5
WRITING ESSAYS, PROJECTS AND REPORTS												
Getting started	0	1	2	3	4	5	0	1	2	3	4	5
Organising information	0	1	2	3	4	5	0	1	2	3	4	5
Understanding topic / question / what is needed	0	1	2	3	4	5	0	1	2	3	4	5
Structuring the essay or project	0	1	2	3	4	5	0	1	2	3	4	5
Getting down to writing	0	1	2	3	4	5	0	1	2	3	4	5
Continuing writing, avoiding "writer's block"	0	1	2	3	4	5	0	1	2	3	4	5
Finishing the work	0	1	2	3	4	5	0	1	2	3	4	5
Handing up on time	0	1	2	3	4	5	0	1	2	3	4	5
Other	0	1	2	3	4	5	0	1	2	3	4	5
PRIORITISING, PLANNING, TIME MANAGEMENT, HAVING TOO MUCH TO DO												
Being clear of what is expected of me	0	1	2	3	4	5	0	1	2	3	4	5
Knowing the course structure and content	0	1	2	3	4	5	0	1	2	3	4	5
Spreading workload across term / year	0	1	2	3	4	5	0	1	2	3	4	5
Managing my time	0	1	2	3	4	5	0	1	2	3	4	5
Prioritising so that things get done on time	0	1	2	3	4	5	0	1	2	3	4	5
Dealing with time pressures and deadlines	0	1	2	3	4	5	0	1	2	3	4	5
Goal – setting	0	1	2	3	4	5	0	1	2	3	4	5
Achieving goals	0	1	2	3	4	5	0	1	2	3	4	5
Not putting things off or avoiding the task	0	1	2	3	4	5	0	1	2	3	4	5
Managing if there is too much work to do	0	1	2	3	4	5	0	1	2	3	4	5
Other	0	1	2	3	4	5	0	1	2	3	4	5

Intensity: 0 = not a problem at all, 5 = a very big problem for me.
Importance: 0 = not important at all, 5 = very important to me

	Intensity						Importance					
STUDY AND USING COMPUTERS												
Time management when studying	0	1	2	3	4	5	0	1	2	3	4	5
Getting started with studying	0	1	2	3	4	5	0	1	2	3	4	5
Concentrating on and attending to studying	0	1	2	3	4	5	0	1	2	3	4	5
Knowing how best to study	0	1	2	3	4	5	0	1	2	3	4	5
Remembering what I have studied	0	1	2	3	4	5	0	1	2	3	4	5
Problem solving	0	1	2	3	4	5	0	1	2	3	4	5
Writing study notes	0	1	2	3	4	5	0	1	2	3	4	5
Being in study environments	0	1	2	3	4	5	0	1	2	3	4	5
Other	0	1	2	3	4	5	0	1	2	3	4	5
EXAMS												
Managing the stress before an exam	0	1	2	3	4	5	0	1	2	3	4	5
Doing exams	0	1	2	3	4	5	0	1	2	3	4	5
Recalling material	0	1	2	3	4	5	0	1	2	3	4	5
Deciding which question to do	0	1	2	3	4	5	0	1	2	3	4	5
Avoiding panic and "writer's block"	0	1	2	3	4	5	0	1	2	3	4	5
Not putting off exams or deferring	0	1	2	3	4	5	0	1	2	3	4	5
Managing fear that I may fail exams / perfectionism	0	1	2	3	4	5	0	1	2	3	4	5
Other	0	1	2	3	4	5	0	1	2	3	4	5
SOCIAL CONCERNS												
Making friends	0	1	2	3	4	5	0	1	2	3	4	5
Listening to others / peers	0	1	2	3	4	5	0	1	2	3	4	5
Self –esteem / Confidence	0	1	2	3	4	5	0	1	2	3	4	5
Getting on with housemates	0	1	2	3	4	5	0	1	2	3	4	5
Saying 'no' to people	0	1	2	3	4	5	0	1	2	3	4	5
Getting involved in societies	0	1	2	3	4	5	0	1	2	3	4	5
Being in restaurants / coffee shops	0	1	2	3	4	5	0	1	2	3	4	5
Being in pubs	0	1	2	3	4	5	0	1	2	3	4	5
Communicating with people	0	1	2	3	4	5	0	1	2	3	4	5
Other:	0	1	2	3	4	5	0	1	2	3	4	5

Intensity: 0 = not a problem at all, 5 = a very big problem for me.
Importance: 0 = not important at all, 5 = very important to me

	Intensity						Importance					
LIFE SKILLS												
Filling all of my roles / not having too many	0	1	2	3	4	5	0	1	2	3	4	5
Balancing college work and home / social	0	1	2	3	4	5	0	1	2	3	4	5
Managing my time	0	1	2	3	4	5	0	1	2	3	4	5
Making decisions	0	1	2	3	4	5	0	1	2	3	4	5
Receiving / handling bad results	0	1	2	3	4	5	0	1	2	3	4	5
Managing my flatmates	0	1	2	3	4	5	0	1	2	3	4	5
Managing my family	0	1	2	3	4	5	0	1	2	3	4	5
Managing finances	0	1	2	3	4	5	0	1	2	3	4	5
Managing my nutritional needs	0	1	2	3	4	5	0	1	2	3	4	5
Managing medication	0	1	2	3	4	5	0	1	2	3	4	5
Managing alcohol	0	1	2	3	4	5	0	1	2	3	4	5
Managing / avoiding other substances	0	1	2	3	4	5	0	1	2	3	4	5
Getting enough good quality sleep	0	1	2	3	4	5	0	1	2	3	4	5
Managing home environment	0	1	2	3	4	5	0	1	2	3	4	5
Other:	0	1	2	3	4	5	0	1	2	3	4	5
EMOTIONAL CONCERNS												
Dealing with conflict	0	1	2	3	4	5	0	1	2	3	4	5
Dealing with anger	0	1	2	3	4	5	0	1	2	3	4	5
Not having a perfectionistic attitude	0	1	2	3	4	5	0	1	2	3	4	5
Managing anxiety	0	1	2	3	4	5	0	1	2	3	4	5
Managing tearfulness	0	1	2	3	4	5	0	1	2	3	4	5
Managing negative thoughts	0	1	2	3	4	5	0	1	2	3	4	5
Motivation	0	1	2	3	4	5	0	1	2	3	4	5
Feeling happy	0	1	2	3	4	5	0	1	2	3	4	5
Being in control of my life	0	1	2	3	4	5	0	1	2	3	4	5
Managing stressful situations	0	1	2	3	4	5	0	1	2	3	4	5
Having good mental stamina	0	1	2	3	4	5	0	1	2	3	4	5
Difficulty switching off at home	0	1	2	3	4	5	0	1	2	3	4	5
Relaxing and enjoying myself	0	1	2	3	4	5	0	1	2	3	4	5
Other:	0	1	2	3	4	5	0	1	2	3	4	5

Part Six: Goal Setting

Having outlined your course and identified possible areas of concern, which areas would you like to initially focus on?

1 .....

.....

2 .....

.....

3 .....

.....

4 .....

.....

5 .....

.....

When setting goals it is important to make sure they are 'SMART'

S Specific – clearly outline what you are seeking to achieve
M Measurable - clearly define the goal to allow you to see if you have achieved them or not
A Action – Related – goals should include what you must do to achieve the goal
R Realistic – goals should be achievable for you
T Time - a time period should be set for when the goal should be achieved by

Consent:

I agree that if I become unwell while engaged in the Uni - link project, that the organisers have permission to contact the original referring agency and the health services in college.

Student Signature: **Date:**

Staff Signature: **Date:**

APPENDIX M

Trinity Student Profile Version 6

Trinity College Dublin VERSION 6
Unilink Service

Trinity Student Profile

Part One: Personal Details

Name: _____

Student Number: _____

Contact Details:

Phone: _____ Email: _____

_____

Course _____ Year: _____

Tutor

Disability Officer _____

Psychiatrist / GP _____

Referral Source _____

Unilink Contact Person _____

Other Services _____

_____

Times of week that suit you to meet:

Date of first Meeting:

Are you availing of other services within your course

Subject Tuition	
Post – Graduate Student Aides	
Teaching Assistants	
Tutorials	
Subject Help Websites	
Other	

Part Two: Present College Life

		Details
1	What areas of college life, academic or otherwise do you feel that you are managing well?	
2	What areas of college life do you feel you are having difficulty with?	
3	What do you like to do outside of academic work, either within or outside college? For Example: Hobbies or Interests	
4	Do you work outside of college and how many hours do you work?	

Part Three: Previous Experience

		Details
7	Have you started any other 3rd level course?	
8	Did you complete it?	
9	Have you repeated any years in your present course?	
10	Have you taken a year out from studying and what did you use the year for?	

10 Tell me about your college experience to date in Trinity?

11 Tell me about your work experience to date

Part Four: Course Content

12 Describe your course including subjects, course requirements and deadlines:

Term:	Subjects	Essay: Assignments: Exams: Projects: Lab Work etc..	Deadlines
Michaelmas Term:			
Hilary Term:			
Trinity Term:			

13 Which subjects are do you find the most difficult? Highlight the subjects in the table above or place an astrix beside them.

_____

14 Can you describe why you are experiencing difficulties with that subject?

Part Five: List of Concerns

For each of the items listed below, rate the **level of the difficulty** and how **important** it is to you to work on this.
Intensity: 0 = not a problem at all, 5 = a very big problem for me.
Importance: 0 = not important at all, 5 = very important to me

	Difficulty						Importance					
LECTURES, SEMINARS AND TUTORIALS												
Being on time for lectures and tutorials	0	1	2	3	4	5	0	1	2	3	4	5
Concentrating during lectures and tutorials	0	1	2	3	4	5	0	1	2	3	4	5
Listening in lectures and tutorials	0	1	2	3	4	5	0	1	2	3	4	5
Understanding the content of lectures	0	1	2	3	4	5	0	1	2	3	4	5
Taking notes	0	1	2	3	4	5	0	1	2	3	4	5
Participating in discussion	0	1	2	3	4	5	0	1	2	3	4	5
Asking questions	0	1	2	3	4	5	0	1	2	3	4	5
Working in groups	0	1	2	3	4	5	0	1	2	3	4	5
Doing presentations	0	1	2	3	4	5	0	1	2	3	4	5
Listening to others / peers	0	1	2	3	4	5	0	1	2	3	4	5
Talking to lecturers and tutors	0	1	2	3	4	5	0	1	2	3	4	5
Asking for help	0	1	2	3	4	5	0	1	2	3	4	5
Comments:												
LAB WORK : FIELD TRIPS: CLINICAL PLACEMENTS: ATTACHMENTS (Tick which one applies to you otherwise move to next section)												
Attending and being on time for labs /placements/field trips/attachments	0	1	2	3	4	5	0	1	2	3	4	5
Being in lab / placement environments	0	1	2	3	4	5	0	1	2	3	4	5
Doing practical work	0	1	2	3	4	5	0	1	2	3	4	5
Getting on with my supervisor	0	1	2	3	4	5	0	1	2	3	4	5
Getting on with other students	0	1	2	3	4	5	0	1	2	3	4	5
Managing my work load	0	1	2	3	4	5	0	1	2	3	4	5
Completing Reports	0	1	2	3	4	5	0	1	2	3	4	5
Comments												

Difficulty: 0 = not a problem at all, 5 = a very big problem for me.
Importance: 0 = not important at all, 5 = very important to me

	Difficulty						Importance				
USING LIBRARIES AND GETTING INFORMATION											
Understanding the Library System	0	1	2	3	4	5	0	1	2	3	4
Finding Books	0	1	2	3	4	5	0	1	2	3	4
Photocopying Material	0	1	2	3	4	5	0	1	2	3	4
Using computers	0	1	2	3	4	5	0	1	2	3	4
Comments:											
WRITING ESSAYS, PROJECTS AND REPORTS											
Organising information	0	1	2	3	4	5	0	1	2	3	4
Understanding topic / question	0	1	2	3	4	5	0	1	2	3	4
Structuring and planning the essay or project	0	1	2	3	4	5	0	1	2	3	4
Getting down to writing	0	1	2	3	4	5	0	1	2	3	4
Continuing writing, avoiding "writer's block"	0	1	2	3	4	5	0	1	2	3	4
Finishing the work	0	1	2	3	4	5	0	1	2	3	4
Handing up on time	0	1	2	3	4	5	0	1	2	3	4
Understanding your departments expectations (eg. Length, style etc)	0	1	2	3	4	5	0	1	2	3	4
Referencing	0	1	2	3	4	5	0	1	2	3	4
Comments:											

Difficulty: 0 = not a problem at all, 5 = a very big problem for me.
Importance: 0 = not important at all, 5 = very important to me

	Difficulty	Importance
PRIORITISING, PLANNING, TIME MANAGEMENT, DOING THE WORK		
Knowing the course structure and content	0 1 2 3 4 5	0 1 2 3 4 5
Spreading workload across term / year	0 1 2 3 4 5	0 1 2 3 4 5
Managing my time	0 1 2 3 4 5	0 1 2 3 4 5
Prioritising so that things get done on time	0 1 2 3 4 5	0 1 2 3 4 5
Dealing with time pressures and deadlines	0 1 2 3 4 5	0 1 2 3 4 5
Goal – setting	0 1 2 3 4 5	0 1 2 3 4 5
Achieving goals	0 1 2 3 4 5	0 1 2 3 4 5
Procrastination	0 1 2 3 4 5	0 1 2 3 4 5
Dealing with work overload	0 1 2 3 4 5	0 1 2 3 4 5
Comments:		
STUDYING		
Getting started with studying	0 1 2 3 4 5	0 1 2 3 4 5
Dealing with distractions	0 1 2 3 4 5	0 1 2 3 4 5
Knowing how best to study	0 1 2 3 4 5	0 1 2 3 4 5
Remembering what I have studied	0 1 2 3 4 5	0 1 2 3 4 5
Writing study notes	0 1 2 3 4 5	0 1 2 3 4 5
Comments		

Difficulty: 0 = not a problem at all, 5 = a very big problem for me.
Importance: 0 = not important at all, 5 = very important to me

	Difficulty						Importance				
EXAMS											
Managing the stress before an exam	0	1	2	3	4	5	0	1	2	3	4
Getting to the exam	0	1	2	3	4	5	0	1	2	3	4
Deciding which question to do	0	1	2	3	4	5	0	1	2	3	4
Recalling Material	0	1	2	3	4	5	0	1	2	3	4
Managing panic and "writer's block"	0	1	2	3	4	5	0	1	2	3	4
Staying and doing the exam	0	1	2	3	4	5	0	1	2	3	4
Managing fear that I may fail exams / perfectionism	0	1	2	3	4	5	0	1	2	3	4
Comments											
SOCIAL CONCERNS											
Making friends within college	0	1	2	3	4	5	0	1	2	3	4
Making friends outside college	0	1	2	3	4	5	0	1	2	3	4
Getting on with housemates	0	1	2	3	4	5	0	1	2	3	4
Saying 'no' to people	0	1	2	3	4	5	0	1	2	3	4
Getting involved in societies	0	1	2	3	4	5	0	1	2	3	4
Communicating with people	0	1	2	3	4	5	0	1	2	3	4
Comments:											

Difficulty: 0 = not a problem at all, 5 = a very big problem for me.
Importance: 0 = not important at all, 5 = very important to me

	Difficulty						Importance					
LIFE SKILLS												
Balancing college work and life	0	1	2	3	4	5	0	1	2	3	4	5
Managing my free time	0	1	2	3	4	5	0	1	2	3	4	5
Making decisions	0	1	2	3	4	5	0	1	2	3	4	5
Receiving and coping with bad results	0	1	2	3	4	5	0	1	2	3	4	5
Managing flatmates	0	1	2	3	4	5	0	1	2	3	4	5
Managing family	0	1	2	3	4	5	0	1	2	3	4	5
Managing finances/bills	0	1	2	3	4	5	0	1	2	3	4	5
Managing nutritional needs	0	1	2	3	4	5	0	1	2	3	4	5
Managing medication	0	1	2	3	4	5	0	1	2	3	4	5
Managing alcohol	0	1	2	3	4	5	0	1	2	3	4	5
Managing / avoiding other substances	0	1	2	3	4	5	0	1	2	3	4	5
Getting enough good quality sleep	0	1	2	3	4	5	0	1	2	3	4	5
Managing shopping, housework etc.	0	1	2	3	4	5	0	1	2	3	4	5
Comments:												
EMOTIONAL CONCERNS												
Dealing with conflict	0	1	2	3	4	5	0	1	2	3	4	5
Dealing with anger	0	1	2	3	4	5	0	1	2	3	4	5
Being a perfectionist	0	1	2	3	4	5	0	1	2	3	4	5
Managing anxiety	0	1	2	3	4	5	0	1	2	3	4	5
Managing negative thoughts	0	1	2	3	4	5	0	1	2	3	4	5
Managing stressful situations	0	1	2	3	4	5	0	1	2	3	4	5
Having good mental stamina/endurance	0	1	2	3	4	5	0	1	2	3	4	5
Switching off	0	1	2	3	4	5	0	1	2	3	4	5
Relaxing and enjoying myself	0	1	2	3	4	5	0	1	2	3	4	5
Being Confident	0	1	2	3	4	5	0	1	2	3	4	5
Comments:												

What are your expectations for your course and college life?
Academically
Socially
Personally

Part Six: Goal Setting

Having outlined your course and identified possible areas of concern, which areas would you like to initially focus on?

1 .....

2 .....

3 .....

4 .....

5 .....

Consent:

I agree that if I become unwell while engaged in the Uni - link project, that the organisers have permission to contact the original referring agency and the health services in college.

Student Signature: **Date:**

Staff Signature: **Date:**

APPENDIX N

Trinity Student Profile Version 7

Trinity College Dublin VERSION 7
Unilink Service

Trinity Student Profile

Part One: Personal Details

Name: _____

Student Number: _____

Contact Details:

Phone: _____ Email: _____

_____

Course _____ Year: _____

Tutor

Disability Officer _____

Psychiatrist / GP _____

Referral Source _____

Unilink Contact Person _____

Other Services _____

_____

Times of week that suit you to meet:	
Date of first Meeting:	
Are you availing of other services within your course	

Subject Tuition	
Post – Graduate Student Aides	
Teaching Assistants	
Tutorials	
Subject Help Websites	
Other	

Part Two: Present College Life

		Details
1	What areas of college life, academic or otherwise do you feel that you are managing well?	
2	What areas of college life do you feel you are having difficulty with?	
3	What do you like to do outside of academic work, either within or outside college? For Example: Hobbies or Interests	
4	Do you work outside of college and how many hours do you work?	

Part Three: Previous Experience

		Details
7	Have you started any other 3rd level course?	
8	Did you complete it?	
9	Have you repeated any years in your present course?	
10	Have you taken a year out from studying and what did you use the year for?	

10 Tell me about your college experience to date in Trinity?

11 Tell me about your work experience to date

Part Four: Course Content

12 Describe your course including subjects, course requirements and deadlines:

Term:	Subjects	Essay: Assignments: Exams: Projects: Lab Work etc..	Deadlines
Michaelmas Term:			
Hilary Term:			
Trinity Term:			

13 Which subjects are do you find the most difficult? Highlight the subjects in the table above or place an astrix beside them.

14 Can you describe why you are experiencing difficulties with that subject? _____

Part Five: List of Concerns

For each of the items listed below, rate the **level of the difficulty** and how **important** it is to you to work on this.
Intensity: 0 = not a problem at all, 5 = a very big problem for me.
Importance: 0 = not important at all, 5 = very important to me

PERSON – Managing Yourself and Others **Lectures, Seminars and Tutorials, Lab Work, Attachments/Placememts**	**Difficulty**						**Importance**					
Being on time for College (lectures, labs etc.)	0	1	2	3	4	5	0	1	2	3	4	5
Concentrating during lectures and tutorials	0	1	2	3	4	5	0	1	2	3	4	5
Listening in lectures and tutorials	0	1	2	3	4	5	0	1	2	3	4	5
Understanding the content of lectures	0	1	2	3	4	5	0	1	2	3	4	5
Getting on with my supervisor												
Getting on with other students	0	1	2	3	4	5	0	1	2	3	4	5
Using Libraries and Getting Information												
Understanding the Library System												
Writing Essays, Projects and Reports												
Understanding topic / question	0	1	2	3	4	5	0	1	2	3	4	5
Handing up on time	0	1	2	3	4	5	0	1	2	3	4	5
Understanding your departments expectations/standards (eg. Length, style etc)	0	1	2	3	4	5	0	1	2	3	4	5
Knowing the course structure and content	0	1	2	3	4	5	0	1	2	3	4	5
Studying												
Getting started with studying	0	1	2	3	4	5	0	1	2	3	4	5
Knowing how best to study	0	1	2	3	4	5	0	1	2	3	4	5
Remembering what I have studied	0	1	2	3	4	5	0	1	2	3	4	5
Exams												
Managing the stress before an exam	0	1	2	3	4	5	0	1	2	3	4	5
Deciding which question to do	0	1	2	3	4	5	0	1	2	3	4	5
Recalling Material	0	1	2	3	4	5	0	1	2	3	4	5
Managing panic and "writer's block"	0	1	2	3	4	5	0	1	2	3	4	5
Managing fear that I may fail exams / perfectionism	0	1	2	3	4	5	0	1	2	3	4	5

Difficulty: 0 = not a problem at all, 5 = a very big problem for me. **Importance:** 0 = not important at all, 5 = very important to me	**Difficulty**						**Importance**					
Social Concerns												
Getting on with housemates	0	1	2	3	4	5	0	1	2	3	4	5
Saying 'no' to people	0	1	2	3	4	5	0	1	2	3	4	5
Getting involved in societies	0	1	2	3	4	5	0	1	2	3	4	5
Communicating with people	0	1	2	3	4	5	0	1	2	3	4	5
Life Skills												
Making decisions	0	1	2	3	4	5	0	1	2	3	4	5
Receiving and coping with bad results	0	1	2	3	4	5	0	1	2	3	4	5
Getting enough good quality sleep	0	1	2	3	4	5	0	1	2	3	4	5
Emotional Concerns												
Dealing with conflict	0	1	2	3	4	5	0	1	2	3	4	5
Dealing with anger	0	1	2	3	4	5	0	1	2	3	4	5
Being a perfectionist	0	1	2	3	4	5	0	1	2	3	4	5
Managing anxiety	0	1	2	3	4	5	0	1	2	3	4	5
Managing negative thoughts	0	1	2	3	4	5	0	1	2	3	4	5
Managing stressful situations	0	1	2	3	4	5	0	1	2	3	4	5
Having good mental stamina/endurance	0	1	2	3	4	5	0	1	2	3	4	5
Switching off	0	1	2	3	4	5	0	1	2	3	4	5
Relaxing and enjoying myself	0	1	2	3	4	5	0	1	2	3	4	5
Being Confident	0	1	2	3	4	5	0	1	2	3	4	5

ENVIRONMENT - Managing the Physical and Social Environment **Difficulty:** 0 = not a problem at all, 5 = a very big problem for me. **Importance:** 0 = not important at all, 5 = very important to me	**Difficulty**	**Importance**
PHYSICAL - Lectures, Seminars and Tutorials, Library, Lab, Placement/Attachments (please circle which one applies to you)		
Noise	0 1 2 3 4 5	0 1 2 3 4 5
Light	0 1 2 3 4 5	0 1 2 3 4 5
Managing lab / placement environments	0 1 2 3 4 5	0 1 2 3 4 5
Managing Library System		
Managing Information Technology Systems		
Studying		
Dealing with internal distractions (thoughts)	0 1 2 3 4 5	0 1 2 3 4 5
Dealing with external distractions (Noise etc)		
Exams		
Getting to the exam	0 1 2 3 4 5	0 1 2 3 4 5
Social		
Making friends within college	0 1 2 3 4 5	0 1 2 3 4 5
Making friends outside college	0 1 2 3 4 5	0 1 2 3 4 5
Managing flatmates	0 1 2 3 4 5	0 1 2 3 4 5
Managing family	0 1 2 3 4 5	0 1 2 3 4 5
Managing student support services		
Managing Tutor system		
Life Skills		
Managing finances/bills	0 1 2 3 4 5	0 1 2 3 4 5
Managing nutritional needs	0 1 2 3 4 5	0 1 2 3 4 5
Managing medication	0 1 2 3 4 5	0 1 2 3 4 5
Managing alcohol	0 1 2 3 4 5	0 1 2 3 4 5
Managing / avoiding other substances	0 1 2 3 4 5	0 1 2 3 4 5
Managing shopping, housework etc.	0 1 2 3 4 5	0 1 2 3 4 5

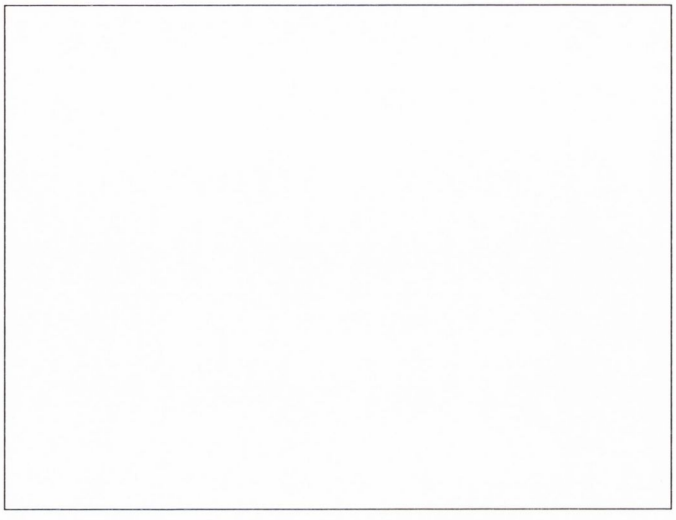
OCCUPATION – Managing the Job of Being a Student

Difficulty: 0 = not a problem at all, 5 = a very big problem for me.
Importance: 0 = not important at all, 5 = very important to me

	Difficulty						Importance					
Lectures , Seminars and Tutorials												
Taking notes	0	1	2	3	4	5	0	1	2	3	4	5
Participating in discussion	0	1	2	3	4	5	0	1	2	3	4	5
Asking questions	0	1	2	3	4	5	0	1	2	3	4	5
Working in groups	0	1	2	3	4	5	0	1	2	3	4	5
Doing presentations	0	1	2	3	4	5	0	1	2	3	4	5
Listening to others / peers	0	1	2	3	4	5	0	1	2	3	4	5
Talking to lecturers and tutors	0	1	2	3	4	5	0	1	2	3	4	5
Asking for help	0	1	2	3	4	5	0	1	2	3	4	5
Spreading workload across term / year	0	1	2	3	4	5	0	1	2	3	4	5
Managing my time	0	1	2	3	4	5	0	1	2	3	4	5
Prioritising so that things get done on time	0	1	2	3	4	5	0	1	2	3	4	5
Dealing with time pressures and deadlines	0	1	2	3	4	5	0	1	2	3	4	5
Goal – setting	0	1	2	3	4	5	0	1	2	3	4	5
Achieving goals	0	1	2	3	4	5	0	1	2	3	4	5
Procrastination	0	1	2	3	4	5	0	1	2	3	4	5
Dealing with work overload	0	1	2	3	4	5	0	1	2	3	4	5
Lab Work, Field Trips, Attachments/Placements												
Doing practical work	0	1	2	3	4	5	0	1	2	3	4	5
Managing my work load	0	1	2	3	4	5	0	1	2	3	4	5
Completing Reports	0	1	2	3	4	5	0	1	2	3	4	5
Using libraries and getting information												
Finding Books	0	1	2	3	4	5	0	1	2	3	4	5
Photocopying Material	0	1	2	3	4	5	0	1	2	3	4	5
Using computers	0	1	2	3	4	5	0	1	2	3	4	5
Writing Essays, Projects and Reports												
Organising information	0	1	2	3	4	5	0	1	2	3	4	5
Structuring and planning the essay or project	0	1	2	3	4	5	0	1	2	3	4	5
Getting down to writing	0	1	2	3	4	5	0	1	2	3	4	5

Difficulty: 0 = not a problem at all, 5 = a very big problem for me. **Importance:** 0 = not important at all, 5 = very important to me	**Difficulty**						**Importance**					
Continuing writing, avoiding "writer's block"	0	1	2	3	4	5	0	1	2	3	4	5
Finishing the work	0	1	2	3	4	5	0	1	2	3	4	5
Referencing	0	1	2	3	4	5	0	1	2	3	4	5
Studying												
Writing study notes	0	1	2	3	4	5	0	1	2	3	4	5
Exams												
Staying and doing the exam	0	1	2	3	4	5	0	1	2	3	4	5
Life Skills												
Balancing college work and life	0	1	2	3	4	5	0	1	2	3	4	5
Managing my free time	0	1	2	3	4	5	0	1	2	3	4	5

What are your expectations for your course and college life?
Academically
Socially
Personally



Part Six: Goal Setting

ng outlined your course and identified possible areas of concern, which areas would you
o initially focus on?

Consent:

I agree that if I become unwell while engaged in the Uni - link project, that the organisers have permission to contact the original referring agency and the health services in college.

Student Signature: **Date:**

Staff Signature: **Date:**

APPENDIX O

Trinity Student Profile Version 8

Trinity College Dublin VERSION 8
Unilink Service

Trinity Student Profile

Part One: Personal Details

Name: _____

Student Number: _____

Contact Details:

Phone: _____ Email: _____

_____

Course _____ Year: _____

Tutor

Disability Officer _____

Psychiatrist / GP _____

Referral Source _____

Unilink Contact Person _____

Other Services _____

_____

Times of week that suit you to meet:

Date of first Meeting:

Are you availing of other services within your course

Subject Tuition	
Post – Graduate Student Aides	
Teaching Assistants	
Tutorials	
Subject Help Websites	
Other	

INSTRUCTIONS There are four more parts to this form. The purpose of this form is to gain an understanding from your perspective of your college experiences to date and to try and identify areas of college life that are presenting as a difficulty for you.

Section two asks questions about your current college experience and areas that you may be experiencing some difficulty.

Section three is designed to ask you about your previous college experiences and work history. If you are in first year then parts of this section may not be relevant to you. If so just go on to the next section.

Part Four asks specific questions about your course content to date as well as any deadlines you have to meet, over the three terms Michaelmas, Hilary and Trinity. The objective of this section is to gain an understanding of your course and the deadlines and standards that you are required to meet. Some of this information may be found in your course handbook and some may not be available to you as of yet. If you do not know your course requirements just move on to the next section.

Section Five is a list of concerns for students. These are broken down into concerns that you may have about yourself and your ability to manage both the academic and social structures (**Person**), concerns about the managing the demands of the university system and the social life of being a student **(Environment**), and concerns you may have about managing the job of being a student (**Occupation)**. You will be asked to **rate** the **level of difficulty** you are experiencing **and** also how **important** it is for you that we work on this with you in the Unilink programme. **By rating the items you will help us identify and prioritise the items you perceive to be a problem and that you most want to work on.** This will enable us to make an appropriate plan of action to tackle the issues.

All the information on this form will be treated confidentially. What is meant by that is that no information on this form will be shared with others unless you indicate otherwise. We will ask you for a copy for our records so that we may track any changes and in keeping with best practice.

Part Two: Present College Life

		Details
1	What areas of college life, academic or otherwise do you feel that you are managing well?	
2	What do you like to do outside of academic work, either within or outside college? For Example: Hobbies or Interests	
3	Do you work outside of college and how many hours do you work?	

Part Three: Previous Experience

		Details
4	Have you started any other 3rd level course?	
5	Did you complete it?	
6	Have you repeated any years in your present course?	
7	Have you taken a year out from studying and what did you use the year for?	

8 Tell me about your college experience to date in Trinity?

9 Tell me about your work experience to date

Part Four: Course Content

10 Describe your course including subjects, course requirements and deadlines. This information can be found in your course handbook.

Term:	Subjects	Essay: Assignments: Exams: Projects: Lab Work etc..	Deadlines
Michaelmas Term:			
Hilary Term:			
Trinity Term:			

11 Which subjects are do you find the most difficult? Highlight the subjects in the table above or place an astrix beside them.

12 Can you describe why you are experiencing difficulties with that subject? _____

Part Five: List of Concerns

For each of the items listed below, rate the **level of the difficulty** and how **important** is it for you to work on this item in Unilink
Difficulty: 0 = not a difficulty at all, 5 = experience great difficulty.
Importance: 0 = not important at all, 5 = very important to me

PERSON – Managing Yourself and Others	**Level of Difficulty with the item**	**How Important is it for you to work on this item in Unilink**
Lectures, Seminars and Tutorials, Lab Work, Attachments/Placememts		
Being on time for College (lectures, labs etc.)	0 1 2 3 4 5	0 1 2 3 4 5
Concentrating during lectures and tutorials	0 1 2 3 4 5	0 1 2 3 4 5
Listening in lectures and tutorials	0 1 2 3 4 5	0 1 2 3 4 5
Understanding the content of lectures	0 1 2 3 4 5	0 1 2 3 4 5
Using Libraries and Getting Information		
Understanding the Library System		
Writing Essays, Projects and Reports		
Understanding topic / question	0 1 2 3 4 5	0 1 2 3 4 5
Handing up work on time	0 1 2 3 4 5	0 1 2 3 4 5
Understanding your departments expectations/standards (eg. Length, style etc)	0 1 2 3 4 5	0 1 2 3 4 5
Knowing the course structure and content	0 1 2 3 4 5	0 1 2 3 4 5
Studying		
Dealing with internal distractions (thoughts)	0 1 2 3 4 5	0 1 2 3 4 5
Getting started with studying	0 1 2 3 4 5	0 1 2 3 4 5
Knowing how best to study	0 1 2 3 4 5	0 1 2 3 4 5
Remembering what I have studied	0 1 2 3 4 5	0 1 2 3 4 5
Exams		
Managing the stress before an exam	0 1 2 3 4 5	0 1 2 3 4 5
Deciding which question to do	0 1 2 3 4 5	0 1 2 3 4 5
Recalling Material	0 1 2 3 4 5	0 1 2 3 4 5
Managing panic and "writer's block"	0 1 2 3 4 5	0 1 2 3 4 5

Managing fear that I may fail exams / perfectionism	0	1	2	3	4	5	0	1	2	3	4	5
Difficulty: 0 = not a difficulty at all, 5 = experience great difficulty **Importance:** 0 = not important at all, 5 = very important to me	**Level of Difficulty with the item**						**How Important is it for you to work on this item in Unilink**					
Life Skills												
Making decisions	0	1	2	3	4	5	0	1	2	3	4	5
Receiving and managing bad results	0	1	2	3	4	5	0	1	2	3	4	5
Good sleep routines	0	1	2	3	4	5	0	1	2	3	4	5
Emotional Concerns												
Managing conflict	0	1	2	3	4	5	0	1	2	3	4	5
Managing anger	0	1	2	3	4	5	0	1	2	3	4	5
Being a perfectionist	0	1	2	3	4	5	0	1	2	3	4	5
Managing anxiety	0	1	2	3	4	5	0	1	2	3	4	5
Managing negative thoughts	0	1	2	3	4	5	0	1	2	3	4	5
Managing stressful situations	0	1	2	3	4	5	0	1	2	3	4	5
Having good mental stamina/endurance	0	1	2	3	4	5	0	1	2	3	4	5
Switching off and relaxing	0	1	2	3	4	5	0	1	2	3	4	5
Being Confident	0	1	2	3	4	5	0	1	2	3	4	5

ENVIRONMENT - Managing the University System and its Social Environment **Difficulty:** 0 = not a difficulty at all, 5 = experience great difficulty. **Importance:** 0 = not important at all, 5 = very important to me	**Level of Difficulty with the item**	**How Important is it for you to work on this item in Unilink**
PHYSICAL - Lectures, Seminars and Tutorials, Library, Lab, Placement/Attachments (please circle which one applies to you)		
Noise (external distractions)	0 1 2 3 4 5	0 1 2 3 4 5
Light (external distractions)	0 1 2 3 4 5	0 1 2 3 4 5
Managing lab / placement environments	0 1 2 3 4 5	0 1 2 3 4 5
Managing Library System	0 1 2 3 4 5	0 1 2 3 4 5
Managing Information Technology Systems	0 1 2 3 4 5	0 1 2 3 4 5
Exams		
Getting to the exam	0 1 2 3 4 5	0 1 2 3 4 5
Social		
Saying 'no' to people	0 1 2 3 4 5	0 1 2 3 4 5
Getting involved in societies	0 1 2 3 4 5	0 1 2 3 4 5
Communicating with people	0 1 2 3 4 5	0 1 2 3 4 5
Getting on with my supervisor	0 1 2 3 4 5	0 1 2 3 4 5
Getting on with other students	0 1 2 3 4 5	0 1 2 3 4 5
Making friends within college	0 1 2 3 4 5	0 1 2 3 4 5
Making friends outside college	0 1 2 3 4 5	0 1 2 3 4 5
Managing flatmates/housemates	0 1 2 3 4 5	0 1 2 3 4 5
Managing family	0 1 2 3 4 5	0 1 2 3 4 5
Managing student support services	0 1 2 3 4 5	0 1 2 3 4 5
Managing Tutor system	0 1 2 3 4 5	0 1 2 3 4 5
Life Skills		
Managing finances/bills	0 1 2 3 4 5	0 1 2 3 4 5
Managing nutritional needs	0 1 2 3 4 5	0 1 2 3 4 5
Managing medication	0 1 2 3 4 5	0 1 2 3 4 5
Managing alcohol	0 1 2 3 4 5	0 1 2 3 4 5
Managing / avoiding other substances	0 1 2 3 4 5	0 1 2 3 4 5
Managing shopping, housework etc.	0 1 2 3 4 5	0 1 2 3 4 5

OCCUPATION – Managing the Job of Being a Student **Difficulty:** 0 = not a difficulty at all, 5 = experience great difficulty **Importance:** 0 = not important at all, 5 = very important to me	**Level of Difficulty with the item**	**How Important is it for you to work on this item in Unilink**
Lectures , Seminars and Tutorials		
Taking notes	0 1 2 3 4 5	0 1 2 3 4 5
Participating in discussion	0 1 2 3 4 5	0 1 2 3 4 5
Asking questions	0 1 2 3 4 5	0 1 2 3 4 5
Working in groups	0 1 2 3 4 5	0 1 2 3 4 5
Doing presentations	0 1 2 3 4 5	0 1 2 3 4 5
Listening to others / peers	0 1 2 3 4 5	0 1 2 3 4 5
Talking to lecturers and tutors	0 1 2 3 4 5	0 1 2 3 4 5
Asking for help	0 1 2 3 4 5	0 1 2 3 4 5
Spreading workload across term / year	0 1 2 3 4 5	0 1 2 3 4 5
Managing my time	0 1 2 3 4 5	0 1 2 3 4 5
Prioritising so that deadlines are met	0 1 2 3 4 5	0 1 2 3 4 5
Goal – setting	0 1 2 3 4 5	0 1 2 3 4 5
Achieving goals	0 1 2 3 4 5	0 1 2 3 4 5
Dealing with work overload	0 1 2 3 4 5	0 1 2 3 4 5
Lab Work, Field Trips, Attachments/Placements		
Doing practical work	0 1 2 3 4 5	0 1 2 3 4 5
Managing my work load	0 1 2 3 4 5	0 1 2 3 4 5
Completing Reports	0 1 2 3 4 5	0 1 2 3 4 5
Using libraries and getting information		
Finding Books	0 1 2 3 4 5	0 1 2 3 4 5
Photocopying Material	0 1 2 3 4 5	0 1 2 3 4 5
Using computers	0 1 2 3 4 5	0 1 2 3 4 5
Writing Essays, Projects and Reports		
Organising information	0 1 2 3 4 5	0 1 2 3 4 5
Structuring and planning the essay or project	0 1 2 3 4 5	0 1 2 3 4 5
Getting down to writing	0 1 2 3 4 5	0 1 2 3 4 5

Difficulty: 0 = not a difficulty at all, 5 = experience great difficulty. **Importance:** 0 = not important at all, 5 = very important to me	**Level of Difficulty with the item**						**How Important is it for you to work on this item in Unilink**					
Continuing writing, avoiding "writer's block"	0	1	2	3	4	5	0	1	2	3	4	5
Finishing the work	0	1	2	3	4	5	0	1	2	3	4	5
Referencing	0	1	2	3	4	5	0	1	2	3	4	5
Studying												
Writing study notes	0	1	2	3	4	5	0	1	2	3	4	5
Exams												
Staying and doing the exam	0	1	2	3	4	5	0	1	2	3	4	5
Life Skills												
Balancing college work and life	0	1	2	3	4	5	0	1	2	3	4	5
Managing my free time	0	1	2	3	4	5	0	1	2	3	4	5

What are your expectations for your course and college life?

Academically

Socially

Personally

Part Six: Goal Setting

In this section we will work together in making a plan to tackle the issues that you have identified above. We will complete this as we go along.

Consent:

I agree that if I become unwell while engaged in the Uni - link project, that the organisers have permission to contact the original referring agency and the health services in college.

Student Signature: **Date:**

Staff Signature: **Date:**

APPENDIX P

Trinity Student Profile Version 9

Trinity College Dublin VERSION 9
Unilink Service

Trinity Student Profile

Part One: Personal Details

Name: _____

Student Number: _____

Contact Details:

Phone: _____ Email: _____

_____

Course _____ Year: _____

Tutor

Disability Officer _____

Psychiatrist / GP _____

Referral Source _____

Unilink Contact Person _____

Other Services _____

_____

Times of week that suit you to meet: _____

_____

Date of first Meeting: _____

Are you availing of other services within your course

Subject Tuition	
Post – Graduate Student Aides	
Teaching Assistants	
Tutorials	
Subject Help Websites	
Other	

INSTRUCTIONS There are four more parts to this form. The purpose of this form is to gain an understanding from your perspective of your college experiences to date and to try and identify areas of college life that are presenting as a difficulty for you.

Section two asks questions about your current college experience and areas that you may be experiencing some difficulty.

Section three is designed to ask you about your previous college experiences and work history. If you are in first year then parts of this section may not be relevant to you. If so just go on to the next section.

Part Four asks specific questions about your course content to date as well as any deadlines you have to meet, over the three terms Michaelmas, Hilary and Trinity. The objective of this section is to gain an understanding of your course and the deadlines and standards that you are required to meet. Some of this information may be found in your course handbook and some may not be available to you as of yet. If you do not know your course requirements just move on to the next section.

Section Five is a list of concerns for students. These are broken down into concerns that you may have about yourself and your ability to manage both the academic and social structures (**Person**), concerns about the managing the demands of the university system and the social life of being a student **(Environment**), and concerns you may have about managing the job of being a student (**Occupation)**. You will be asked to **rate** the **level of difficulty** you are experiencing **and** also how **important** it is for you that we work on this with you in the Unilink programme. **By rating the items you will help us identify and prioritise the items you perceive to be a problem and that you most want to work on.** This will enable us to make an appropriate plan of action to tackle the issues.

All the information on this form will be treated confidentially. What is meant by that is that no information on this form will be shared with others unless you indicate otherwise. We will ask you for a copy for our records so that we may track any changes and in keeping with best practice.

Part Two: Present College Life

		Details
1	What areas of college life, academic or otherwise do you feel that you are managing well?	
2	What do you like to do outside of academic work, either within or outside college? For Example: Hobbies or Interests	
3	Do you work outside of college and how many hours do you work?	

Part Three: Previous Experience

		Details
4	Have you started any other 3rd level course?	
5	Did you complete it?	
6	Have you repeated any years in your present course?	
7	Have you taken a year out from studying and what did you use the year for?	

8 Tell me about your college experience to date in Trinity?

9 Tell me about your work experience to date

Part Four: Course Content

10 Describe your course including subjects, course requirements and deadlines. This information can be found in your course handbook.

Term:	Subjects	Essay: Assignments: Exams: Projects: Lab Work etc..	Deadlines
Michaelmas Term:			
Hilary Term:			
Trinity Term:			

11 Which subjects are do you find the most difficult? Highlight the subjects in the table above or place an astrix beside them.

12 Can you describe why you are experiencing difficulties with that subject? _____

Part Five: List of Concerns

For each of the items listed below, rate the **level of the difficulty** and how **important** is it for you to work on this item in Unilink
Difficulty: 0 = not difficult at all, 5 = experience great difficulty.
Importance: 0 = not important at all, 5 = very important to me

PERSON – Managing Yourself and Others	**Level of Difficulty with the item**						**How Important is it for you to work on this item in Unilink**					
Lectures, Seminars and Tutorials, Lab Work, Attachments/Placements												
Being on time for College (lectures, labs etc.)	0	1	2	3	4	5	0	1	2	3	4	5
Concentrating during lectures and tutorials	0	1	2	3	4	5	0	1	2	3	4	5
Understanding the content of lectures	0	1	2	3	4	5	0	1	2	3	4	5
Using Libraries and Getting Information												
Understanding the Library System	0	1	2	3	4	5	0	1	2	3	4	5
Retrieving Information/Books	0	1	2	3	4	5	0	1	2	3	4	5
Writing Essays, Projects and Reports												
Understanding topic / question	0	1	2	3	4	5	0	1	2	3	4	5
Handing up work on time	0	1	2	3	4	5	0	1	2	3	4	5
Understanding your departments expectations/standards (eg. Length, style etc)	0	1	2	3	4	5	0	1	2	3	4	5
Understanding the course structure and content	0	1	2	3	4	5	0	1	2	3	4	5
Studying												
Maintaining concentration during study	0	1	2	3	4	5	0	1	2	3	4	5
Getting started with studying	0	1	2	3	4	5	0	1	2	3	4	5
Knowing how best to study	0	1	2	3	4	5	0	1	2	3	4	5
Remembering what I have studied	0	1	2	3	4	5	0	1	2	3	4	5
Exams												
Managing the stress before an exam	0	1	2	3	4	5	0	1	2	3	4	5
Deciding which question to do	0	1	2	3	4	5	0	1	2	3	4	5
Recalling Material	0	1	2	3	4	5	0	1	2	3	4	5
Managing panic and "writer's block"	0	1	2	3	4	5	0	1	2	3	4	5
Managing fear that I may fail exams	0	1	2	3	4	5	0	1	2	3	4	5

Difficulty: 0 = not difficult at all, 5 = experience great difficulty **Importance:** 0 = not important at all, 5 = very important to me	**Level of Difficulty with the item**						**How Important is it for you to work on this item in Unilink**					
Life Skills												
Making day to day decisions	0	1	2	3	4	5	0	1	2	3	4	5
Receiving and coping with bad results	0	1	2	3	4	5	0	1	2	3	4	5
Getting enough good quality sleep	0	1	2	3	4	5	0	1	2	3	4	5
Emotional Concerns												
Managing conflict	0	1	2	3	4	5	0	1	2	3	4	5
Managing anger	0	1	2	3	4	5	0	1	2	3	4	5
Being a perfectionist	0	1	2	3	4	5	0	1	2	3	4	5
Managing anxiety	0	1	2	3	4	5	0	1	2	3	4	5
Managing negative thoughts	0	1	2	3	4	5	0	1	2	3	4	5
Managing stressful situations	0	1	2	3	4	5	0	1	2	3	4	5
Maintaining good mental stamina/endurance	0	1	2	3	4	5	0	1	2	3	4	5
Switching off and relaxing	0	1	2	3	4	5	0	1	2	3	4	5
Being Confident	0	1	2	3	4	5	0	1	2	3	4	5

ENVIRONMENT - Managing the University System and its Social Environment **Difficulty:** 0 = not difficult at all, 5 = experience great difficulty. **Importance:** 0 = not important at all, 5 = very important to me	**Level of Difficulty with the item**	**How Important is it for you to work on this item in Unilink**
PHYSICAL - Lectures, Seminars and Tutorials, Library, Lab, Placement/Attachments (please circle which one applies to you)		
Tolerating external distractions e.g. noise, light	0 1 2 3 4 5	0 1 2 3 4 5
Managing lab / placement environments	0 1 2 3 4 5	0 1 2 3 4 5
Using Computers	0 1 2 3 4 5	0 1 2 3 4 5
Exams		
Getting to the exam hall	0 1 2 3 4 5	0 1 2 3 4 5
Social		
Saying 'no' to people	0 1 2 3 4 5	0 1 2 3 4 5
Getting involved in societies	0 1 2 3 4 5	0 1 2 3 4 5
Communicating with people	0 1 2 3 4 5	0 1 2 3 4 5
Communicating with my supervisor	0 1 2 3 4 5	0 1 2 3 4 5
Communicating with other students	0 1 2 3 4 5	0 1 2 3 4 5
Making friends within college	0 1 2 3 4 5	0 1 2 3 4 5
Making friends outside college	0 1 2 3 4 5	0 1 2 3 4 5
Managing flatmates/housemates	0 1 2 3 4 5	0 1 2 3 4 5
Managing family	0 1 2 3 4 5	0 1 2 3 4 5
Managing student support services	0 1 2 3 4 5	0 1 2 3 4 5
Managing Tutor system	0 1 2 3 4 5	0 1 2 3 4 5
Life Skills		
Managing finances/bills	0 1 2 3 4 5	0 1 2 3 4 5
Managing nutritional needs	0 1 2 3 4 5	0 1 2 3 4 5
Managing any medication	0 1 2 3 4 5	0 1 2 3 4 5
Managing alcohol intake	0 1 2 3 4 5	0 1 2 3 4 5
Managing / avoiding other substances	0 1 2 3 4 5	0 1 2 3 4 5
Managing shopping, housework etc.	0 1 2 3 4 5	0 1 2 3 4 5

OCCUPATION – Managing the Job of Being a Student **Difficulty:** 0 = not difficult at all, 5 = experience great difficulty **Importance:** 0 = not important at all, 5 = very important to me	**Level of Difficulty with the item**						**How Important is it for you to work on this item in Unilink**					
Lectures , Seminars and Tutorials												
Taking notes	0	1	2	3	4	5	0	1	2	3	4	5
Participating in discussion	0	1	2	3	4	5	0	1	2	3	4	5
Asking questions	0	1	2	3	4	5	0	1	2	3	4	5
Working in groups	0	1	2	3	4	5	0	1	2	3	4	5
Doing presentations	0	1	2	3	4	5	0	1	2	3	4	5
Listening to others / peers	0	1	2	3	4	5	0	1	2	3	4	5
Talking to lecturers and tutors	0	1	2	3	4	5	0	1	2	3	4	5
Asking for help	0	1	2	3	4	5	0	1	2	3	4	5
Dealing with time pressures and deadlines	0	1	2	3	4	5	0	1	2	3	4	5
Goal – setting	0	1	2	3	4	5	0	1	2	3	4	5
Achieving goals	0	1	2	3	4	5	0	1	2	3	4	5
Dealing with work overload	0	1	2	3	4	5	0	1	2	3	4	5
Lab Work, Field Trips, Attachments/Placements												
Doing practical work	0	1	2	3	4	5	0	1	2	3	4	5
Managing work load	0	1	2	3	4	5	0	1	2	3	4	5
Completing Reports	0	1	2	3	4	5	0	1	2	3	4	5
Writing Essays, Projects and Reports												
Organising information	0	1	2	3	4	5	0	1	2	3	4	5
Structuring and planning the essay or project	0	1	2	3	4	5	0	1	2	3	4	5
Getting down to writing	0	1	2	3	4	5	0	1	2	3	4	5
Continuing writing, avoiding "writer's block"	0	1	2	3	4	5	0	1	2	3	4	5
Finishing the work	0	1	2	3	4	5	0	1	2	3	4	5
Referencing	0	1	2	3	4	5	0	1	2	3	4	5
Studying												
Writing study notes	0	1	2	3	4	5	0	1	2	3	4	5
Exams												
Staying and doing the exam	0	1	2	3	4	5	0	1	2	3	4	5

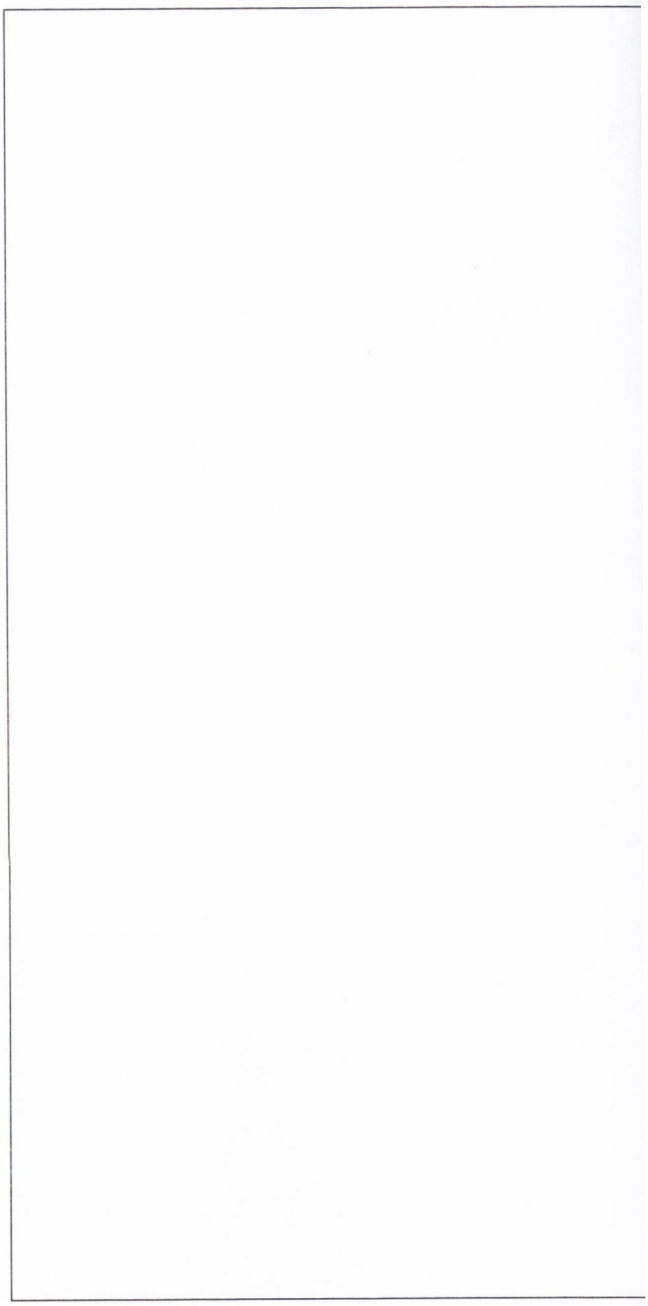
OCCUPATION – Managing the Job of Being a Student **Difficulty:** 0 = not difficult at all, 5 = experience great difficulty **Importance:** 0 = not important at all, 5 = very important to me	**Level of Difficulty with the item**						**How Important is it for you to work on this item in Unilink**					
Balancing college work and life	0	1	2	3	4	5	0	1	2	3	4	5
Managing my free time	0	1	2	3	4	5	0	1	2	3	4	5

What are your expectations for your course and college life?

Academically

Socially

Personally



Part Six: Goal Setting

In this section we will work together in making a plan to tackle the issues that you have identified above. We will complete this as we go along.

Consent:

I agree that if I become unwell while engaged in the Uni - link project, that the organisers have permission to contact the original referring agency and the health services in college.

Student Signature: **Date:**

Staff Signature: **Date:**

APPENDIX Q

Trinity Student Profile Version 10

Trinity College Dublin VERSION 10
Unilink Service

Trinity Student Profile

Part One: Personal Details

Name: _____

Student Number: _____

Contact Details:

Phone: _____ Email: _____

_____

Course _____ Year: _____

Tutor

Disability Officer _____

Psychiatrist / GP _____

Referral Source _____

Unilink Contact Person _____

Other Services _____

_____

Times of week that suit you to meet:	
Date of first Meeting:	
Are you availing of other services within your course	
Subject Tuition	
Post – Graduate Student Aides	
Teaching Assistants	
Tutorials	
Subject Help Websites	
Other	

INSTRUCTIONS There are four more parts to this form. The purpose of this form is to gain an understanding from your perspective of your college experiences to date and to try and identify areas of college life that are presenting as a difficulty for you.

Section two asks questions about your current college experience and areas that you may be experiencing some difficulty.

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Section Five is a list of concerns for students. These are broken down into concerns that you may have about yourself and your ability to manage both the academic and social structures (**Person**), concerns about the managing the demands of the university system and the social life of being a student **(Environment**), and concerns you may have about managing the job of being a student (**Occupation)**. You will be asked to **rate** the **level of difficulty** you are experiencing **and** also how **important** it is for you that we work on this with you in the Unilink programme. **By rating the items you will help us identify and prioritise the items you perceive to be a problem and that you most want to work on.** This will enable us to make an appropriate plan of action to tackle the issues.

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Part Two: Present College Life

		Details
1	What areas of college life, academic or otherwise do you feel that you are managing well?	
2	What do you like to do outside of academic work, either within or outside college? For Example: Hobbies or Interests	
3	Do you work outside of college and how many hours do you work?	

Part Three: Previous Experience

		Details
4	Have you started any other 3rd level course?	
5	Did you complete it?	
6	Have you repeated any years in your present course?	
7	Have you taken a year out from studying and what did you use the year for?	

8 Tell me about your college experience to date in Trinity?

9 Tell me about your work experience to date

Part Four: Course Content

10 Describe your course including subjects, course requirements and deadlines. This information can be found in your course handbook.

Term:	Subjects	Essay: Assignments: Exams: Projects: Lab Work etc..	Deadlines
Michaelmas Term:			
Hilary Term:			
Trinity Term:			

11 Which subjects are do you find the most difficult? Highlight the subjects in the table above or place an astrix beside them.

12 Can you describe why you are experiencing difficulties with that subject? _____

Part Five: List of Concerns

For each of the items listed below, rate the **level of the difficulty** and how **important** is it for you to work on this item in Unilink

Difficulty: 0 = not difficult at all, 5 = experience great difficulty.

Importance: 0 = not important at all, 5 = very important to me

PERSON – Managing Yourself and Others	**Level of Difficulty with the item**	**How Important is it for you to work on this item in Unilink**
Lectures, Seminars and Tutorials, Lab Work, Attachments/Placements		
Being on time for College (lectures, labs etc.)	0 1 2 3 4 5	0 1 2 3 4 5
Concentrating during lectures and tutorials	0 1 2 3 4 5	0 1 2 3 4 5
Understanding the content of lectures	0 1 2 3 4 5	0 1 2 3 4 5
Using Libraries and Getting Information		
Understanding the Library System	0 1 2 3 4 5	0 1 2 3 4 5
Retrieving Information/Books	0 1 2 3 4 5	0 1 2 3 4 5
Writing Essays, Projects and Reports		
Understanding topic / question	0 1 2 3 4 5	0 1 2 3 4 5
Handing up work on time	0 1 2 3 4 5	0 1 2 3 4 5
Understanding your departments expectations/standards (eg. Length, style etc)	0 1 2 3 4 5	0 1 2 3 4 5
Understanding the course structure and content	0 1 2 3 4 5	0 1 2 3 4 5
Studying		
Maintaining concentration during study	0 1 2 3 4 5	0 1 2 3 4 5
Getting started with studying	0 1 2 3 4 5	0 1 2 3 4 5
Knowing how best to study	0 1 2 3 4 5	0 1 2 3 4 5
Remembering what I have studied	0 1 2 3 4 5	0 1 2 3 4 5
Procrastination	0 1 2 3 4 5	0 1 2 3 4 5
Exams		
Managing the stress before an exam	0 1 2 3 4 5	0 1 2 3 4 5
Deciding which question to do	0 1 2 3 4 5	0 1 2 3 4 5
Recalling Material	0 1 2 3 4 5	0 1 2 3 4 5
Managing panic and "writer's block"	0 1 2 3 4 5	0 1 2 3 4 5
Managing fear that I may fail exams	0 1 2 3 4 5	0 1 2 3 4 5

Difficulty: 0 = not difficult at all, 5 = experience great difficulty **Importance:** 0 = not important at all, 5 = very important to me	**Level of Difficulty with the item**						**How Important is it for you to work on this item in Unilink**					
Life Skills												
Making day to day decisions	0	1	2	3	4	5	0	1	2	3	4	5
Receiving and coping with bad results	0	1	2	3	4	5	0	1	2	3	4	5
Getting enough good quality sleep	0	1	2	3	4	5	0	1	2	3	4	5
Emotional Concerns												
Managing conflict	0	1	2	3	4	5	0	1	2	3	4	5
Managing anger	0	1	2	3	4	5	0	1	2	3	4	5
Being a perfectionist	0	1	2	3	4	5	0	1	2	3	4	5
Managing anxiety	0	1	2	3	4	5	0	1	2	3	4	5
Managing negative thoughts	0	1	2	3	4	5	0	1	2	3	4	5
Managing stressful situations	0	1	2	3	4	5	0	1	2	3	4	5
Maintaining good mental stamina/endurance	0	1	2	3	4	5	0	1	2	3	4	5
Switching off and relaxing	0	1	2	3	4	5	0	1	2	3	4	5
Being Confident	0	1	2	3	4	5	0	1	2	3	4	5

ENVIRONMENT - Managing the University System and its Social Environment **Difficulty:** 0 = not difficult at all, 5 = experience great difficulty. **Importance:** 0 = not important at all, 5 = very important to me	**Level of Difficulty with the item**	**How Important is it for you to work on this item in Unilink**
PHYSICAL - Lectures, Seminars and Tutorials, Library, Lab, Placement/Attachments (please circle which one applies to you)		
Tolerating external distractions e.g. noise, light	0 1 2 3 4 5	0 1 2 3 4 5
Managing lab / placement environments	0 1 2 3 4 5	0 1 2 3 4 5
Using Computers	0 1 2 3 4 5	0 1 2 3 4 5
Exams		
Getting to the exam hall	0 1 2 3 4 5	0 1 2 3 4 5
Social		
Saying 'no' to people	0 1 2 3 4 5	0 1 2 3 4 5
Getting involved in societies	0 1 2 3 4 5	0 1 2 3 4 5
Communicating with people	0 1 2 3 4 5	0 1 2 3 4 5
Communicating with my supervisor	0 1 2 3 4 5	0 1 2 3 4 5
Communicating with other students	0 1 2 3 4 5	0 1 2 3 4 5
Making friends within college	0 1 2 3 4 5	0 1 2 3 4 5
Making friends outside college	0 1 2 3 4 5	0 1 2 3 4 5
Managing flatmates/housemates	0 1 2 3 4 5	0 1 2 3 4 5
Managing family	0 1 2 3 4 5	0 1 2 3 4 5
Managing student support services	0 1 2 3 4 5	0 1 2 3 4 5
Managing Tutor system	0 1 2 3 4 5	0 1 2 3 4 5
Life Skills		
Managing finances/bills	0 1 2 3 4 5	0 1 2 3 4 5
Managing nutritional needs	0 1 2 3 4 5	0 1 2 3 4 5
Managing any medication	0 1 2 3 4 5	0 1 2 3 4 5
Managing alcohol intake	0 1 2 3 4 5	0 1 2 3 4 5
Managing / avoiding other substances	0 1 2 3 4 5	0 1 2 3 4 5
Managing shopping, housework etc.	0 1 2 3 4 5	0 1 2 3 4 5

OCCUPATION – Managing the Job of Being a Student **Difficulty:** 0 = not difficult at all, 5 = experience great difficulty **Importance:** 0 = not important at all, 5 = very important to me	**Level of Difficulty with the item**						**How Important is it for you to work on this item in Unilink**					
Lectures , Seminars and Tutorials												
Taking notes	0	1	2	3	4	5	0	1	2	3	4	5
Participating in discussion	0	1	2	3	4	5	0	1	2	3	4	5
Asking questions	0	1	2	3	4	5	0	1	2	3	4	5
Working in groups	0	1	2	3	4	5	0	1	2	3	4	5
Doing presentations	0	1	2	3	4	5	0	1	2	3	4	5
Listening to others / peers	0	1	2	3	4	5	0	1	2	3	4	5
Talking to lecturers and tutors	0	1	2	3	4	5	0	1	2	3	4	5
Asking for help	0	1	2	3	4	5	0	1	2	3	4	5
Dealing with time pressures and deadlines	0	1	2	3	4	5	0	1	2	3	4	5
Goal – setting	0	1	2	3	4	5	0	1	2	3	4	5
Achieving goals	0	1	2	3	4	5	0	1	2	3	4	5
Dealing with work overload	0	1	2	3	4	5	0	1	2	3	4	5
Lab Work, Field Trips, Attachments/Placements												
Doing practical work	0	1	2	3	4	5	0	1	2	3	4	5
Managing work load	0	1	2	3	4	5	0	1	2	3	4	5
Completing Reports	0	1	2	3	4	5	0	1	2	3	4	5
Writing Essays, Projects and Reports												
Organising information	0	1	2	3	4	5	0	1	2	3	4	5
Structuring and planning the essay or project	0	1	2	3	4	5	0	1	2	3	4	5
Getting down to writing	0	1	2	3	4	5	0	1	2	3	4	5
Continuing writing, avoiding "writer's block"	0	1	2	3	4	5	0	1	2	3	4	5
Finishing the work	0	1	2	3	4	5	0	1	2	3	4	5
Referencing	0	1	2	3	4	5	0	1	2	3	4	5
Studying												
Writing study notes	0	1	2	3	4	5	0	1	2	3	4	5
Exams												
Staying and doing the exam	0	1	2	3	4	5	0	1	2	3	4	5

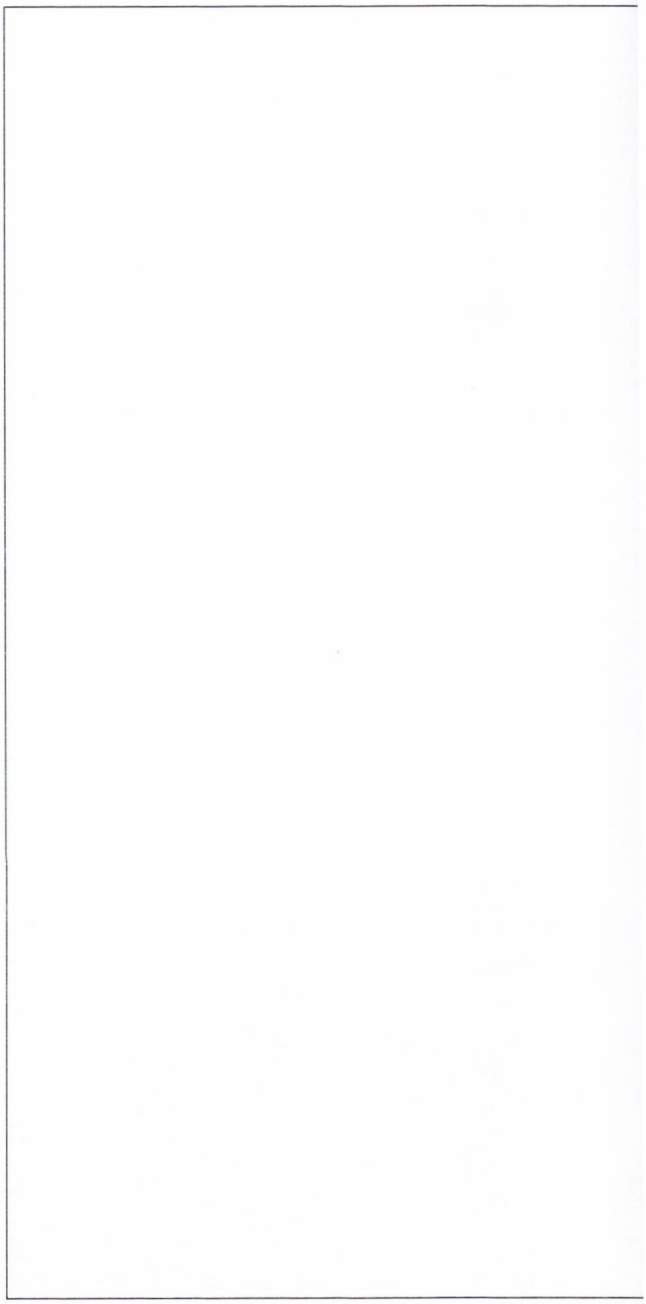
OCCUPATION – Managing the Job of Being a Student **Difficulty:** 0 = not difficult at all, 5 = experience great difficulty **Importance:** 0 = not important at all, 5 = very important to me	**Level of Difficulty with the item**						**How Important is it for you to work on this item in Unilink**					
Balancing college work and life	0	1	2	3	4	5	0	1	2	3	4	5
Managing my free time	0	1	2	3	4	5	0	1	2	3	4	5

What are your expectations for your course and college life?

Academically

Socially

Personally



Part Six: Goal Setting

In this section we will work together in making a plan to tackle the issues that you have identified above. We will complete this as we go along.

Consent:

I agree that if I become unwell while engaged in the Uni - link project, that the organisers have permission to contact the original referring agency and the health services in college.

Student Signature: **Date:**

Staff Signature: **Date:**

APPENDIX U

Published Articles on Unilink and Texting Study

Uni-Link: A Mental Health Service Initiative for University Students



Clodagh Nolan
(Ireland)



Siobhan MacCobb
(Ireland)

Abstract

This article sets out to describe the development of a new service for students with significant mental health problems attending the University of Dublin, Trinity College. The project was based in the Disability Service and was funded through the European Social Service for Students with Disabilities. The focus of the service is supporting students in achieving their occupational goals of being full time students, meeting deadlines, passing examinations, participating and managing their coursework. The Service is now in its second year, and the structure and programme content are presented here, as well as the outcomes of the evaluation that was carried out by both the staff and students after the first year of its operation.

Key Words: Occupational therapy, Occupation, Mental Health, Student Support

Introduction: Background and Need

The completion of any course in a third level educational institution demands not only focused intellectual skills but also a considerable amount of self-direction, motivation and self-management. In addition, the social interactions with others in a university promote personal as well as intellectual development in those sufficiently skilled to partake. The attainment of a third level education award is a recognised and valued achievement and carries with it a certain status, which reflects well on the achiever.

Dr Jeanne Tyrrell (1993) in her study of Irish students pointed to some factors which affect students mental health such as fear of getting behind in course work, balancing time for studying and socialising, budgeting money on a day to day basis, establishing and maintaining relationships and pressure to succeed at university. Those students with mental health problems may indeed find these stressors as the critical factors affecting their college life. She also found that among 81% of the students studied would seek social support if they were feeling worried or under stress. The primary sources of social support were identified to be close friends (94%). The secondary sources were formal support service-tutors (25%), college counsellors (16%), college health service (20%), and various family members. This highlights that those students with mental health problems who in themselves may have poor social skills could have greater difficulty in seeking either primary or secondary supports. She recommended that more support for undergraduate students was required given the high rates of psychological distress associated with college academic and social issues. For those with mental health issues one would need to consider these pressures on top of the normal day to day problems associated with their illness.

Currently, at the University of Dublin, there are thirty or so students who have disclosed themselves to the Disability Service as having a significant mental health problem.

A significant mental health problem is defined for the purposes of this project as a mental illness, which interferes with thought processes, perceptions of reality, emotions, and judgement (Treanor 2005). All of which can in turn result in: low self-esteem; poor concentration; poor organisational skills; inability to complete projects, reach deadlines or make decisions; difficulties in establishing and sustaining relationships, and inappropriate behaviour. At present, students experiencing mental health problems can self disclose to the Disability Service which, on behalf of the University, offers them support services, such as, extended examination time, assistance with technology, and specialist tutoring services. Students can also access the student health service, which offers General Practitioner Services as well as access to the specialist services of psychiatrists and counsellors.

However, the emphasis within the Disability ervice has historically been on providing services rimarily to those with a sensory or physical isability and not to those experiencing mental ealth problems. The first author has a particular nterest in onsite support service for this group and s already involved with the Disability Committee vithin the University and so has been well placed to aise the issue of developing services for those with ignificant mental health problems. The aim of the ervice is, therefore, to provide an onsite practical ccupation focused support service for individuals vith significant mental health problems, entitled Jni-Link. The first author coined this term, as she nvisioned students with mental health problems naking academic and social connections and links within the university system. It is also envisioned hat this service would complement and extend the existing services within the college such as the disability, psychiatric, and counselling services. This paper sets out to describe the development of his service.

A literature review has identified the various models of support services for students with mental health/illness (Parten 1991, Bellamy and Mowbay 1998, Cooper 1993), however, the most notable model was Unger's (1993), as she appears to be one of the first individuals to have developed and reported on supported education services for students with psychiatric disabilities. Karen Unger put forward three basic prototypes of supported education programmes. The first type is the self-contained classroom where students attend classes at the college or university with other students who are also characterised as having special needs. The second prototype is the onsite support model. In this model, the students are mainstreamed and attend regular classes at the college or university. Support services typically originate from the Disability Office or Counselling Services. The third prototype is mobile support, which is essentially the same as the on site-support model except that it is provided by Mental Health Association staff members based at the local college or university. The Uni-Link support model, developed at the University of Dublin under the Disability Services, follows Unger's second prototype of an on-site model. Knowledge of the university system and understanding the environmental constraints and demands adds to the occupational focus of this service.

Philosophy of the Service

The service has been developed on a *needs based model*, which is *client directed*, that is, it is directed by the needs and goals of the individual students/clients it serves. The therapist works according to what the needs of the student are, as identified by the student. Over the course of the intervention, these needs change and evolve. In order to identify the needs of the students/clients, a new tool was developed called 'The Personal Profile', which supports this approach and will be discussed later.

The approach to this service also draws upon the Model of Human Occupation as a theoretical model of occupational therapy (Kielhofner 2002). This model allows the therapist to address the environmental demands and constraints of student life. Students/clients attending the service are viewed as adult learners who are empowered to take responsibility for their own learning. During the process of participation in the sessions, students/clients are facilitated to identify, examine, and address their individual goals in the areas of academic achievement, personal development and effectiveness, communication, and stress management. This process aims to enable each student/client to achieve a greater self-awareness, confidence, and ability to cope with college life.

Staff, Resources, Structure, and Components of the Service

The service was developed initially by one occupational therapist who is a member of the academic staff of the University of Dublin, Trinity College, and has a clinical background in mental health. The second author is involved in the research design. Over the past two years, three occupational therapists have been employed within the service on a contractual basis. The Service has access to an office on the main campus of the University, which can be booked for meeting with the students/clients, and all its staffs have been provided with mobile phones. The service is overseen by a Steering Committee, which is made up of representatives from the Disability Service, Student Tutoring Service, Student Health Service, Counselling Service, and the Uni-Link Service. This committee meets once a term to monitor the progress and development of the service. Staffs from the Uni-link programme meet on a regular basis with the referring agencies to report on the progress of the students within the service and also send written reports when necessary on their students/clients. Staffs of the Uni-Link Service, also meet once a fortnight for training and feedback on their students/clients and to maintain communication and development of the Service. Uni-link also reports directly to the Disability

Committee of the University, which also meets once a term. Uni-Link service is funded from European Social Funding, which is monitored by the Disability Service (See Figure 1). Staff members of the Uni-Link Service also sit on the Steering Group for the Mental Health Initiative and the Working Party on Mental Health for the University.

Components of the Service

Academic

This component addressed the academic needs of the student on a practical level, developing strategies for coping with the examination environment. For example, if the problem is in the environment, then we look at the environment and help the student/client to identify strategies for coping with it, such as finding their way around the library or photocopying. Students/clients who have difficulties with maintaining and developing timelines are offered help with meeting their deadlines. We also provide the students with strategies for enhancing thinking and concentration, and with opportunities to implement these strategies.

Personal development

Issues dealt with in this part of the programme include awareness of self, value clarification, self-expression, decision making, coping with choice, responsibility for self, changing negative self-destructive thinking patterns, developing self-esteem, and a sense of self-efficacy and empowerment.

Personal effectiveness/communication

This part of the programme addressed the way individuals relate to others in various situations. Issues tended to be interpersonal rather than intrapersonal, and included awareness of others, group work skills, verbal and non-verbal skills, conversational skills, awareness of boundaries, and forming and maintaining relationship and friendships.

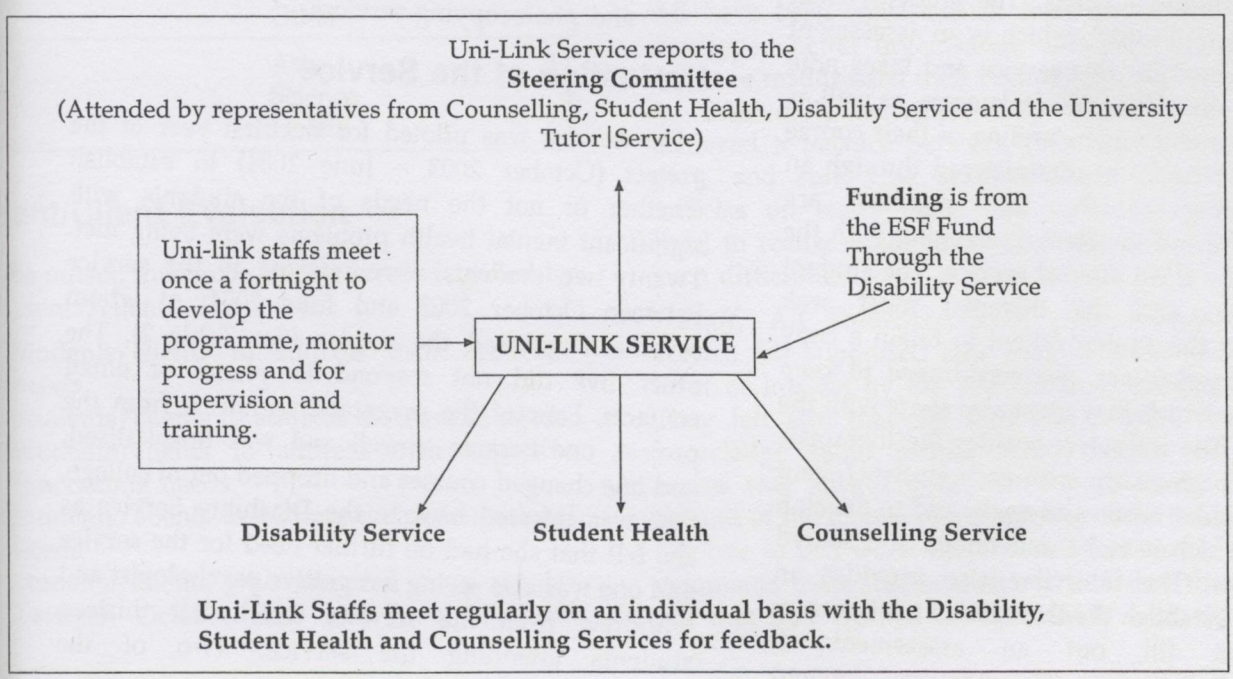
Health and wellness

This component of the programme dealt with developing problem-solving skills, managing the college environment, and prioritising and maintaining a balance of their occupations, that is, balancing their studies with rest, leisure activities and other self-maintenance activities. Students/clients with sensory problems were provided with assistance to develop strategies for processing sensory information from the environment. Individuals also learned how to read personal warning signs of stress from the body and mind, and about sleep and sleep disturbance.

Referral Process

The students/clients refer themselves to the Disability Service and in turn they are then referred to the Uni-Link Programme (See Table 1). Psychiatrists and counsellors can also make direct

Figure 1. Structure of the Uni-Link Service



referrals to the service. The ethos around confidentiality is that nothing is disclosed to any other person without the consent from the student/client. In the event of a student/client being referred from the occupational therapy education programme or other health related educational programme, she or he is given the option to meet non-university staff, who are employed on a contractual basis.

Each new person referred to the service is contacted by phone or e-mail within two days. Each student/client is given an appointment to meet with a therapist who will explain the programme in more detail and assess her or his needs. Not all students referred accessed the service (this will be discussed later).

Table 1. Referrals to the Service are Made Through One of Three Channels

Numbers Referred to Uni-Link for the Years 2003–2005		
	2003/04	2004/05
Disability Service	12	17
Student Health (Psychiatric) Service	8	11
Counselling	2	2
Total	**22**	**30**

Assessment of Needs

Prior to beginning the sessions, students/clients are asked to meet one of the therapists attached to the programme for approximately one hour to discuss their individual needs. The student/client fills out a 'Personal Profile', which is an assessment specifically designed for this service and takes note of the student's strengths and weaknesses, as well as their expectations and understanding of their course design. This assessment is administered through an interview, during which, the students are encouraged to fill out the form, in keeping with the philosophy of the *client directed* service. The student keeps the form and the therapist must seek permission from the student/client to retain a copy in her file. Therapists are also encouraged to keep their own notes, which they must also share with the student/client. The interview enables the therapists to establish in partnership with each student/client his or her particular needs and goals, and to develop a clear view, which is to be understood and shared by both parties. The interview also provides an opportunity to establish the therapeutic relationship. Students/clients fill out an assessment of Occupational Functioning (Collaborative Version) (Watts et al 1999), which helps to provide information on their view of their own strengths and limitations in personal causation, values, roles, habits and skills. This is supported by the theoretical Model of Human Occupation developed by Kielhofner and Burke (1980). The number of sessions following on from the initial interview varies from student/client to student/client. Each student/client is also given telephone access to the staff.

Types of problems identified by the service and the students/clients include:

1. Difficulty with executive functions, particularly in the areas of planning and organizing, manifested itself in disorganization, lack of routine, inability to plan for free or unstructured periods, and more.
2. Difficulty in concentrating and paying attention, manifested in distraction during lectures and daydreaming whilst studying.
3. Lack of control over academic areas manifested itself in failure to reach deadlines, lack of confidence about subject matter, generally feeling overwhelmed, and inability to write and manage the examination environment.
4. Communication problems were manifested in problems with socially integration within the class, feeling isolated, difficulty with group work, and lacking confidence with presentations.
5. Practical problems manifested themselves in difficulty in accessing computers, libraries, and photocopying services.

Evaluation of the Service

The service was piloted for the first year of the project (October 2003 – June 2004) to establish whether or not the needs of the students with significant mental health problems were being met. Twenty-two students were referred to the service between October 2003 and June 2004, of whom seventeen accessed the service (See Table 2). The other five did not respond to phone or email contacts. Four of the seventeen withdrew from the project, one became unwell and was hospitalised, and one changed courses and dropped out of college. One was referred back to the Disability Service as she felt that she had no further need for the service and one was also seeing a cognitive psychologist and withdrew from the service, which left thirteen students attending the service. Two of the

aining thirteen students successfully completed r examinations in December 2003, which left en students attending on a weekly basis.

he evaluations by both students and staffs were e qualitative in nature and asked questions about and when students/clients accessed the service, ether or not they had reached their goals and at facilitated them to do so. Students were also ed questions about the staff of the service and the of the mobile phone as a means of contacting and mmunicating with them. Students/clients were o asked to comment on their level of motivation lowing the programme and whether or not they uld encourage other students to use the service. e evaluation is presented below under the adings of Student/Client Evaluation and Staff aluation.

ble 2. Demographics of the 17 Students/Clients o Accessed the Service from October 2003 – June 04

ender	Male	6
	Female	11
e Range	17–35 years	
ychiatric Diagnosis	Schizophrenia	10%
	Bi-Polar disorder	30%
	Depression + Anxiety	50%
	Head Injury	10%
ear of Course	1st Year	6
	2nd Year	1
	3rd Year	7
	4th Year	1
	Other	2
aculty	Arts	11
	Science	4
	Health	2

Student/Client Evaluation

At the outset, four expectations were identified by he students/clients. These were:

1. Students/clients to address their academic needs.
2. Students/clients to address their social needs.
3. Students/clients to address their cognitive functioning needs.
4. Students/clients to address their occupational needs

All students/clients who attended on a regular basis between October 2003 and June 2004 did address these issues adequately. However, the programme was developed on a needs base and not all students/clients addressed all areas but only those that were of relevance to them as individuals. Students/clients were asked to complete an evaluation on exiting the service, which was specifically designed for the service.

Summary of student/client evaluations

Access to the Service. Of the seventeen students/clients who accessed the Service, only five were referred in the Michaelmas term (October – December), the other twelve were referred to and accessed the service in the Hilary term (January – March). This has implications for the development of the service and for the identification of students/clients with mental health problems. It appeared that almost all of the students/clients who were referred to the Michaelmas term were referred from the Disability Service, and that the Disability Service and the Student Psychiatric Service mostly referred students/clients in the Hilary term, as the students/clients had failed the examinations or were not keeping up with their courses. Students were not referred from the Counselling Service until the Trinity Term (April – May). When the students/clients were asked if it would have been more effective to access the Service at a different stage in the year, the response was that it 'would have been nice to have had it in the Michaelmas term as well'.

Number and length of the sessions. All felt that the length and number of sessions were adequate to their needs.

Content of the Programme/Service. All students/clients who attended the service met their expectations and goals they had set for themselves. All have been consistent in their study and have developed better organisation and planning skills. All have readdressed their occupational balance, that is, their daily activities, and ensured that they achieved a balance between their academic work, play, and rest. One student/client felt that the 'articles on study skills and motivations helped [her] to realize that she was not the only one with such difficulties'.

Staff. All students/clients who attended the service felt supported and were satisfied with the level of interest by the staff in their development. They felt also that the staff had a good level of knowledge about mental health issues and that access was always good. They particularly found the use of the mobile phone number to be useful and felt free to text when they needed assistance. Other comments from students/clients included that they felt that they worked collaboratively with the staff

and that staff made them felt they could believe in themselves.

General comments. Under this section, most of the students/clients felt that they had gained insight into their academic needs and that their level of motivation had increased, and some realized that they 'have the ability but that they just need to keep telling themselves that.' All of the students/clients would encourage others to partake in this programme as they felt that the 'one to one encouragement and interest would seem to guarantee better confidence and motivation in any student'.

Staff Evaluation

Staffs were also asked to evaluate the service from their perspective and the following is a summary of their findings.

Access to the Service

One measure of success was how well students accessed the service and how well they attended the service. Eleven students consistently attended the service once a week, however, all students maintained that 'it would have been nice to have had the service in the Michaelmas term as well the Hilary and Trinity Terms.' The majority of the students/clients were only referred in January of 2004 and not in October 2003 at the start of the academic year. The staffs recognise this problem and have taken steps to publicise their service, it is now on the web of the Disability Service and information about the service is also given in the student introductory pack to college. The Counselling Service also agreed to include an information leaflet in their pack to students.

Referral to the Service

Referrals came directly from either the Disability Service or the Student Health (Psychiatric) Service, with only two from the Counselling Service, neither of which was followed through. In order to increase the referral rate and to formalize it, a referral form was developed which was circulated to all the referring agencies.

Examination success

Another measure of success was whether or not the students were successful in completing their end of year examinations. Of the eleven in the programme who remained, one deferred all her examinations until September as she became unwell. Eight of the remaining ten were successful in their end of year examinations and two have opted to take their examinations at two sittings, in June and September respectively.

Hidden cost of the Service

As has already been stated, funding for this project was obtained from the European Social Fund, which was administered through the Disability Service. However, this meant that only those students/clients who were registered with the Disability Service were in receipt of funding i.e. twelve students, whilst the other ten students received no funding. The twelve students from the Disability Service also disclosed that they had a significant mental health problem and had volunteered this information, so that they could receive the service. The other ten students in the project had **not** registered themselves with the Disability Service and, therefore, had not disclosed that they had a mental health problem, and so could not receive any funding. The staff of the Uni-Link programme decided to offer the service to these ten individuals to see if there were any differences in attendance at the service between those who had disclosed their mental health status and those who had not. The result was that they did not find any differences in attendance between those who had disclosed and those who had not. Funding is a problem for this group and a meeting was called in August 2004 between the Disability Services and Uni-Link specifically to address this problem. It has been decided that a group application will be forwarded to the funding agency by the Disability Service to cover this group and that on referral from the Student Health Service to the Uni-Link Service an Evidence of Disability Form will be sent to the Student Health Service (with the students'/clients' knowledge and consent). This will be forwarded to the Disability Service who will process it and ensure funding for the student.

Telephone contact

Students/clients found the contact through mobile phones to be very useful. From the staff perspective, this became a hidden cost and the contact averaged out at two to three hours per month. This was a cost, which was not initially realized, and, in order to rectify the situation, the service obtained four mobile phones for the staff to use for student contact. This was found to have immense benefit as the student/client could text staff and vice-versa and to-date it has never been abused by students.

Assessment procedures

All students entering the service filled out a Learning Styles Questionnaire (Honey and Mumford 1992), the Collaborative Occupational Functioning Evaluation (Kielhofner & Watts 1989),

and a Personal Profile specifically designed for this service. Each of these assessments enabled the staffs to generate information, which would help in the design of a programme of activities to meet the student's/client's needs. Students/clients found the Learning Styles Questionnaire to be useful in identifying their own learning styles in that it helped them to develop an awareness of their own preferences for learning and to examine these in the context of their course design. The Occupational Functioning Questionnaire enabled them to identify their preferences for occupations and to address any imbalance in their daily activities and to obtain a balance between their leisure activities and their academic work. The Personal Profile, which was specifically designed and developed for this project, was found to be the most useful, in that it enabled the student to identify problem areas as well as strengths, and it also allowed for the student to set realistic goals for themselves. This assessment needs to be refined and developed and the plan is to develop this further.

Conclusion

This article has described the development of a new service for students with significant mental health problems attending the University of Dublin, Trinity College. The project was based in the Disability Service and was funded through the European Social Service for Students with Disabilities. The focus of the service was on supporting students in achieving their occupational goals of being full time students, meeting deadlines, passing examinations, and participating and managing their coursework. The difference with this service as opposed to the existing student health services already offered within the University system is that the focus was on the student's occupational role and occupational achievements. Environmental demands and constraints (Kielhofner 2002) were explored and programmes were developed to deal practically with the issues that they raised for students/clients. In conclusion, the pilot project has been perceived to be beneficial to the students/clients receiving the service. For occupational therapists, it offers a model for supporting individuals with significant mental health problems in achieving a valued outcome of a third level education alongside other educational support services. For the students/clients, it provides a strategy for managing future educational endeavours and a valued educational attainment in a mainstream environment.

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Use of Text Messaging in a Mental Health Service for University Students

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Mobile phone technology has become an integral part of peoples' lives. It has changed how we interact with each other and how we access information. This article describes how mobile phone use, in particular text messaging, has been used to communicate with and support students with mental health problems attending a university within Ireland to manage their academic and social lives. This study was descriptive, non-experimental, and predominantly qualitative in nature. It employed a mixed-method approach, by way of: (1) Collecting text messaging data, relating to 40 students, from four therapists across three years, and (2) auditing the service files to gather demographic data and some intervention-related information that was cross-analyzed with the qualitative text messaging data. Thematic analysis of the data using QSR N6 produced five over-arching themes: practicalities around appointments; condition/illness management; thanks, but I'm fine; progress—both academic and personal; and non-therapeutic interaction. This study showed that text messaging with a student population using a mental health support service was valuable. It offered a means of maintaining ongoing contact between the service users and the staff and acted not only as a means for receiving and giving information but as a means of maintaining the on-going therapeutic relationship.

KEYWORDS *mental health, text messaging, UNILINK, university students*

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INTRODUCTION

In 2003 the first author, as part of the Discipline of Occupational Therapy, University of Dublin, Trinity College, identified a gap in the service provision for students with significant mental health problems such as bipolar disorder, schizophrenia, etc. She observed that, although students were obtaining emotional and medical support from the counselling service and the psychiatrists attached to the college health service, many were still experiencing great difficulty with day to day activities, such as getting up on time for lectures, managing their work loads, balancing their leisure occupations with their academic work, managing their interpersonal relationships, and integrating with the social fabric of college life. In other words, they were experiencing great difficulty managing the job of being a student.

Quite often, the onset of a significant mental health problem coincides with the time young people begin their university courses. This onset can severely disrupt a young person's performance by forcing people to take some time out from their studies to cope with their condition/illness. The subsequent problems they encounter can be of such a magnitude that it can lead people to withdraw altogether from college, or to struggle unnecessarily to complete their degrees. Mental health problems can affect all aspects of a student's physical, emotional, cognitive, and interpersonal functioning and can have an impact on the person's academic performance (Kitzrow, 2003).

It was postulated that given the right practical support with the day-to-day issues, students with mental health problems could better manage their student life and complete their studies.

Together with the Trinity College Disability Service the first author developed a practical occupation focused approach to supporting these students, in line with the World Health Organization (WHO) directive on enhancing participation and quality of life for those with enduring mental health issues (WHO, 2001). This service, entitled UNILINK (an acronym for making university links), aims to enable students to develop practical self-management strategies that would assist them in the completion of their college tasks and with their integration into college life (Nolan & MacCobb, 2006). UNILINK was officially launched by Sile de Valera, the Minister of State at the Department of Education and Science, Ireland, on September 28, 2006. UNILINK is staffed and run by occupational therapists. Referrals to the service come primarily from the Trinity College Disability Service and the psychiatrists attached to the College Health Service.

Mobile phone use was recognized as a customary and accepted means of communication for students. Therefore, by way of enhancing the accessibility and use of the UNILINK service by this population, shortly after the service commenced, each occupational therapist was provided with a mobile

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phone (cell phone). As this is a new approach to service provision, a protocol for the use of mobile phones within this service was developed. Therapists started sending text messages to students initially to arrange appointments rather than using email or land lines as it was found that students responded more rapidly to text messaging. Text messaging soon became the means by which students engaged with the therapists and enabled therapists and students to build communication and support. The following article describes and examines the content of the text messages sent and received by therapists in the service, and, in doing so, explores the relationships and dialogue between therapist and student.

LITERATURE REVIEW

Young People and Texting

At the turn of this century the mobile phone has become an integral part of peoples' lives. It has changed how we interact with each other and how we access information (Katz & Aakhus, 2002). In a study of 1,058 children and young adults aged between 11 and 21 within the United Kingdom, more than nine out of ten (95%) had access to a mobile phone (Haste, 2005). Although there are no exact figures available for an Irish population it can be assumed that these figures would be similar given the proximity and economic connection between the United Kingdom and Ireland. Haste found that young people used the mobile phone primarily for two reasons: for communication and for access to information. The most frequent communication was text messaging with 89% doing so daily and 54% doing so five times a day or more. More young people text their friends than they do parents but a significant number also text their parents. Around three quarters (77%) agreed that having a mobile phone made them feel safer and more secure. Most young people used their phones to manage their social life and text messaging was seen as the most acceptable means of asking for information from a friend. Males were found to be happier using their mobiles to talk than females in the management of relationships. Males were also found to prefer, more than did females, to conduct an argument over the mobile phone and to end a relationship by text messaging. Overall, Haste found that text messaging was the preferred method of communication among young people with seven out of ten preferring texting. She also found that the mobile phone was seen as a reflection of oneself and that young people would feel socially hampered without their phones, disconnected from their social circles. Haste noted that there was a reluctance among young people to shut off communication and therefore people would prefer to put their phones on silent in the cinema, restaurants, schools, etc., in order to stay connected. In a previous study of mobile phone use among teenagers, young adults, and the elderly

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in Norway, Ling and Yttri (2002) identified new forms of interaction and coordination amongst young people in their use of mobile technology; this, they called, micro-coordination and hyper-coordination. Micro-coordination was primarily employed by the adults in their study and it was seen as the exchange of information that allows for the ongoing but mundane maintenance of everyday life. For the teenagers in this study the mobile phone enabled them to manage their social circles. They thrived on being accessible by mobile phone and on mobile phone interactions as it confirmed their status with their peers. The teenagers in this study found that "wnership of a mobile telephone was very much related to being in contact with one's friends and knowing what is happening at any given moment" (Ling & Yttri, 2002, p. 151). Mobile phones allowed them to communicate readily with their peers without parental monitoring. Similar to the parents group, the mobile phone was also used for coordination of activities, in particular for the micro-coordination of their nightlife. Additionally, however, the teenagers used the mobile phone to communicate emotional preferences as opposed to task-oriented information. This, Ling and Yttri referred to as hyper-coordination. The physical aspects of the mobile phone were also important for the participants in this study—having the correct style and device was vital in the presentation of oneself. Ling and Yttri maintain that Norway's teens have moved from the instrumental use of the mobile phone to the expressive use and are heavily reliant on the mobile phone.

In Finland, Kasesniemi and Rautianinen (2002) describe text messaging among teenagers as a collective experience. They maintain that there are three cultural practices; (1) message collecting, (2) chain messaging and circulating, (3) collective reading and composing. They maintain that "through SMS (a short messaging system) teens collectively engage each other and sustain their teenage relations," (Kasesniemi & Rautianinen, 2002, p. 182).

Harper and Hamill (2005) also found that mobile technology allowed teenagers to work at their relationships by communicating more frequently, and by controlling with whom they were in contact. Phones are used like an address book. Membership is not permanent, but is flexible and dependent upon the state of the relationship of the two people involved. Exclusion from the address book invokes a heavy sanction, shifting the individual from the in-crowd to the out-crowd, from one who matters to one who does not, from one whose call will be answered to one whose call will not.

Wilska (2003) asked the question whether there was a notable difference between the genders of young people in Finland and how they used mobile technology. Teenage boys and girls own mobile phones equally but the meaning and way of using the phone varied between the genders. Addictive use of the phone, heavy spending, and a "trendy" consumption style was attributed to the women in this study. Technology enthusiasm and trend consciousness is linked to "hard" values rather than to a "trendy" consumption style in the male gender. Wei and Lo (2006), in a study of 909

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college students found that females tended to use the phone more, regardless of whether or not the calls were to family or friends. Men tended to use the phone more for practical purposes or for seeking information.

In a study on the use of mobile phones within Australia, Walsh, White, and Young (2008) concurred that the mobile phone was now an integral part of the lives of Australian youths. Some people within their study reported that they were so "attached to their mobile phones that they felt they were part of them" (p. 88). There was a consensus amongst the participants that mobile phone addiction could occur and some identified behaviours such as compulsive checking and inappropriate use as symptomatic of addictive use. Walsh, White, and Young (2008) used Brown's (1993; 1997) behavioral addiction criteria as an indicator of addictive behavior. The high salience (cognitive and behavioral) of mobile phone use was linked to conflict with other activities as participants reported thinking about messages in lectures and using the phone in cinemas. While symptoms of behavioral addiction were evident, a stronger theme that emerged was that the mobile phone enabled young people to connect with each other. Withdrawal of the mobile phone meant that people within this study reported feeling disconnected from their friends.

Students and Texting

Several studies described how the universities or educational establishments interacted with students using mobile phone technology. Some articles described how technology could be used to support classroom activities or programs (Sandars, 2006; Young, 2008), but most of the articles focused on new entrants to college and supporting them in navigating through the college systems and reminding them of deadlines and hand in dates.

Harley, Winn, Pemberton and Wilcox (2007) used SMS (short messaging system) text messaging as a means to support 285 entry level students in the undergraduate program of Applied Social Sciences at the University of Brighton as they managed the transition to university. Two types of messages were sent to the students using student messenger: first, a general greeting message was sent, and then second, messages about administrative matters via the administrator and the personal tutor were sent. It was found that students appreciated this type of contact, they were able to pick up on the sense of urgency about administrative matters such as deadlines, and they needed more support in navigating the formal structures within the university.

Naismith (2007) investigated the use of text messaging via the StudyLink service as a means of providing administrative communication to students. Students were sent reminders about assignments, due dates, attendance, and changes in timetables. Students reported high satisfaction with the quantity and content of the text messages; however, most of the text messaging was done by the administrative staff and not the academic staff.

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Overall students found this to be an effective means by which to communicate with them.

Young (2008) maintains that the use of messaging services has created a greater sense of community in his classroom. He used Twitter to send messages to his students as part of a writing assignment and encouraged them to send messages to each other. This, he maintains, broke down that barrier between inside the classroom walls and outside the classroom walls.

Sandars (2006) advocated the use of the mobile phone in undergraduate medical education. He acknowledges how mobile phones are now an integral part of a young person's life and how the hardware and software for this technology is rapidly expanding. He maintains that the mobile phone could be used to provide students with administrative information about their course, as a means to send them short revision notes. Sandars (2006) further suggests utilizing mobile phones as a method of assessing students when they are out in practice, as well as a means to promote collaborative learning among the medical student population when they are on a rotation. He does acknowledge that the main barriers could be the academic staff and the medical school as well as practical and ethical issues relating to confidentiality and possible interference with medical devices in clinical settings.

In a comparative longitudinal study of the gender differences in social network development via mobile phones and face-to-face contact of 132 Japanese first year law students, it was found that the structure and functional characteristics of social networks tended to vary with the student's gender, time, and the communication medium (Igarashi, Takai, & Yoshida, 2005). Their findings suggest that first year students initially make friendships via face-to-face communication and then use mobile phone text messaging to increase their contact later on. They found that first years mobile phone text messaging networks consist of small groups, some dyadic relationships at the early stages expanding to triadic and indirect relationships at later stages. This study also found that females were likely to form a large group over time, whereas males were apt to develop several small groups. The volume of texts sent did not differ between males and females. This study hinted that women tended to disclose more in text messages which may in turn lead to a greater expansion in their social networks. This study however, did not examine the content of the text messaging, only the frequency and number of social contacts.

In a study of 275 Japanese University students which examined the dependence of students on mobile phones and health related behaviors, Toda, Monden, Kubo, and Morimoto (2006) found there to be a significant relationship between mobile phone dependence and smoking habits. They also found that students with lower Health Practice Index (HPI) scores were significantly higher for mobile phone dependence. They suggested that rather than the mobile phone being seen as a stressor it aided students in coping with stress by providing a channel of human support. Only one study

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was found to have introduced text messaging as a means to lowering barriers to help-seeking behaviors. This was undertaken with students with depression in both university and second level institutions (high school level) (Joyce & Weibelzahl, 2005). Phase one involved sending a simple text containing the phone number for the counselling service. Phase two involved a text back service with the option for the recipient to respond via text, and phase three involved a wrap-push text message inviting recipients to undertake a simple diagnostic test on his or her mobile phone along with an encouragement to contact the counsellor should the text result indicate that this would be desirable. Unfortunately, the outcomes of this study have not been located in the published literature.

The Use of Text Messaging in Health Care

The use of text messaging in health care was examined in order to explore how health services are embracing this form of technology. It was found that text messaging was used as a means of informing individuals of their appointments or to provide information and reminders about compliance with medications, (Kim, Kim, & Abn, 2006; Leong et al., 2006; Pijenborg, Withaar, Evans, Bosch, & Brouwer, 2007). Most of the interactions via text messaging were conducted on a one-to-one, one-way information system and not as a two-way communication system. In other words, few, if any, of the studies encouraged individuals to initiate contact via text messaging (Spaniel, Vohlidka, Hrdlicka, Kozeny, & Novak, 2006; Anhoj & Moldrup, 2004).

Robinson et al. (2006), and Bauer, Percevic, Okon, Meermann and Kordy (2003) used text messaging in the aftercare management of people with bulimia nervosa. Patients were offered an SMS program as a step-down treatment which would continue for 6 months. The response rate to this type of program was moderately low. Individuals within the Robinson et al. (2006) study found the program to be too impersonal and computerized and they were dissatisfied with the lack of personal contact. In this study individual participants were not responded to on a personal level but received a pre-designed response from a package which may have limited the effectiveness of the use of text messaging as a means of managing this group.

Obermayer, Riley, Asif and Jean–Mary (2004) investigated smoking cessation for college students using mobile phone text messaging as an integral part of their intervention. They found that the text messaging component of the program was well received by the students. Despite the preference for text messages however, it was unclear what aspects of the text messaging the students found beneficial. The program was designed to send messages timed to identify high risk situations but the researchers were unable to establish whether or not the messages were actually received in such situations, or whether the timing of these messages improved the smoking cessation rates.

Spaniel et al. (2006) used the ITRAEPS (Information Technology Aided Relapse Prevention Programme in Schizophrenia) program to monitor and prevent re-admission of 45 patients and 39 family members in a one year long study. Significantly fewer hospitalizations were recorded for those enrolled in the ITRAEPS program and for those whose family member was involved. Patients were sent a text message once a week with the ten item Early Warning Signs Questionnaire (EWSQ) on which they scored themselves. They then returned, via text message, their scores which were in turn processed automatically. If the given score exceeded the threshold, then an immediate ALERT was declared and the psychiatrist contacted by email. S/he then subsequently managed the patient via a five step management program. The patient was then closely monitored for a three week period and had to return the questionnaires twice weekly upon SMS request, on Thursdays and Mondays.

SMS text messaging was also used as a reminder for attendance at therapy sessions and doctors' appointments as well as a reminder to take medication in a study which examined the cognitive rehabilitation of individuals suffering from schizophrenia (Pijnenborg et al., 2007). They concluded that partial support for their hypothesis that prompting individuals with schizophrenia with external cues (SMS text messages) would lead to an increase in the percentage goals achieved in daily life. Use of text messaging to improve the attendance rates in primary care (Leong et al, 2006) was studied by assigning service users to three groups. Participants in one group were sent attendance reminders via text message; the second group received reminders via mobile phone call; and the final group—the control group—received no reminder. They found that the attendance rate for both the mobile phone users and those who received a text to be significantly higher than those of the control group.

Text messaging has also been shown to be useful in the management of patients with type-2 diabetes (Kim & Jeong, 2007; Kim, Kim, & Abn, 2005). In both studies improved blood glucose levels were recorded in the patient groups who used SMS text messaging. An increase in adherence to daily exercise regimes and foot care as reported by the people within these studies was also found. Similarly, in a study of patients with asthma, it was found that SMS text messaging could be used to support self-management of asthma for motivated self-efficacious patients (Anhoj & Moldrup, 2004).

Reid and Reid (2007) identified the fact that people who are lonely prefer to make phone calls, whereas those who had social anxiety preferred text messaging rather than phone calls. This study is in line with Wei and Lo's study (2006) on college students. They found that those who were lonely or shy tended to use their phones less but wore them as a status symbol and as a fashion item, which probably offered them instant membership of a community whether or not they used it.

Most of the literature examines the use of mobile phone technology and how people maintain and improve their social connectedness by using

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mobile phone and SMS messaging. Mobile phone use within the health services and the sending of messages to patients as reminders of appointments and compliance with medications has also been studied extensively and has been hailed as a way forward for services to connect with their patients. Other studies within educational institutions have also examined how mobile phone technology can be used to give information about timetables, deadlines, and course changes. Most of the research advocates for the lecturers to embrace this type of technology in communicating with their students. There appears, however, to be a dearth of information on the content of these messages and on how text messaging could be used as an integral part of service delivery, as a way of maintaining an ongoing relationship with clients in a service, particularly the younger adult population because this is the way young people communicate with each other. This study therefore sets out to examine how the mobile phone, in particular the use of SMS text messaging, has been used by staff and students within a mental health service to support students. The service under review is the UNILINK mental health service offered by the Discipline of Occupational Therapy in conjunction with the Disability Service which is based at the University of Dublin, Trinity College.

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METHODOLOGY

Study Design

The study was descriptive, non-experimental, and predominantly qualitative in nature. It employed a mixed-method approach, and included : (1) Collecting text messaging data, relating to 40 students from four therapists across three years, and (2) auditing the service files to gather demographic data and some intervention-related information that was cross-analyzed with the qualitative text messaging data. The latter approach provided a quantitative element that contextualized the qualitative findings.

Research Question

The study set out to investigate how text messaging on mobile phones was used by therapists and university students in an occupational therapy mental health support service, namely the UNILINK service.

Participants

All students attending the UNILINK service across 2005–08 were invited to participate in the study. Forty out of 62 students consented. Twenty-five (62.5%) of the sample were male and 15 were female. All four therapists working in the service also consented to participate in the study.

Data Collection

Each therapist recorded text message correspondence with students who were using the UNILINK service. This record typically produced information on the content, time, and date of interactions between therapist and student. Thus the data represented the nature and pattern of the text messages and communication within the service from 2005 to 2008. In total 413 text messages were recorded and included in the study; no messages were excluded from analysis.

Additional demographic information on the student was produced through audit of UNILINK files. Data were gathered on the following audit variables: gender, age, diagnosis, course and faculty of study, year of study including whether the student was an undergraduate or postgraduate, mature student status, whether the student had repeated a year of college, length of time using the service, and number of UNILINK appointments across their time with the service. Additionally, a qualitative analysis of students' goals while in the service categorized these into five themes that were then converted into five variables providing intervention-related data that was quantitative in nature. For cross-analysis purposes the SMS and audit data were first matched before all names were deleted from the data.

Data Analysis

The qualitative data analysis procedure is fundamentally inductive in nature and involves the researcher, framed by the focus of the inquiry, culling for meaning from the words of the participants. The Constant Comparative Method, described by Maykut and Morehouse (1994), combines inductive category coding with simultaneous comparison of all units of meaning. In this study, this method was adapted for use with the qualitative data analysis computer package, QSR N6, and so guided the analysis of the data.

QSR N6 is an atheoretical toolkit that allows the user to code text documents into emergent themes that it terms "free nodes." Text message data were imported into QSR N6 and, using the Constant Comparative Method, the researchers independently coded the data into free nodes. These free nodes were then jointly examined by the authors; following discussion, the free nodes that best represented the data were agreed upon. To record thoughts, hunches, or ideas in relation to any node, memos were created. These served to log the development of ideas throughout the analysis process. Reading the coded text of the nodes allowed patterns, comparisons, and contrasts within and between participants' information to be identified. This enabled each free node to be grouped under an umbrella theme. Five of these umbrella themes emerged in total and they classified a total of 18 free nodes or sub-themes.

The thematic information was transferred to a computer package suitable for analyzing quantitative data, in this case Statistical Package for the

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Social Sciences (SPSS), by (1) reducing the themes (free nodes and tree nodes) to dichotomous variables ("yes, this theme existed for the student-therapist data"/"no, this theme did not represent the student-therapist data"), and by (2) creating scale variables containing information on the extent to which a student's text messaging was represented by a particular theme. The audit data was also transferred to SPSS to create 20 demographic and intervention-related variables. Cross-analysis, using descriptive and inferential statistics, between the thematic and demographic variables was conducted.

Trustworthiness

The independent involvement of all the authors in the analysis of the data improved the neutrality of the study's findings, minimizing bias and increasing conformability of results. The nature of the data—non-manipulated recordings of interactions which take place irrespective of this study's investigation—contributed to the truth value (Krefting, 1991) of the study. Additionally, the lengthy data collection period meant it was unlikely that staff or students' text message use was influenced by the demand characteristics of the study and therefore the credibility of the data was intact.

Ethical Considerations

The study was granted ethical approval from the Health Science Faculty Ethics Committee of Trinity College. Each student provided written informed consent to participate. All data were made anonymous before data analysis and names replaced with codes such as S1 for student one and T1 for therapist one.

RESULTS

Sample Demographics

The age range of the 40 participating students was 26 years with the youngest student being 18 years old and the oldest 44 years. The mean age was 24.2 years (SD = 5.548 years; median = 22.5 years; mode = 22 years).

Of the 40 students, over half had a diagnosis of depression ($n = 21$; 52.5%), five (12.5%) had Attention Deficit and Hyperactivity Disorder; five had Asperger's Syndrome; four students had anxiety disorders; two had psychotic illnesses, two had eating disorders; and one suffered from post traumatic stress.

The majority of students ($n = 25$; 62.5%) studied in the Faculty of Arts at the university, 15 students ($n = 25\%$) were in the Faculty of Science and only five (12.5%) were part of the Faculty of Health Sciences.

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Trinity College, Dublin, offers both post graduate PhD and Masters degrees by research, post graduate Masters courses, and a four year honors degree program at the undergraduate level. In total, 34 students (85%) were undergraduates. Fifteen (44.1%) of these were in their senior sophister year (fourth year), a further ten (29%) were junior freshmen (first years) in the university. The remaining students were made up of four senior freshmen (second years) and five junior sophisters (third years). Just six (15%) students of the 40-large sample were studying at postgraduate level.

Mature students (23 years on entry to the university) made up almost a third of the total sample (32.5%; $n = 13$) – seven of these were undergraduates, which represented 20.6% of the undergraduates in the sample. While the intake of mature students to undergraduate courses varies across the university it is generally recommended that they make up 10% of any one course.

The majority of students ($n = 25$; 62.5%) had repeated a year or more of the course they studied, though only five of them had begun and not completed another university course earlier in their educational history

The following table presents the demographic information of age, faculty of study, year of study, level of course, and mature student status grouped according to the students' gender. Table 1

Sample's Use of UNILINK and Intervention-Related Information

The length of time students ($n = 38$; data were missing for two students) attended the UNILINK service ranged from 3 to 45 months, with a mean attendance of 15.63 months (SD = 9.966 months). The number of appointments for students ($n = 37$) across this time ranged from 2 to 63. The mean was 22.68 appointments (SD = 18.48). While the mean number of missed appointments for students ($n = 32$) was 2.84 (SD = 3.274), six students did not miss any appointments and four students missed ten appointments.

Students' goals for intervention, while attending the service, were categorized into five thematic groups. The following table presents the number of students who developed these goals. Table 2

The development of academic skills was the most commonly devised goal among students, though over half also used the service to develop illness and anxiety management strategies.

Thematic Analysis

Thematic analysis of the data using QSR N6 produced five over-arching themes.

Theme 1: Practicalities around appointments. The first theme represented a common use of text message communication for both student and therapist and concerned the practicalities of arranging and rearranging

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TABLE 1 Students' Demographic Data According to Their Gender

	Female N = 15	Male N = 25	Total
Age	Mean = 24.07 yrs SD = 3.731 yrs Min = 18 yrs Max = 32 yrs	Mean = 24.42 yrs SD = 6.382 yrs Min = 18 yrs Max = 44 yrs	N = 40
Diagnosis	Psychosis = 1 Depression = 8 ADHD = 1 Eating disorder = 2 Anxiety = 3 **PTS = 0 Aspergers = 0	Psychosis = 1 Depression = 13 ADHD = 4 Eating disorder = 0 Anxiety = 1 **PTS = 1 Aspergers = 5	N = 40
Year of undergraduate study	Year 1: *n* = 3 Year 2: *n* = 1 Year 3: *n* = 1 Year 4: *n* = 7	Year 1: *n* = 7 Year 2: *n* = 3 Year 3: *n* = 4 Year 4: *n* = 8	*N = 34
Repeat year	Yes = 11 No = 4	Yes = 14 No = 11	N = 25 N = 15
Undergraduate	12	22	N = 34
Postgraduate	3	3	N = 6
Faculty of Arts	8	17	N = 25
Faculty of Science	3	7	N = 10
Faculty of Health Sciences	4	1	N = 5
Mature student status	5 mature 10 not-mature	8 mature 17 not-mature	N = 13 N = 27

*denotes missing data exist for this variable.
**Post Traumatic Stress Disorder.

appointments (which were both therapist and student initiated), clarifying and cancelling appointments, providing notification of lateness, and signalling arrival to appointment location. Three out of the four therapists also used text messaging to follow up student absenteeism. An example of a student's

TABLE 2 Number of Students Who Developed any of the Five Goals to Work on While in the UNILINK Service

	Number (%) of students who did/ did not develop this goal
1. Development of academic skills (incl. motivation)	Yes = 27 (84.4%) No = 5 (15.6%)
2. Anxiety and illness management	Yes = 18 (56.3%) No = 14 (43.8%)
3. Life style design and social relationships	Yes = 16 (50%) No = 16 (50%)
4. Time management and organizational skills	Yes = 16 (50%) No = 16 (50%)
5. Understanding college systems and meeting college demands	Yes = 9 (28.1%) No = 23 (71.9%)

response to a therapist's absentee-related query was: *"Oh Christ, Im after totally forgettin bout 2days meetin, n im at home now, im really sorry." (Student 6, 2/22/2006)* Other examples of how students and therapists communicated around practicalities are: *"Yes please [Therapist's name] six on Thursday is fine. Won't keep you long. Thanks." (Student 12, 4/5/2006)* And: *"Was it today or tomorrow at 3 that I was to meet you?" (Student 20, 5/10/2007)*

A student-therapist dialogue on this theme went as follows:

"I'm going to be 15 minutes or less late. Hope that's ok?" (Student 2) Therapist 4's response: *"Thanks for texting. Will see you when you arrive." "I'm just off the bus and walking there. Should be there soon. Sorry for being late." (Student 2). "No problem. See you in a few minutes." (Therapist 4, 20/2/2007)*

Theme 2: Management of their condition/illness. A second major purpose of text messaging was found to be related to students' reporting on how they were managing their condition/ illness. Grouped under this theme was the sub-theme of "disclosure", where students revealed to therapists that they were feeling unwell. In some cases the student may already have sought help from the college psychiatrist; for others this text communication was their first point of contact, for example: *"Hi [therapist's name], I'm not doing very well. I've been in relapse for a few weeks now and my life is becoming progressively more unmanageable. Ur the first person I've told." (Student 5, 05/05/2005)* These messages, as illustrated in the following excerpt, highlighted the difficulty some students experienced meeting their college demands while, at the same time, managing their condition/ illness: *"I was going to call you. I've decided not to sit the exams as I'm not prepared and the stress was making me sick again, Are you around for a chat today r tmrw?" (Student 5, 02/05/2006)*

In addition to disclosing and requesting help students often used text messaging to share how they managed their condition/ illness. This sub-theme was named 'condition/illness management update'. For example: a student contacted therapist 2 to say: *"Hi [therapist's name], just to let you know I was talking to nurse yesterday and long story short I got tablets to balance my sleep thru the exams. I'm happy enuf bout that." (Student 6, 05/20/2006)*

The theme "management of their condition/illness" also included text communication relating to therapists' follow up on intervention, such as reinforcing strategies developed in therapy, reminding students to complete assessment forms, advising students on exam and assignment submission matters etc. The following is therapist 4's communication with student 24: *"Are you around during the exams this week? If you are we could catch up for a few minutes tomorrow?"* Student responded: *"No I am not free tomorrow. I had an exam today and it went terribly, but I can talk to you next Tuesday about it."* Therapist responded: *"Sorry to hear that. Take it easy. You are on the right track. Keep to simple routines that work for you*

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and stay on course. Will text you next week. Write out your priorities for this week and do the best you can. See you next week." (12/3/2007)

Another example of follow up intervention was in relation to a student feeling unwell during the exam period; therapist 1 wrote: "*...can u get a medical cert and meet ur tutor asap to apply to defer ur exams. I think that's the best option but needs 2 b done this wk." (05/24/2007)*

Therapists also acted as student-advocates and as the interface between the student and other bodies both internal and external to the university. The following excerpt exemplifies such communication: "*ur tutor has been in touch. She is going away on Saturday so must apply 4 the super supplemental exams 4u right now. U need to ring her today or tomorrow latest." (8/30/2007).*

Where some students had become non-active users of the service the therapist or student initiated contact using text messaging to re-establish their links. Grouped under the theme "management of their condition/illness" this sub-theme was labelled "reconnecting with service" and demonstrated how some students used the service on a needs-driven basis therefore reinforcing the importance of maintaining, within the service, flexibility around its use.

Theme 3: Thanks, but I'm fine. A theme contrary to the above sub-theme about reconnecting was also evident in the data. A stand alone theme called "thanks but I'm fine" emerged. Initiated from the student following the therapist's invitation to reconnect with the service it illustrated students' understanding of their own illness and their awareness of when they needed to use the service. The following account was typical of such communication: "*Hi [therapist's name], I'm doing ok thanks. I don't think we need to meet up at the moment. I'm going to check in with the disability service next week." (Student 38, 10/26/2005)*

Theme 4: Progress: academic and personal. Students' progress, both academic and personal, was tracked through the use of text messaging and made up a fourth overarching theme. Students described their exam progress, including their hypothesised performance and their actual results; explained how they were meeting deadlines and progressing with study "*The I.T. exam went ok, I reckon I've a good chance of getting the 2.2. No matter what happens, I did my best." (Student 18, 06/12/2007)* Additionally, students informed therapists of their personal developments, unrelated to college-required work. For example, a student wrote to therapist 2 "*...I got the job with the investment bank by the way. Talk to u soon!" (Student 6, 05/20/2006);* and another stated: "*Hey [therapist's name]! Thanks I'm not too bad. Just started my job on Tuesday. Glad I'm busy and my boss seems ok. Also met a nice French girl and going to ask her out..." (Student 29, 06/07/2007)* Another text message to therapist 1 described the student's use of leisure and vacation time: "*Hi [therapist's name] just an update to let you know how I'm getting on. I didn't get to go away this week as Dad says he cant afford to send me abroad and people*

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in [name of city] and [name of town] are either away or studying. I didn't do study, I just took it easy for the week/ Im thinking of going to [name of city] for the weekend instead of going home." (Student 7, 3/23/2006)

Following a role play session between therapist and student, the student responded to the therapist's text message enquiring about how he was getting on putting their work into practice. The student responded: *"Not too bad but have some problems with a girl at the moment. Pretty sure she likes me but couldn't convince her yet to have a coffee with me, even asked about 4 times now." (Student 19, 04/30/2007)*

From this use of text messaging it is clear that therapists recognized the need to support students in occupations that extended beyond the immediate academic work activities of college; that interventions encompassing diverse activities in self-care and leisure occupations made up part of the student role and potentially affected their performance as students.

Theme 5: Non-therapeutic interaction. A fifth overarching theme identified in the data related to interaction, which was neither associated with the practicalities of appointments nor with information sharing around progress and therapeutic support and was termed "non-therapeutic interaction". This theme was characterized by both light-hearted interactions between student and therapist which often drew on humor and were evidence of the comfortable and friendly relationships that had been established, and, by students' appreciation of therapists' support. For example: *"God bless you... [therapist's name]. If that is true this is going to make such an impact on my life." (Student 26, 04/16/05)* Writing in relation to a sports game, the following student's text message is an example of a humorous messaging: *"Waterloo was happening live. I told you this is the group of death." (Student 32, 09/07/2007);* and another said thanks: *"PS Ur a gem, ta." (Student 9, 03/09/06);* and yet another texted in relation to an international rugby game that Ireland won: *"Jaysus! That was close! Well done!" (Student 26, 03/15/2007)*

Together the five qualitative text messages—"practicalities around appointments;" "condition/illness management;" "thanks, but I'm fine;" "progress: academic and personal;" and "non-therapeutic interaction"—described the nature of text message communication between therapists and students. Each was also examined in relation to quantitative variables to explore patterns within the data.

Text Message Themes Examined in Relation to Time

Text messages were sent throughout the day. The following table shows the earliest and latest text messages sent for each theme Table 3.

It is clear from the data that communicating through text messaging within the service was not bound by the traditional nine to five hours of practice.

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TABLE 3 Time Range of Text Messages per Qualitative Theme

Theme	Earliest text message	Latest text message
Practicalities around appointments	1:05 am	12:00 pm
Management of condition/illness	12:49 am	7:04 pm
Thanks, but I'm fine	10:00 am	12:00 pm
Progress—academic & personal	9:14 am	8:37 pm
Non-therapeutic communication	10:09 am	6:46 pm

Cross-Analysis of Emergent Qualitative Themes With Demographic Data

There were no significant differences in the existence of any of the five qualitative themes for men or women. Nor was the length of time students attended the UNILINK service significantly associated with whether or not any of the qualitative themes existed for them. Although it was hypothesised that students who were with the service for longer and were more familiar with their therapist might have been more inclined to use humor, it was found that students who used text messaging in a non-therapeutic way (saying thanks, sending greetings, using humor) had not been with the service significantly longer than those who did not use text messaging in this way (Mann $U = 110.5$; $p = 0.733$).

Students' ages and mature student status had no significant association with the qualitative themes. Additionally, there was no difference between how students across faculties used text messaging to communicate. In fact, using Chi Square, it was found that the observed frequency with which the "practicalities about appointments" theme arose for students, regardless of what faculty they belonged to, was exactly that which was expected (chi sq $= 0$, $p = 1$, df $= 1$). Whether the student was a postgraduate or undergraduate made no significant difference to the type of text communication.

Students' intervention goals were examined in relation to how they used text messaging. Where time management and organizational skills were therapy goals, it was thought that more of these students might have used text messaging to communicate about the practicalities of appointments. This was not the case. The goal of developing academic skills was examined in relation to the theme of academic and personal progress. There was no significant relationship between this goal and theme. The goal of anxiety and illness management was tested using chi square in a crosstab with the theme of management of the condition/illness. Again, no significant result was found. When anxiety and illness management however, were examined in relation to the sub-theme of missing appointments, a significant relationship was identified. Communication about missing appointments, took place more often with students who were not working on anxiety and illness management goals (Fisher's Exact Test $p = 0.028$). These students missed an average of 4.09 appointments which was almost twice (mean $= 2.33$

appointments) that of those who were working on this goal, though this difference was not significant (Mann U = 51.5; $p = 0.102$). Some of this may be explained however, by the conditions which some of these students present, namely ADD. Those individuals experiencing ADD have poor executive functioning skills which, in turn, affect their attendance rates, their ability to plan and organize.

A chi square test was used to assess the relationship between the existence of progress in academic and personal affairs with the goal of understanding college systems and also the life style design and social relations goal. No significant relationship was found between this theme (or its sub-themes) and the goal of understanding college systems. Likewise the relationship between this theme and the life style design and social relations goal was not significant, however; it was approaching significance, meaning that more students who were working on the goal of life style design and social relations used text messaging to communicate about their progress than expected (chi sq. = 3.137, df = 1, $p = 0.077$).

Students working on time management and organizational skills used text messaging to communicate academic progress, namely, how study was going, significantly more often than expected (Fisher's Exact Test $p = 0.015$). Of the nine students who used text messaging for this type of communication, eight were working on time management and organizational skills as goals in UNILINK. Examining the sub-themes of management of their condition/illness theme it was found that more students who used text messaging to reconnect with the UNILINK service were working on time management and organizational skills, though the difference was not significant (Fisher's Exact Test $p = 0.101$). No other associations between themes and goals were significant. This qualitative and quantitative analysis of text messaging of 40 students will now be discussed in light of relevant literature. The main findings include:

- Five qualitative themes: practicalities around appointments, condition/illness management, progress—academic and personal, non-therapeutic interaction, thanks but I'm fine.
- Demographics: 15 female, 25 male, mean 24 years, 34 were undergrads, 13 were matures, 25 from faculty of arts, mean length in UNILINK 15 months, students sent texts throughout the day till late into the night.
- Five goals: time management and organizational skills, anxiety and illness management, life style design and social relationships, academic skills, understanding of college systems.
- Cross analysis: little statistical significance was found in the data other than the fact that students working on time management goals communicated more about academic progress and sent texts about missing appointments more than those not working on anxiety management goals.

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DISCUSSION

This study showed that text messaging among a student population using a mental health support service was valuable. It offered a means of maintaining ongoing contact between the service users and the staff and acted not only as a means for receiving and giving information but as a means of maintaining the ongoing therapeutic relationship. Previous studies on the use of mobile phones in health care (Kim, Kim, & Abn, 2006; Kim & Jeong, 2007; Leong et al., 2006; Pijnenborg et al., 2007) have used text messaging as a means of giving information about appointments and attendance to patients of services, and they found that sending reminders using text messaging improved patient compliance with attendance and medication. Students within the UNILINK service were found to use text messaging, not only to inform staff about their non-attendance, but to also change their appointments. As a result there were few appointments missed as students were empowered to use the service as they needed it. This study points to an observable shift in "appointment setting", as usually the appointments are scheduled according to the service's needs not the user's needs. Initial appointments are made via sending a text message to the individual student, and the student can make an appointment which suits his or her schedule. Ongoing appointments are arranged at the end of each session to suit the student and the therapist, but students are free to change and reschedule. This they do by sending a text message to the therapist in advance of the session. Another point to note within this study is that, when students text to cancel or reschedule their appointments, they do so generally late at night or early in the morning or a day prior to their appointed time for meeting. Again, this is viewed as empowering the student to use the service according to his/her needs. If a therapist has a free slot s/he could then text other students and invite them to attend within that time frame which in turn enabled the service to operate efficiently. No significant difference was found when comparing males and females in this study as to what they sent as texts unlike the findings of Wei and Lo (2006) who found that females tended to use the phone more frequently, regardless of whether or not the calls were to family or friends, and men tended to use the phone more for practical purposes or for seeking information. The focus of this service is practical in nature and it was found that a significantly greater number of males as opposed to females (25 v. 15) attended and used the UNILINK service. This would support Franks and Medforth's (2005) findings that men, when seeking help, often look for "instrumental help or practical help" rather than counselling or emotion oriented help.

When the themes were examined in relation to the therapeutic goals the students set for themselves, results were valuable. Although not significant, they did provide us with an insight into how students behave. These results

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allow us as therapists to understand the content of what might be expected by using mobile phone technology as a therapeutic tool. An example of this was students who were not actively engaged in anxiety management strategies tended to miss more appointments than those who did. One must be cautious however, about interpreting these results as it is not known if the students who cancelled had a diagnosis other than depression and anxiety. Indeed, it has been observed by the therapists within the service that those with a diagnosis of attention deficit disorder and attention deficit hyperactivity disorder tend to reschedule their appointments more often that those who have other diagnoses, which would be explicable in terms of their difficulty with executive functioning skills. The use of text messages was found to be an important part in the ongoing management of the individual's condition/illness. This was a unique finding within this study as no other studies were found to have examined both the content of the text messaging and how it was used within a mental health service.

Most of the literature reports single one way interactions between health service providers and service users using the technology of SMS texting. In other words, health care providers sent the text messages as reminders of appointments or to encourage compliance with medication. This UNILINK service recognizes that for young people the mobile phone is an integral part of their identity, and texting was the preferred method of communication among this age group (Katz & Aakhus, 2002; Ling & Ytti, 2002; Kassesniemi & Rautianinen, 2002; Haste, 2005; Harper & Hamill, 2005; Walsh, White, & Young, 2008). Capitalizing on how students and young people communicated with each other, it was decided to use text messaging as a means of initially contacting them as it was found that they did not respond to phone calls or emails. What initially started out as texting in order to make an appointment soon developed into an integral and unique part in the maintenance of the therapeutic relationship and management of their condition/illness through remote access.

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Limitations

This article has not focused on the ethical or legal aspects to the use of mobile technology but all students are made aware that text messages are considered a means of therapeutic intervention and must be recorded as evidence of their engagement with the service. Further analysis could be performed on the data in order to establish any differences in the content of the texts related to gender and diagnosis.

CONCLUSION

This article set out to describe the use of mobile phone technology, in particular how SMS texting was used with the UNILINK mental health service for

university students. This service did not set out to use mobile phones in this manner but it did originally use this type of technology as a point of initial contact with a service. As students engaged with the service it became apparent to the therapists within the service that text messaging was an integral part of the lives of young people and that it added to the ongoing therapeutic communication and relationship with this population. The use of text messaging has been shown here to allow for a rich dialogue between occupational therapist and student and has implications for practicing therapists, as it challenges the manner in which therapists communicate with young people.

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APPENDIX R

Full Categories

Undergraduates Only

Person - Concerns	Not Difficult	%	Very little Difficulty	%	Somewhat Difficult	%	Quite Difficult	%	Very Difficult	%	Great Difficulty
Being on time for College (le	45	35.43%	16	12.60%	11	8.66%	17	13.39%	29	22.83%	9
Concentrating during lectur	20	15.75%	17	13.39%	20	15.75%	20	15.75%	29	22.83%	21
Understanding the content of lectures	27	21.26%	28	22.05%	21	16.54%	18	14.17%	21	16.54%	12
Understanding the library sy	63	49.61%	28	22.05%	16	12.60%	10	7.87%	4	3.15%	6
Retrieving information and books	63	49.61%	18	14.17%	15	11.81%	14	11.02%	13	10.24%	4
Understanding topic/question	43	33.86%	27	21.26%	19	14.96%	19	14.96%	12	9.45%	7
Handing up work on time	35	27.56%	7	5.51%	6	4.72%	14	11.02%	26	20.47%	39
Understanding your departments expectations/standards (eg. Length, style etc)	34	26.77%	27	21.26%	14	11.02%	18	14.17%	14	11.02%	20
Understanding the course st	45	35.43%	17	13.39%	18	14.17%	24	18.90%	15	11.81%	8
Maintaining concentration d	7	5.51%	9	7.09%	20	15.75%	17	13.39%	26	20.47%	48
Getting started with studyin	12	9.45%	7	5.51%	10	7.87%	15	11.81%	27	21.26%	56
Knowing How best to study	15	11.81%	11	8.66%	13	10.24%	23	18.11%	28	22.05%	37
Remembering what I have studied	25	19.69%	9	7.09%	22	17.32%	20	15.75%	21	16.54%	30
Procrastination	12	9.45%	7	5.51%	9	7.09%	16	12.60%	20	15.75%	63
Managing the stress before	24	18.90%	16	12.60%	12	9.45%	20	15.75%	25	19.69%	30
Deciding which question to	49	38.58%	24	18.90%	14	11.02%	16	12.60%	12	9.45%	12
Recalling Material	32	25.20%	14	11.02%	22	17.32%	25	19.69%	15	11.81%	19
Managing panic and 'writer	34	26.77%	15	11.81%	16	12.60%	20	15.75%	18	14.17%	24
Managing fear that I may fa	35	27.56%	12	9.45%	14	11.02%	16	12.60%	22	17.32%	28
Making day to day decisions	29	22.83%	18	14.17%	15	11.81%	25	19.69%	18	14.17%	22
Receiving and coping with b	28	22.05%	10	7.87%	24	18.90%	26	20.47%	11	8.66%	28
Getting enough good quality	23	18.11%	14	11.02%	13	10.24%	22	17.32%	29	22.83%	25
Managing Conflict	37	29.13%	15	11.81%	22	17.32%	26	20.47%	13	10.24%	13

Managing anger	38	29.92%	28	22.05%	17	13.39%	21	16.54%	10	7.87%	12
Being a perfectionist	28	22.05%	18	14.17%	14	11.02%	24	18.90%	19	14.96%	23
Managing anxiety	13	10.24%	8	6.30%	17	13.39%	27	21.26%	19	14.96%	42
Managing negativethoughts	20	15.75%	3	2.36%	9	7.09%	29	22.83%	23	18.11%	42
Managing stressful situation	17	13.39%	10	7.87%	16	12.60%	32	25.20%	19	14.96%	32
Maintaining good mental sta	13	10.24%	10	7.87%	10	7.87%	25	19.69%	33	25.98%	35
Switching off and Relaxing	37	29.13%	17	13.39%	14	11.02%	23	18.11%	18	14.17%	17
Being Cnfident	14	11.02%	13	10.24%	9	7.09%	30	23.62%	29	22.83%	31

Environment - Concerns	Not Difficult	%	Very little Difficulty	%	Somewhat Difficult	%	Quite Difficult	%	Very Difficult	%	Great Difficulty
Tolerating external distracti	44	34.65%	21	16.54%	14	11.02%	20	15.75%	18	14.17%	10
Managing Lab/placements e	85	66.93%	18	14.17%	9	7.09%	7	5.51%	4	3.15%	4
Using Computers	76	59.84%	15	11.81%	13	10.24%	7	5.51%	11	8.66%	5
Getting to the exam hall	100	78.74%	10	7.87%	5	3.94%	7	5.51%	5	3.94%	0
Saying 'no' to people	44	34.65%	13	10.24%	17	13.39%	20	15.75%	14	11.02%	19
Getting to thettng involved i	43	33.86%	15	11.81%	10	7.87%	20	15.75%	22	17.32%	17
Communicating with people	40	31.50%	16	12.60%	20	15.75%	25	19.69%	17	13.39%	9
communicating with my sup	61	48.03%	17	13.39%	18	14.17%	15	11.81%	9	7.09%	7
Communicating with other s	48	37.80%	17	13.39%	17	13.39%	17	13.39%	16	12.60%	12
Making friends within colleg	43	33.86%	20	15.75%	15	11.81%	16	12.60%	20	15.75%	13
Making friends outside of co	59	46.46%	17	13.39%	12	9.45%	21	16.54%	13	10.24%	5
Managing flatmates/housem	81	63.78%	17	13.39%	11	8.66%	8	6.30%	7	5.51%	3
Managing family	45	35.43%	11	8.66%	13	10.24%	26	20.47%	20	15.75%	12
Managing student support s	72	56.69%	19	14.96%	13	10.24%	13	10.24%	9	7.09%	1
Managing tutor system	65	51.18%	22	17.32%	11	8.66%	16	12.60%	9	7.09%	4
Managing finances/bills	52	40.94%	20	15.75%	13	10.24%	18	14.17%	13	10.24%	11
Managing nutritional needs	47	37.01%	16	12.60%	12	9.45%	16	12.60%	25	19.69%	11
Managing any medicaiton	78	61.42%	15	11.81%	11	8.66%	14	11.02%	5	3.94%	4
Managing alcohol intake	73	57.48%	25	19.69%	10	7.87%	11	8.66%	5	3.94%	3

Managing/avoiding other su	96	75.59%	15	11.81%	2	1.57%	6	4.72%	5	3.94%	3
Managing shopping, housew	61	48.03%	21	16.54%	12	9.45%	18	14.17%	9	7.09%	6

Occupation - Concerns	Not Difficult	%	Very little Difficulty	%	Somewhat Difficult	%	Quite Difficult	%	Very Difficult	%	Great Difficulty
Taking notes	34	26.77%	16	12.60%	22	17.32%	22	17.32%	17	13.39%	16
Participating in discussions	43	33.86%	14	11.02%	14	11.02%	21	16.54%	15	11.81%	20
Asking questions	41	32.28%	16	12.60%	18	14.17%	12	9.45%	24	18.90%	16
Working in groups	52	40.94%	17	13.39%	16	12.60%	19	14.96%	10	7.87%	13
Doing presentations	37	29.13%	13	10.24%	11	8.66%	13	10.24%	18	14.17%	35
Listening to others/peers	63	49.61%	28	22.05%	13	10.24%	16	12.60%	4	3.15%	3
Talking to lecturers/tutors	45	35.43%	23	18.11%	19	14.96%	13	10.24%	16	12.60%	11
Asking for help	31	24.41%	20	15.75%	15	11.81%	24	18.90%	19	14.96%	18
Dealing with pressures and dea	15	11.81%	9	7.09%	14	11.02%	11	8.66%	29	22.83%	49
Goal-settng	12	9.45%	14	11.02%	16	12.60%	19	14.96%	34	26.77%	32
Achieving goals	12	9.45%	12	9.45%	13	10.24%	16	12.60%	31	24.41%	43
Dealing with work overload	11	8.66%	5	3.94%	11	8.66%	21	16.54%	29	22.83%	50
Doing practical work	83	65.35%	8	6.30%	14	11.02%	10	7.87%	8	6.30%	4
Managing work load	60	47.24%	7	5.51%	8	6.30%	15	11.81%	23	18.11%	14
Completing reports	81	63.78%	7	5.51%	4	3.15%	12	9.45%	14	11.02%	9
Organising information	26	20.47%	17	13.39%	18	14.17%	21	16.54%	24	18.90%	21
Structuring and planning essay (	27	21.26%	14	11.02%	14	11.02%	20	15.75%	26	20.47%	26
Getting down to writing	19	14.96%	11	8.66%	11	8.66%	16	12.60%	28	22.05%	42
Coninuing writing, avoiding write	33	25.98%	13	10.24%	12	9.45%	19	14.96%	23	18.11%	27
Finishing the work	27	21.26%	13	10.24%	16	12.60%	12	9.45%	25	19.69%	34
Referencing	55	43.31%	18	14.17%	14	11.02%	12	9.45%	18	14.17%	10
Writing study notes	28	22.05%	17	13.39%	15	11.81%	21	16.54%	20	15.75%	26
Staying and doing the exam	63	49.61%	15	11.81%	8	6.30%	11	8.66%	15	11.81%	15
Balancing college work and life	27	21.26%	10	7.87%	9	7.09%	18	14.17%	39	30.71%	24
Managing my free time	37	29.13%	6	4.72%	10	7.87%	18	14.17%	30	23.62%	26

Undergraduates Only

%	Missing	%	Total	%	Median	Person - Concerns	Not Important	%	Very little Importance
7.09%	0	0.00%	127	100%	3	Being on time for College	61	48.03%	8
16.54%	0	0.00%	127	100%	4	Concentrating during lect	30	23.62%	16
9.45%	0	0.00%	127	100%	3	Understanding the content of lectures	39	30.71%	22
4.72%	0	0.00%	127	100%	2	Understanding the library	80	62.99%	13
3.15%	0	0.00%	127	100%	2	Retrieving information and books	74	58.27%	12
5.51%	0	0.00%	127	100%	2	Understanding topic/question	50	39.37%	22
30.71%	0	0.00%	127	100%	5	Handing up work on time	34	26.77%	5
15.75%	0	0.00%	127	100%	3	Understanding your departments expectations/standards (eg. Length, style etc)	42	33.07%	21
6.30%	0	0.00%	127	100%	3	Understanding the course	49	38.58%	21
37.80%	0	0.00%	127	100%	5	Maintaining concentration	13	10.24%	7
44.09%	0	0.00%	127	100%	5	Getting started with study	17	13.39%	3
29.13%	0	0.00%	127	100%	5	Knowing How best to stud	19	14.96%	10
23.62%	0	0.00%	127	100%	4	Remembering what I have studied	25	19.69%	11
49.61%	0	0.00%	127	100%	5	Procrastination	20	15.75%	5
23.62%	0	0.00%	127	100%	4	Managing the stress befor	30	23.62%	19
9.45%	0	0.00%	127	100%	2	Deciding which question t	57	44.88%	20
14.96%	0	0.00%	127	100%	3	Recalling Material	32	25.20%	16
18.90%	0	0.00%	127	100%	3	Managing panic and 'write	38	29.92%	15
22.05%	0	0.00%	127	100%	4	Managing fear that I may	42	33.07%	9
17.32%	0	0.00%	127	100%	4	Making day to day decisio	38	29.92%	12
22.05%	0	0.00%	127	100%	4	Receiving and coping with	36	28.35%	15
19.69%	1	0.79%	127	100%	4	Getting enough good qual	34	26.77%	15
10.24%	1	0.79%	127	100%	3	Managing Conflict	48	37.80%	12

9.45%	1	0.79%	127	100%	2	Managing anger	55	43.31%	17
18.11%	1	0.79%	127	100%	4	Being a perfectionist	40	31.50%	18
33.07%	1	0.79%	127	100%	4	Managing anxiety	20	15.75%	9
33.07%	1	0.79%	127	100%	5	Managing negativethough	23	18.11%	4
25.20%	1	0.79%	127	100%	4	Managing stressful situati	22	17.32%	12
27.56%	1	0.79%	127	100%	5	Maintaining good mental s	20	15.75%	6
13.39%	1	0.79%	127	100%	3	Switching off and Relaxin	47	37.01%	14
24.41%	1	0.79%	127	100%	4	Being Confident	24	18.90%	10

%	Missing	%	Total	%	Median	Environment - Concern	Not Important	%	Very little Importance
7.87%		0.00%	127	100%	2	Tolerating external distrac	60	47.24%	16
3.15%		0.00%	127	100%	1	Managing Lab/placements	92	72.44%	15
3.94%		0.00%	127	100%	1	Using Computers	76	59.84%	17
0.00%		0.00%	127	100%	1	Getting to the exam hall	100	78.74%	8
14.96%		0.00%	127	100%	3	Saying 'no' to people	47	37.01%	21
13.39%		0.00%	127	100%	3	Getting to thettng involve	53	41.73%	25
7.09%		0.00%	127	100%	3	Communicating with peop	50	39.37%	10
5.51%		0.00%	127	100%	2	communicating with my s	68	53.54%	15
9.45%		0.00%	127	100%	2	Communicating with othe	56	44.09%	17
10.24%		0.00%	127	100%	3	Making friends within coll	51	40.16%	18
3.94%		0.00%	127	100%	2	Making friends outside of	72	56.69%	15
2.36%		0.00%	127	100%	1	Managing flatmates/house	87	68.50%	11
9.45%		0.00%	127	100%	3	Managing family	56	44.09%	11
0.79%		0.00%	127	100%	1	Managing student support	77	60.63%	14
3.15%		0.00%	127	100%	1	Managing tutor system	68	53.54%	18
8.66%		0.00%	127	100%	2	Managing finances/bills	66	51.97%	14
8.66%		0.00%	127	100%	3	managing Nutritional Nee	62	48.82%	8
3.15%		0.00%	127	100%	1	Managing any medicaiton	87	68.50%	7
2.36%		0.00%	127	100%	1	Managing alcohol intake	84	66.14%	14

2.36%	0.00%	127	100%	1	Managing/avoiding other :	95	74.80%	13
4.72%	0.00%	127	100%	2	Managing shopping, hous	73	57.48%	16

% Missing	% Total		% Median	Occupation - Concerns	Not Important	%	Very little Importance
12.60%	0.00%	127	100% 3	Taking notes	40	31.50%	8
15.75%	0.00%	127	100% 3	Participating in discussions	49	38.58%	14
12.60%	0.00%	127	100% 3	Asking questions	47	37.01%	15
10.24%	0.00%	127	100% 2	Working in groups	62	48.82%	14
27.56%	0.00%	127	100% 4	Doing presentations	48	37.80%	9
2.36%	0.00%	127	100% 2	Listening to others/peers	71	55.91%	19
8.66%	0.00%	127	100% 2	Talking to lecturers/tutors	52	40.94%	18
14.17%	0.00%	127	100% 3	Asking for help	39	30.71%	17
38.58%	0.00%	127	100% 5	Dealing with pressures and d	21	16.54%	6
25.20%	0.00%	127	100% 5	Goal-settng	16	12.60%	10
33.86%	0.00%	127	100% 5	Achieving goals	16	12.60%	10
39.37%	0.00%	127	100% 5	Dealing with work overload	17	13.39%	4
3.15%	0.00%	127	100% 1	Doing practical work	89	70.08%	7
11.02%	0.00%	127	100% 2	Managin Work Load	67	52.76%	5
7.09%	0.00%	127	100% 1	Completing reports	89	70.08%	4
16.54%	0.00%	127	100% 4	Organising information	32	25.20%	9
20.47%	0.00%	127	100% 4	Structuring and planning essa	32	25.20%	11
33.07%	0.00%	127	100% 5	Getting down to writing	25	19.69%	10
21.26%	0.00%	127	100% 4	Coninuing writing, avoiding wi	37	29.13%	8
26.77%	0.00%	127	100% 4	Finishing the work	30	23.62%	11
7.87%	0.00%	127	100% 2	Referencing	59	46.46%	11
20.47%	0.00%	127	100% 4	Writing study notes	33	25.98%	13
11.81%	0.00%	127	100% 2	Staying and doing the exam	67	52.76%	10
18.90%	0.00%	127	100% 4	Balancing college work and lif	32	25.20%	8
20.47%	0.00%	127	100% 4	Managing my free time	41	32.28%	8

%	Somewhat Important	%	Quite Important	%	Very Important	%	Great Importance	%	Missing	%	Total	%
6.30%	9	7.09%	16	12.60%	11	8.66%	20	15.75%	2	1.57%	127	100.00%
12.60%	10	7.87%	12	9.45%	27	21.26%	31	24.41%	1	0.79%	127	100.00%
17.32%	8	6.30%	17	13.39%	15	11.81%	25	19.69%	1	0.79%	127	100.00%
10.24%	11	8.66%	8	6.30%	9	7.09%	5	3.94%	1	0.79%	127	100.00%
9.45%	12	9.45%	8	6.30%	10	7.87%	10	7.87%	1	0.79%	127	100.00%
17.32%	14	11.02%	9	7.09%	16	12.60%	15	11.81%	1	0.79%	127	100.00%
3.94%	5	3.94%	14	11.02%	22	17.32%	46	36.22%	1	0.79%	127	100.00%
16.54%	9	7.09%	14	11.02%	19	14.96%	21	16.54%	1	0.79%	127	100.00%
16.54%	7	5.51%	19	14.96%	15	11.81%	15	11.81%	1	0.79%	127	100.00%
5.51%	8	6.30%	20	15.75%	21	16.54%	57	44.88%	1	0.79%	127	100.00%
2.36%	10	7.87%	11	8.66%	24	18.90%	61	48.03%	1	0.79%	127	100.00%
7.87%	3	2.36%	20	15.75%	20	15.75%	54	42.52%	1	0.79%	127	100.00%
8.66%	14	11.02%	14	11.02%	18	14.17%	44	34.65%	1	0.79%	127	100.00%
3.94%	4	3.15%	12	9.45%	16	12.60%	69	54.33%	1	0.79%	127	100.00%
14.96%	10	7.87%	11	8.66%	24	18.90%	32	25.20%	1	0.79%	127	100.00%
15.75%	14	11.02%	7	5.51%	13	10.24%	15	11.81%	1	0.79%	127	100.00%
12.60%	18	14.17%	18	14.17%	17	13.39%	25	19.69%	1	0.79%	127	100.00%
11.81%	5	3.94%	17	13.39%	22	17.32%	29	22.83%	1	0.79%	127	100.00%
7.09%	10	7.87%	16	12.60%	21	16.54%	27	21.26%	2	1.57%	127	100.00%
9.45%	14	11.02%	25	19.69%	19	14.96%	18	14.17%	1	0.79%	127	100.00%
11.81%	20	15.75%	22	17.32%	8	6.30%	26	20.47%	0	0.00%	127	100.00%
11.81%	7	5.51%	20	15.75%	23	18.11%	28	22.05%	0	0.00%	127	100.00%
9.45%	19	14.96%	17	13.39%	14	11.02%	17	13.39%	0	0.00%	127	100.00%

13.39%	13	10.24%	17	13.39%	11	8.66%	14	11.02%	0	0.00%	127	100.00%
14.17%	13	10.24%	14	11.02%	19	14.96%	23	18.11%	0	0.00%	127	100.00%
7.09%	15	11.81%	16	12.60%	23	18.11%	44	34.65%	0	0.00%	127	100.00%
3.15%	12	9.45%	20	15.75%	24	18.90%	44	34.65%	0	0.00%	127	100.00%
9.45%	16	12.60%	24	18.90%	18	14.17%	35	27.56%	0	0.00%	127	100.00%
4.72%	13	10.24%	17	13.39%	30	23.62%	41	32.28%	0	0.00%	127	100.00%
11.02%	16	12.60%	16	12.60%	14	11.02%	20	15.75%	0	0.00%	127	100.00%
7.87%	13	10.24%	19	14.96%	28	22.05%	33	25.98%	0	0.00%	127	100.00%

%	Somewhat Important	%	Quite Important	%	Very Important	%	Great Importance	%	Missing	%	Total	%
12.60%	15	11.81%	9	7.09%	16	12.60%	11	8.66%		0.00%	127	100.00%
11.81%	4	3.15%	6	4.72%	5	3.94%	4	3.15%	1	0.79%	127	100.00%
13.39%	11	8.66%	5	3.94%	9	7.09%	8	6.30%	1	0.79%	127	100.00%
6.30%	5	3.94%	5	3.94%	5	3.94%	3	2.36%	1	0.79%	127	100.00%
16.54%	8	6.30%	21	16.54%	13	10.24%	16	12.60%	1	0.79%	127	100.00%
19.69%	7	5.51%	18	14.17%	11	8.66%	12	9.45%	1	0.79%	127	100.00%
7.87%	17	13.39%	21	16.54%	14	11.02%	14	11.02%	1	0.79%	127	100.00%
11.81%	14	11.02%	9	7.09%	10	7.87%	10	7.87%	1	0.79%	127	100.00%
13.39%	14	11.02%	14	11.02%	13	10.24%	12	9.45%	1	0.79%	127	100.00%
14.17%	16	12.60%	12	9.45%	9	7.09%	20	15.75%	1	0.79%	127	100.00%
11.81%	10	7.87%	14	11.02%	6	4.72%	9	7.09%	1	0.79%	127	100.00%
8.66%	13	10.24%	5	3.94%	6	4.72%	4	3.15%	1	0.79%	127	100.00%
8.66%	9	7.09%	17	13.39%	20	15.75%	13	10.24%	1	0.79%	127	100.00%
11.02%	11	8.66%	13	10.24%	7	5.51%	4	3.15%	1	0.79%	127	100.00%
14.17%	14	11.02%	10	7.87%	9	7.09%	7	5.51%	1	0.79%	127	100.00%
11.02%	11	8.66%	13	10.24%	7	5.51%	15	11.81%	1	0.79%	127	100.00%
6.30%	10	7.87%	17	13.39%	15	11.81%	14	11.02%	1	0.79%	127	100.00%
5.51%	7	5.51%	11	8.66%	5	3.94%	9	7.09%	1	0.79%	127	100.00%
11.02%	11	8.66%	7	5.51%	3	2.36%	7	5.51%	1	0.79%	127	100.00%

10.24%	5	3.94%	4	3.15%	2	1.57%	7	5.51%	1	0.79%	127	100.00%
12.60%	11	8.66%	16	12.60%	5	3.94%	5	3.94%	1	0.79%	127	100.00%

%	Somewhat Important	%	Quite Important	%	Very Important	%	Great Importance	%	Missing	%	Total	%
6.30%	11	8.66%	26	20.47%	18	14.17%	23	18.11%	1	0.79%	127	100.00%
11.02%	19	14.96%	14	11.02%	15	11.81%	15	11.81%	1	0.79%	127	100.00%
11.81%	20	15.75%	17	13.39%	16	12.60%	11	8.66%	1	0.79%	127	100.00%
11.02%	11	8.66%	20	15.75%	10	7.87%	9	7.09%	1	0.79%	127	100.00%
7.09%	11	8.66%	10	7.87%	20	15.75%	28	22.05%	1	0.79%	127	100.00%
14.96%	12	9.45%	11	8.66%	5	3.94%	8	6.30%	1	0.79%	127	100.00%
14.17%	20	15.75%	12	9.45%	14	11.02%	10	7.87%	1	0.79%	127	100.00%
13.39%	14	11.02%	18	14.17%	17	13.39%	21	16.54%	1	0.79%	127	100.00%
4.72%	7	5.51%	11	8.66%	31	24.41%	50	39.37%	1	0.79%	127	100.00%
7.87%	15	11.81%	17	13.39%	32	25.20%	36	28.35%	1	0.79%	127	100.00%
7.87%	8	6.30%	15	11.81%	26	20.47%	51	40.16%	1	0.79%	127	100.00%
3.15%	8	6.30%	18	14.17%	28	22.05%	51	40.16%	1	0.79%	127	100.00%
5.51%	8	6.30%	6	4.72%	8	6.30%	8	6.30%	1	0.79%	127	100.00%
3.94%	4	3.15%	15	11.81%	15	11.81%	20	15.75%	1	0.79%	127	100.00%
3.15%	4	3.15%	10	7.87%	7	5.51%	12	9.45%	1	0.79%	127	100.00%
7.09%	14	11.02%	16	12.60%	29	22.83%	26	20.47%	1	0.79%	127	100.00%
8.66%	10	7.87%	8	6.30%	24	18.90%	41	32.28%	1	0.79%	127	100.00%
7.87%	6	4.72%	14	11.02%	22	17.32%	49	38.58%	1	0.79%	127	100.00%
6.30%	11	8.66%	21	16.54%	15	11.81%	34	26.77%	1	0.79%	127	100.00%
8.66%	14	11.02%	10	7.87%	19	14.96%	42	33.07%	1	0.79%	127	100.00%
8.66%	13	10.24%	15	11.81%	14	11.02%	14	11.02%	1	0.79%	127	100.00%
10.24%	13	10.24%	12	9.45%	22	17.32%	33	25.98%	1	0.79%	127	100.00%
7.87%	6	4.72%	8	6.30%	14	11.02%	21	16.54%	1	0.79%	127	100.00%
6.30%	10	7.87%	17	13.39%	30	23.62%	29	22.83%	1	0.79%	127	100.00%
6.30%	7	5.51%	16	12.60%	27	21.26%	27	21.26%	1	0.79%	127	100.00%

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Post Graduates Only

Person - Concerns	Not Difficult	%	some	%	small	%	Med	%	Mod	%	Great Difficulty
Being on time for College (le	2	15.38%	0	0.00%	2	15.38%	3	23.08%	3	23.08%	1
Concentrating during lectur	3	23.08%	0	0.00%	1	7.69%	3	23.08%	2	15.38%	2
Understanding the content of lectures	4	30.77%	1	7.69%	1	7.69%	5	38.46%	0	0.00%	1
Understanding the library sy	7	53.85%	2	15.38%	0	0.00%	1	7.69%	2	15.38%	0
Retrieving information and books	8	61.54%	1	7.69%	0	0.00%	1	7.69%	2	15.38%	0
Understanding topic/question	5	38.46%	0	0.00%	3	23.08%	4	30.77%	0	0.00%	0
Handing up work on time	2	15.38%	1	7.69%	0	0.00%	1	7.69%	2	15.38%	5
Understanding your departments expectations/standards (eg. Length, style etc)	3	23.08%	2	15.38%	0	0.00%	2	15.38%	2	15.38%	3
Understanding the course st	8	61.54%	1	7.69%	0	0.00%	1	7.69%	1	7.69%	0
Maintaining concentration d	0	0.00%	0	0.00%	2	15.38%	0	0.00%	5	38.46%	5
Getting started with studyin	1	7.69%	0	0.00%	0	0.00%	4	30.77%	2	15.38%	5
Knowing How best to study	1	7.69%	2	15.38%	1	7.69%	3	23.08%	1	7.69%	4
Remembering what I have studied	2	15.38%	2	15.38%	1	7.69%	2	15.38%	1	7.69%	3
Procrastination	1	7.69%	0	0.00%	0	0.00%	1	7.69%	2	15.38%	8
Managing the stress before	2	15.38%	1	7.69%	0	0.00%	1	7.69%	1	7.69%	2
Deciding which question to	3	23.08%	2	15.38%	1	7.69%	1	7.69%	0	0.00%	0
Recalling Material	3	23.08%	1	7.69%	0	0.00%	2	15.38%	0	0.00%	1
Managing panic and 'writer	2	15.38%	1	7.69%	1	7.69%	1	7.69%	1	7.69%	1
Managing fear that I may fa	2	15.38%	1	7.69%	0	0.00%	2	15.38%	1	7.69%	1
Making day to day decisions	2	15.38%	1	7.69%	3	23.08%	5	38.46%	1	7.69%	1
Receiving and coping with b	3	23.08%	2	15.38%	1	7.69%	2	15.38%	2	15.38%	2
Getting enough good quality	1	7.69%	2	15.38%	0	0.00%	4	30.77%	3	23.08%	3
Managing Conflict	2	15.38%	1	7.69%	3	23.08%	1	7.69%	2	15.38%	2
Managing anger	4	30.77%	1	7.69%	3	23.08%	2	15.38%	1	7.69%	2

Being a perfectionist	0	0.00%	0	0.00%	2	15.38%	2	15.38%	5	38.46%	4
Managing anxiety	0	0.00%	1	7.69%	1	7.69%	1	7.69%	1	7.69%	9
Managing negativethoughts	0	0.00%	1	7.69%	1	7.69%	1	7.69%	2	15.38%	8
Managing stressful situation	0	0.00%	1	7.69%	2	15.38%	2	15.38%	4	30.77%	4
Maintaining good mental sta	1	7.69%	1	7.69%	0	0.00%	3	23.08%	3	23.08%	5
Switching off and Relaxing	0	0.00%	0	0.00%	2	15.38%	3	23.08%	4	30.77%	4
Being Confident	1	7.69%	0	0.00%	1	7.69%	3	23.08%	4	30.77%	4

Environment - Concerns	Not Difficult	%	some	%	small	%	Med	%	Mod	%	Great Difficulty
Tolerating external distracti	4	30.77%	1	7.69%	1	7.69%	5	38.46%	0	0.00%	2
Managing Lab/placements e	4	30.77%	1	7.69%	3	23.08%	0	0.00%	1	7.69%	0
Using Computers	9	69.23%	0	0.00%	0	0.00%	2	15.38%	0	0.00%	0
Getting to the exam hall	7	53.85%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0
Saying 'no' to people	3	23.08%	2	15.38%	2	15.38%	4	30.77%	1	7.69%	1
Getting to thettng involved i	6	46.15%	1	7.69%	2	15.38%	2	15.38%	1	7.69%	1
Communicating with people	2	15.38%	2	15.38%	0	0.00%	4	30.77%	3	23.08%	2
communicating with my sup	2	15.38%	1	7.69%	2	15.38%	1	7.69%	4	30.77%	2
Communicating with other s	3	23.08%	3	23.08%	0	0.00%	2	15.38%	3	23.08%	1
Making friends within colleg	5	38.46%	3	23.08%	0	0.00%	1	7.69%	3	23.08%	1
Making friends outside of co	7	53.85%	2	15.38%	0	0.00%	1	7.69%	1	7.69%	1
Managing flatmates/housem	9	69.23%	1	7.69%	1	7.69%	0	0.00%	0	0.00%	1
Managing family	5	38.46%	1	7.69%	4	30.77%	0	0.00%	2	15.38%	1
Managing student support s	9	69.23%	0	0.00%	0	0.00%	1	7.69%	0	0.00%	1
Managing tutor system	9	69.23%	0	0.00%	0	0.00%	1	7.69%	0	0.00%	0
Managing finances/bills	4	30.77%	1	7.69%	5	38.46%	2	15.38%	0	0.00%	1
Managing nutritional needs	5	38.46%	3	23.08%	2	15.38%	1	7.69%	1	7.69%	1
Managing any medicaiton	8	61.54%	3	23.08%	1	7.69%	0	0.00%	1	7.69%	0
Managing alcohol intake	8	61.54%	3	23.08%	0	0.00%	0	0.00%	2	15.38%	0
Managing/avoiding other su	11	84.62%	0	0.00%	0	0.00%	0	0.00%	1	7.69%	1
Managing shopping, housew	6	46.15%	2	15.38%	1	7.69%	2	15.38%	1	7.69%	1

Occupation - Concerns	Not Difficult	%	some	%	small	%	Med	%	Mod	%	Great Difficulty
Taking notes	4	30.77%	1	7.69%	1	7.69%	1	7.69%	2	15.38%	2
Participating in discussions	5	38.46%	0	0.00%	0	0.00%	3	23.08%	1	7.69%	2
Asking questions	6	46.15%	0	0.00%	1	7.69%	1	7.69%	1	7.69%	3
Working in groups	6	46.15%	0	0.00%	0	0.00%	2	15.38%	1	7.69%	2
Doing presentations	5	38.46%	2	15.38%	0	0.00%	0	0.00%	4	30.77%	1
Listening to others/peers	6	46.15%	2	15.38%	0	0.00%	1	7.69%	1	7.69%	1
Talking to lecturers/tutors	3	23.08%	1	7.69%	3	23.08%	3	23.08%	1	7.69%	1
Asking for help	5	38.46%	1	7.69%	0	0.00%	3	23.08%	1	7.69%	2
Dealing with pressures and dea	1	7.69%	1	7.69%	0	0.00%	1	7.69%	3	23.08%	6
Goal-settng	2	15.38%	1	7.69%	0	0.00%	2	15.38%	3	23.08%	5
Achieving goals	1	7.69%	1	7.69%	0	0.00%	2	15.38%	3	23.08%	6
Dealing with work overload	1	7.69%	1	7.69%	1	7.69%	1	7.69%	4	30.77%	5
Doing practical work	4	30.77%	2	15.38%	0	0.00%	0	0.00%	2	15.38%	0
Managing work load	4	30.77%	0	0.00%	0	0.00%	1	7.69%	3	23.08%	0
Completing reports	4	30.77%	0	0.00%	0	0.00%	1	7.69%	2	15.38%	1
Organising information	3	23.08%	3	23.08%	0	0.00%	1	7.69%	2	15.38%	4
Structuring and planning essay	3	23.08%	1	7.69%	0	0.00%	1	7.69%	4	30.77%	4
Getting down to writing	2	15.38%	1	7.69%	0	0.00%	1	7.69%	3	23.08%	6
Coninuing writing, avoiding write	3	23.08%	1	7.69%	1	7.69%	2	15.38%	1	7.69%	4
Finishing the work	3	23.08%	2	15.38%	0	0.00%	0	0.00%	3	23.08%	4
Referencing	7	53.85%	1	7.69%	0	0.00%	1	7.69%	0	0.00%	3
Writing study notes	6	46.15%	0	0.00%	0	0.00%	2	15.38%	1	7.69%	3
Staying and doing the exam	5	38.46%	1	7.69%	0	0.00%	0	0.00%	1	7.69%	1
Balancing college work and life	3	23.08%	1	7.69%	0	0.00%	3	23.08%	3	23.08%	3
Managing my free time	2	15.38%	1	7.69%	2	15.38%	2	15.38%	3	23.08%	2

%	Missing	%	Total	%
7.69%	2	15.38%	13	100.00%
15.38%	2	15.38%	13	100.00%
7.69%	1	7.69%	13	100.00%
0.00%	1	7.69%	13	100.00%
0.00%	1	7.69%	13	100.00%
0.00%	1	7.69%	13	100.00%
38.46%	2	15.38%	13	100.00%
23.08%	1	7.69%	13	100.00%
0.00%	2	15.38%	13	100.00%
38.46%	1	7.69%	13	100.00%
38.46%	1	7.69%	13	100.00%
30.77%	1	7.69%	13	100.00%
23.08%	2	15.38%	13	100.00%
61.54%	1	7.69%	13	100.00%
15.38%	6	46.15%	13	100.00%
0.00%	6	46.15%	13	100.00%
7.69%	6	46.15%	13	100.00%
7.69%	6	46.15%	13	100.00%
7.69%	6	46.15%	13	100.00%
7.69%	0	0.00%	13	100.00%
15.38%	1	7.69%	13	100.00%
23.08%	0	0.00%	13	100.00%
15.38%	1	7.69%	12	92.31%
15.38%	0	0.00%	13	100.00%

Post Graduates Only

Person - Concerns	No Import	%	Some Import	%
Being on time for College (le	5	38.46%	0	0.00%
Concentrating during lectur	4	30.77%	0	0.00%
Understanding the content of lectures	7	53.85%	1	7.69%
Understanding the library sy	9	69.23%	0	0.00%
Retrieving information and books	8	61.54%	0	0.00%
Understanding topic/question	5	38.46%	0	0.00%
Handing up work on time	2	15.38%	1	7.69%
Understanding your departments expectations/standards (eg. Length, style etc)	4	30.77%	1	7.69%
Understanding the course st	8	61.54%	1	7.69%
Maintaining concentration d	0	0.00%	1	7.69%
Getting started with studyin	1	7.69%	0	0.00%
Knowing How best to study	1	7.69%	2	15.38%
Remembering what I have studied	3	23.08%	1	7.69%
Procrastination	1	7.69%	0	0.00%
Managing the stress before	3	23.08%	1	7.69%
Deciding which question to	4	30.77%	1	7.69%
Recalling Material	3	23.08%	1	7.69%
Managing panic and 'writer	3	23.08%	1	7.69%
Managing fear that I may fa	4	30.77%	1	7.69%
Making day to day decisions	3	23.08%	1	7.69%
Receiving and coping with b	4	30.77%	1	7.69%
Getting enough good quality	2	15.38%	0	0.00%
Managing Conflict	2	15.38%	1	7.69%
Managing anger	5	38.46%	0	0.00%

30.77%	0	0.00%	13	100.00%	Being a perfectionist	0	0.00%	0	0.00%
69.23%	0	0.00%	13	100.00%	Managing anxiety	1	7.69%	2	15.38%
61.54%	0	0.00%	13	100.00%	Managing negativethoughts	0	0.00%	2	15.38%
30.77%	0	0.00%	13	100.00%	Managing stressful situation	0	0.00%	1	7.69%
38.46%	0	0.00%	13	100.00%	Maintaining good mental sta	0	0.00%	0	0.00%
30.77%	0	0.00%	13	100.00%	Switching off and Relaxing	0	0.00%	0	0.00%
30.77%	0	0.00%	13	100.00%	Being Confident	1	7.69%	1	7.69%

%	Missing	%	Total		Environment - Concerns	No Import	%	Some Import	%
15.38%	0	0.00%	13	100.00%	Tolerating external distracti	5	38.46%	2	15.38%
0.00%	4	30.77%	13	100.00%	Managing Lab/placements e	9	69.23%	0	0.00%
0.00%	2	15.38%	13	100.00%	Using Computers	8	61.54%	1	7.69%
0.00%	6	46.15%	13	100.00%	Getting to the exam hall	7	53.85%	0	0.00%
7.69%	0	0.00%	13	100.00%	Saying 'no' to people	4	30.77%	1	7.69%
7.69%	0	0.00%	13	100.00%	Getting to thettng involved i	7	53.85%	2	15.38%
15.38%	0	0.00%	13	100.00%	Communicating with people	2	15.38%	1	7.69%
15.38%	1	7.69%	13	100.00%	communicating with my sup	2	15.38%	2	15.38%
7.69%	1	7.69%	13	100.00%	Communicating with other s	3	23.08%	0	0.00%
7.69%	0	0.00%	13	100.00%	Making friends within colleg	6	46.15%	2	15.38%
7.69%	1	7.69%	13	100.00%	Making friends outside of co	8	61.54%	1	7.69%
7.69%	1	7.69%	13	100.00%	Managing flatmates/housem	9	69.23%	1	7.69%
7.69%	0	0.00%	13	100.00%	Managing family	7	53.85%	2	15.38%
7.69%	2	15.38%	13	100.00%	Managing student support s	9	69.23%	0	0.00%
0.00%	3	23.08%	13	100.00%	Managing tutor system	9	69.23%	0	0.00%
7.69%	0	0.00%	13	100.00%	Managing finances/bills	5	38.46%	4	30.77%
7.69%	0	0.00%	13	100.00%	Managing nutritional needs	7	53.85%	2	15.38%
0.00%	0	0.00%	13	100.00%	Managing any medicaiton	8	61.54%	3	23.08%
0.00%	0	0.00%	13	100.00%	Managing alcohol intake	11	84.62%	0	0.00%
7.69%	0	0.00%	13	100.00%	Managing/avoiding other su	6	46.15%	2	15.38%
7.69%	0	0.00%	13	100.00%	Managing shopping, housew	6	46.15%	1	7.69%

%	Missing	%	Total	
15.38%	2	15.38%	13	100.00%
15.38%	2	15.38%	13	100.00%
23.08%	1	7.69%	13	100.00%
15.38%	2	15.38%	13	100.00%
7.69%	1	7.69%	13	100.00%
7.69%	2	15.38%	13	100.00%
7.69%	1	7.69%	13	100.00%
15.38%	1	7.69%	13	100.00%
46.15%	1	7.69%	13	100.00%
38.46%	0	0.00%	13	100.00%
46.15%	0	0.00%	13	100.00%
38.46%	0	0.00%	13	100.00%
0.00%	5	38.46%	13	100.00%
0.00%	5	38.46%	13	100.00%
7.69%	5	38.46%	13	100.00%
30.77%	0	0.00%	13	100.00%
30.77%	0	0.00%	13	100.00%
46.15%	0	0.00%	13	100.00%
30.77%	1	7.69%	13	100.00%
30.77%	1	7.69%	13	100.00%
23.08%	1	7.69%	13	100.00%
23.08%	1	7.69%	13	100.00%
7.69%	5	38.46%	13	100.00%
23.08%	0	0.00%	13	100.00%
15.38%	1	7.69%	13	100.00%

Occupation - Concerns	No Import	%	Some Import	%
Taking notes	4	30.77%	2	15.38%
Participating in discussions	5	38.46%	0	0.00%
Asking questions	6	46.15%	0	0.00%
Working in groups	6	46.15%	0	0.00%
Doing presentations	5	38.46%	2	15.38%
Listening to others/peers	6	46.15%	2	15.38%
Talking to lecturers/tutors	3	23.08%	1	7.69%
Asking for help	5	38.46%	1	7.69%
Dealing with pressures and deac	1	7.69%	1	7.69%
Goal-settng	2	15.38%	1	7.69%
Achieving goals	1	7.69%	1	7.69%
Dealing with work overload	2	15.38%	0	0.00%
Doing practical work	4	30.77%	1	7.69%
Managing work load	4	30.77%	0	0.00%
Completing reports	4	30.77%	1	7.69%
Organising information	3	23.08%	1	7.69%
Structuring and planning essay (	3	23.08%	2	15.38%
Getting down to writing	3	23.08%	1	7.69%
Coninuing writing, avoiding write	3	23.08%	2	15.38%
Finishing the work	3	23.08%	1	7.69%
Referencing	8	61.54%	0	0.00%
Writing study notes	5	38.46%	2	15.38%
Staying and doing the exam	5	38.46%	1	7.69%
Balancing college work and life	4	30.77%	1	7.69%
Managing my free time	3	23.08%	1	7.69%

Mild Import	%	Med Import	%	Mod import	%	Great Import	%	Missing	%	Total	%
1	7.69%	2	15.38%	1	7.69%	2	15.38%	2	15.38%	13	100.00%
1	7.69%	3	23.08%	0	0.00%	3	23.08%	2	15.38%	13	100.00%
1	7.69%	1	7.69%	1	7.69%	0	0.00%	2	15.38%	13	100.00%
0	0.00%	2	15.38%	1	7.69%	0	0.00%	1	7.69%	13	100.00%
1	7.69%	2	15.38%	1	7.69%	0	0.00%	1	7.69%	13	100.00%
3	23.08%	4	30.77%	0	0.00%	0	0.00%	1	7.69%	13	100.00%
0	0.00%	0	0.00%	3	23.08%	5	38.46%	2	15.38%	13	100.00%
1	7.69%	1	7.69%	2	15.38%	3	23.08%	1	7.69%	13	100.00%
0	0.00%	1	7.69%	0	0.00%	1	7.69%	2	15.38%	13	100.00%
1	7.69%	1	7.69%	2	15.38%	7	53.85%	1	7.69%	13	100.00%
1	7.69%	3	23.08%	0	0.00%	7	53.85%	1	7.69%	13	100.00%
1	7.69%	3	23.08%	1	7.69%	4	30.77%	1	7.69%	13	100.00%
1	7.69%	3	23.08%	0	0.00%	3	23.08%	2	15.38%	13	100.00%
0	0.00%	1	7.69%	2	15.38%	8	61.54%	1	7.69%	13	100.00%
1	7.69%	0	0.00%	1	7.69%	1	7.69%	6	46.15%	13	100.00%
1	7.69%	1	7.69%	0	0.00%	0	0.00%	6	46.15%	13	100.00%
0	0.00%	2	15.38%	0	0.00%	1	7.69%	6	46.15%	13	100.00%
1	7.69%	2	15.38%	0	0.00%	0	0.00%	6	46.15%	13	100.00%
0	0.00%	1	7.69%	0	0.00%	1	7.69%	6	46.15%	13	100.00%
3	23.08%	4	30.77%	1	7.69%	1	7.69%	0	0.00%	13	100.00%
2	15.38%	2	15.38%	2	15.38%	1	7.69%	1	7.69%	13	100.00%
3	23.08%	2	15.38%	3	23.08%	3	23.08%	0	0.00%	13	100.00%
3	23.08%	1	7.69%	2	15.38%	2	15.38%	2	15.38%	13	100.00%
3	23.08%	2	15.38%	1	7.69%	2	15.38%	0	0.00%	13	100.00%

2	15.38%	4	30.77%	4	30.77%	3	23.08%	0	0.00%	13	100.00%
0	0.00%	0	0.00%	2	15.38%	8	61.54%	0	0.00%	13	100.00%
0	0.00%	2	15.38%	1	7.69%	8	61.54%	0	0.00%	13	100.00%
0	0.00%	5	38.46%	3	23.08%	4	30.77%	0	0.00%	13	100.00%
2	15.38%	3	23.08%	3	23.08%	5	38.46%	0	0.00%	13	100.00%
4	30.77%	4	30.77%	1	7.69%	4	30.77%	0	0.00%	13	100.00%
2	15.38%	2	15.38%	4	30.77%	3	23.08%	0	0.00%	13	100.00%

Mild Import	%	Med Import	%	Mod import	%	Great Import	%	Missing	%	Total	
1	7.69%	2	15.38%	0	0.00%	3	23.08%	0	0.00%	13	100.00%
0	0.00%	2	15.38%	0	0.00%	0	0.00%	2	15.38%	13	100.00%
0	0.00%	1	7.69%	0	0.00%	1	7.69%	2	15.38%	13	100.00%
0	0.00%	0	0.00%	0	0.00%	0	0.00%	6	46.15%	13	100.00%
3	23.08%	4	30.77%	0	0.00%	1	7.69%	0	0.00%	13	100.00%
1	7.69%	2	15.38%	0	0.00%	1	7.69%	0	0.00%	13	100.00%
0	0.00%	3	23.08%	4	30.77%	3	23.08%	0	0.00%	13	100.00%
1	7.69%	1	7.69%	4	30.77%	2	15.38%	1	7.69%	13	100.00%
3	23.08%	3	23.08%	2	15.38%	1	7.69%	1	7.69%	13	100.00%
0	0.00%	2	15.38%	2	15.38%	1	7.69%	0	0.00%	13	100.00%
0	0.00%	2	15.38%	0	0.00%	1	7.69%	1	7.69%	13	100.00%
1	7.69%	0	0.00%	0	0.00%	1	7.69%	1	7.69%	13	100.00%
2	15.38%	1	7.69%	0	0.00%	1	7.69%	0	0.00%	13	100.00%
0	0.00%	1	7.69%	0	0.00%	1	7.69%	2	15.38%	13	100.00%
0	0.00%	1	7.69%	0	0.00%	0	0.00%	3	23.08%	13	100.00%
0	0.00%	1	7.69%	1	7.69%	2	15.38%	0	0.00%	13	100.00%
1	7.69%	0	0.00%	1	7.69%	2	15.38%	0	0.00%	13	100.00%
0	0.00%	0	0.00%	1	7.69%	1	7.69%	0	0.00%	13	100.00%
0	0.00%	0	0.00%	1	7.69%	1	7.69%	0	0.00%	13	100.00%
1	7.69%	2	15.38%	1	7.69%	1	7.69%	0	0.00%	13	100.00%
1	7.69%	2	15.38%	2	15.38%	1	7.69%	0	0.00%	13	100.00%

Mild Import	%	Med Import	%	Mod import	%	Great Import	%	Missing	%	Total	
1	7.69%	0	0.00%	1	7.69%	3	23.08%	2	15.38%	13	100.00%
0	0.00%	3	23.08%	1	7.69%	2	15.38%	2	15.38%	13	100.00%
0	0.00%	2	15.38%	1	7.69%	3	23.08%	1	7.69%	13	100.00%
0	0.00%	2	15.38%	1	7.69%	2	15.38%	2	15.38%	13	100.00%
0	0.00%	0	0.00%	4	30.77%	1	7.69%	1	7.69%	13	100.00%
0	0.00%	1	7.69%	1	7.69%	1	7.69%	2	15.38%	13	100.00%
3	23.08%	3	23.08%	1	7.69%	1	7.69%	1	7.69%	13	100.00%
0	0.00%	3	23.08%	1	7.69%	2	15.38%	1	7.69%	13	100.00%
0	0.00%	2	15.38%	3	23.08%	5	38.46%	1	7.69%	13	100.00%
0	0.00%	1	7.69%	2	15.38%	7	53.85%	0	0.00%	13	100.00%
0	0.00%	2	15.38%	2	15.38%	7	53.85%	0	0.00%	13	100.00%
1	7.69%	2	15.38%	3	23.08%	5	38.46%	0	0.00%	13	100.00%
0	0.00%	1	7.69%	1	7.69%	1	7.69%	5	38.46%	13	100.00%
0	0.00%	1	7.69%	3	23.08%	0	0.00%	5	38.46%	13	100.00%
0	0.00%	0	0.00%	2	15.38%	1	7.69%	5	38.46%	13	100.00%
1	7.69%	1	7.69%	4	30.77%	3	23.08%	0	0.00%	13	100.00%
0	0.00%	2	15.38%	2	15.38%	4	30.77%	0	0.00%	13	100.00%
0	0.00%	1	7.69%	2	15.38%	6	46.15%	0	0.00%	13	100.00%
0	0.00%	0	0.00%	3	23.08%	4	30.77%	1	7.69%	13	100.00%
0	0.00%	1	7.69%	3	23.08%	4	30.77%	1	7.69%	13	100.00%
0	0.00%	1	7.69%	0	0.00%	3	23.08%	1	7.69%	13	100.00%
0	0.00%	0	0.00%	1	7.69%	4	30.77%	1	7.69%	13	100.00%
0	0.00%	0	0.00%	0	0.00%	2	15.38%	5	38.46%	13	100.00%
0	0.00%	1	7.69%	5	38.46%	2	15.38%	0	0.00%	13	100.00%
1	7.69%	2	15.38%	4	30.77%	1	7.69%	1	7.69%	13	100.00%

APPENDIX S

SPSS Computer Printouts

My Study: (Undergrads and Postgrads)

Person Scales

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
PerT1ECA	Between Groups	39.826	6	6.638	4.357	.000
	Within Groups	199.572	131	1.523		
	Total	239.398	137			
PerT2Exams	Between Groups	9.020	6	1.503	.760	.603
	Within Groups	251.300	127	1.979		
	Total	260.319	133			
PerT3Study	Between Groups	31.884	6	5.314	3.058	.008
	Within Groups	225.870	130	1.737		
	Total	257.754	136			
PerT4Projects	Between Groups	28.062	6	4.677	2.614	.020
	Within Groups	232.606	130	1.789		
	Total	260.668	136			
PerT5Libr	Between Groups	9.905	6	1.651	.857	.528
	Within Groups	254.203	132	1.926		
	Total	264.108	138			
PerT6ECB	Between Groups	17.519	6	2.920	1.498	.184
	Within Groups	253.363	130	1.949		
	Total	270.882	136			
PerT7LS	Between Groups	41.979	6	6.996	3.214	.006

	Within Groups	287.366	132	2.177		
	Total	329.345	138			
PerT8Lect	Between Groups	19.862	6	3.310	2.230	.044
	Within Groups	194.480	131	1.485		
	Total	214.342	137			

Multiple Comparisons

Tukey HSD

Dependent Variable	(I) DiagGroup3	(J) DiagGroup3	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
PerT1ECA	Depression/Mood/Bi-polar	Anxiety	-.70370	.43781	.678	-2.0148	.6074
		ADD	.59259	.32717	.543	-.3872	1.5724
		Asperger's	1.23333*	.31397	.003	.2931	2.1736
		Eating Disorder	-.63333	.57192	.925	-2.3461	1.0794
		Schizophrenia/Psychosis	.64583	.46134	.801	-.7357	2.0274
		Other	-.05000	.41803	1.000	-1.3019	1.2019
	Anxiety	Depression/Mood/Bi-polar	.70370	.43781	.678	-.6074	2.0148
		ADD	1.29630	.50389	.143	-.2127	2.8053
		Asperger's	1.93704*	.49542	.003	.4534	3.4207
		Eating Disorder	.07037	.68845	1.000	-1.9913	2.1321
		Schizophrenia/Psychosis	1.34954	.59975	.277	-.4465	3.1456
		Other	.65370	.56711	.910	-1.0446	2.3520
	ADD	Depression/Mood/Bi-polar	-.59259	.32717	.543	-1.5724	.3872
		Anxiety	-1.29630	.50389	.143	-2.8053	.2127
		Asperger's	.64074	.40101	.684	-.5602	1.8416

		Eating Disorder	-1.22593	.62396	.442	-3.0945	.6426
		Schizophrenia/Psychosis	.05324	.52447	1.000	-1.5174	1.6239
		Other	-.64259	.48681	.841	-2.1004	.8152
	Asperger's	Depression/Mood/Bi-polar	-1.23333*	.31397	.003	-2.1736	-.2931
		Anxiety	-1.93704*	.49542	.003	-3.4207	-.4534
		ADD	-.64074	.40101	.684	-1.8416	.5602
		Eating Disorder	-1.86667*	.61714	.046	-3.7148	-.0185
		Schizophrenia/Psychosis	-.58750	.51634	.915	-2.1338	.9588
		Other	-1.28333	.47803	.110	-2.7149	.1482
	Eating Disorder	Depression/Mood/Bi-polar	.63333	.57192	.925	-1.0794	2.3461
		Anxiety	-.07037	.68845	1.000	-2.1321	1.9913
		ADD	1.22593	.62396	.442	-.6426	3.0945
		Asperger's	1.86667*	.61714	.046	.0185	3.7148
		Schizophrenia/Psychosis	1.27917	.70365	.539	-.8280	3.3864
		Other	.58333	.67604	.977	-1.4412	2.6079
	Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.64583	.46134	.801	-2.0274	.7357
		Anxiety	-1.34954	.59975	.277	-3.1456	.4465
		ADD	-.05324	.52447	1.000	-1.6239	1.5174
		Asperger's	.58750	.51634	.915	-.9588	2.1338
		Eating Disorder	-1.27917	.70365	.539	-3.3864	.8280
		Other	-.69583	.58547	.897	-2.4491	1.0575
	Other	Depression/Mood/Bi-polar	.05000	.41803	1.000	-1.2019	1.3019
		Anxiety	-.65370	.56711	.910	-2.3520	1.0446
		ADD	.64259	.48681	.841	-.8152	2.1004
		Asperger's	1.28333	.47803	.110	-.1482	2.7149

		Eating Disorder	-.58333	.67604	.977	-2.6079	1.4412
		Schizophrenia/Psychosis	.69583	.58547	.897	-1.0575	2.4491
PerT2Exams	Depression/Mood/Bi-polar	Anxiety	-.06642	.50030	1.000	-1.5654	1.4326
		ADD	-.07576	.38320	1.000	-1.2239	1.0724
		Asperger's	.58210	.35308	.651	-.4758	1.6400
		Eating Disorder	-.50769	.65283	.987	-2.4637	1.4483
		Schizophrenia/Psychosis	.19435	.55957	1.000	-1.4822	1.8709
		Other	-.23626	.47782	.999	-1.6679	1.1954
	Anxiety	Depression/Mood/Bi-polar	.06642	.50030	1.000	-1.4326	1.5654
		ADD	-.00934	.57988	1.000	-1.7467	1.7281
		Asperger's	.64853	.56043	.909	-1.0306	2.3277
		Eating Disorder	-.44127	.78461	.998	-2.7921	1.9095
		Schizophrenia/Psychosis	.26077	.70890	1.000	-1.8632	2.3847
		Other	-.16984	.64632	1.000	-2.1063	1.7666
	ADD	Depression/Mood/Bi-polar	.07576	.38320	1.000	-1.0724	1.2239
		Anxiety	.00934	.57988	1.000	-1.7281	1.7467
		Asperger's	.65786	.45894	.783	-.7172	2.0329
		Eating Disorder	-.43193	.71564	.997	-2.5761	1.7122
		Schizophrenia/Psychosis	.27011	.63172	1.000	-1.6226	2.1628
		Other	-.16050	.56060	1.000	-1.8401	1.5191
	Asperger's	Depression/Mood/Bi-polar	-.58210	.35308	.651	-1.6400	.4758
		Anxiety	-.64853	.56043	.909	-2.3277	1.0306
		ADD	-.65786	.45894	.783	-2.0329	.7172
		Eating Disorder	-1.08980	.69998	.710	-3.1870	1.0075
		Schizophrenia/Psychosis	-.38776	.61392	.996	-2.2272	1.4517
		Other	-.81837	.54046	.736	-2.4377	.8009
	Eating Disorder	Depression/Mood/Bi-polar	.50769	.65283	.987	-1.4483	2.4637

		Anxiety	.44127	.78461	.998	-1.9095	2.7921
		ADD	.43193	.71564	.997	-1.7122	2.5761
		Asperger's	1.08980	.69998	.710	-1.0075	3.1870
		Schizophrenia/Psychosis	.70204	.82367	.979	-1.7658	3.1699
		Other	.27143	.77047	1.000	-2.0370	2.5799
	Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.19435	.55957	1.000	-1.8709	1.4822
		Anxiety	-.26077	.70890	1.000	-2.3847	1.8632
		ADD	-.27011	.63172	1.000	-2.1628	1.6226
		Asperger's	.38776	.61392	.996	-1.4517	2.2272
		Eating Disorder	-.70204	.82367	.979	-3.1699	1.7658
		Other	-.43061	.69322	.996	-2.5076	1.6464
	Other	Depression/Mood/Bi-polar	.23626	.47782	.999	-1.1954	1.6679
		Anxiety	.16984	.64632	1.000	-1.7666	2.1063
		ADD	.16050	.56060	1.000	-1.5191	1.8401
		Asperger's	.81837	.54046	.736	-.8009	2.4377
		Eating Disorder	-.27143	.77047	1.000	-2.5799	2.0370
		Schizophrenia/Psychosis	.43061	.69322	.996	-1.6464	2.5076
PerT3Study	Depression/Mood/Bi-polar	Anxiety	-.19608	.46755	1.000	-1.5964	1.2042
		ADD	.00000	.35743	1.000	-1.0705	1.0705
		Asperger's	1.13725*	.32907	.013	.1517	2.1228
		Eating Disorder	.72059	.61077	.901	-1.1087	2.5499
		Schizophrenia/Psychosis	1.18934	.49268	.201	-.2863	2.6649
		Other	.41503	.46755	.974	-.9853	1.8154
	Anxiety	Depression/Mood/Bi-polar	.19608	.46755	1.000	-1.2042	1.5964
		ADD	.19608	.54337	1.000	-1.4313	1.8235
		Asperger's	1.33333	.52515	.154	-.2395	2.9062
		Eating Disorder	.91667	.73522	.874	-1.2853	3.1187

		Schizophrenia/Psychosis	1.38542	.64050	.323	-.5329	3.3037
		Other	.61111	.62137	.957	-1.2499	2.4721
	ADD	Depression/Mood/Bi-polar	.00000	.35743	1.000	-1.0705	1.0705
		Anxiety	-.19608	.54337	1.000	-1.8235	1.4313
		Asperger's	1.13725	.43005	.121	-.1508	2.4253
		Eating Disorder	.72059	.67059	.934	-1.2879	2.7290
		Schizophrenia/Psychosis	1.18934	.56514	.356	-.5033	2.8820
		Other	.41503	.54337	.988	-1.2124	2.0425
	Asperger's	Depression/Mood/Bi-polar	-1.13725*	.32907	.013	-2.1228	-.1517
		Anxiety	-1.33333	.52515	.154	-2.9062	.2395
		ADD	-1.13725	.43005	.121	-2.4253	.1508
		Eating Disorder	-.41667	.65592	.996	-2.3812	1.5478
		Schizophrenia/Psychosis	.05208	.54765	1.000	-1.5881	1.6923
		Other	-.72222	.52515	.814	-2.2951	.8506
	Eating Disorder	Depression/Mood/Bi-polar	-.72059	.61077	.901	-2.5499	1.1087
		Anxiety	-.91667	.73522	.874	-3.1187	1.2853
		ADD	-.72059	.67059	.934	-2.7290	1.2879
		Asperger's	.41667	.65592	.996	-1.5478	2.3812
		Schizophrenia/Psychosis	.46875	.75145	.996	-1.7819	2.7194
		Other	-.30556	.73522	1.000	-2.5076	1.8964
	Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-1.18934	.49268	.201	-2.6649	.2863
		Anxiety	-1.38542	.64050	.323	-3.3037	.5329
		ADD	-1.18934	.56514	.356	-2.8820	.5033
		Asperger's	-.05208	.54765	1.000	-1.6923	1.5881
		Eating Disorder	-.46875	.75145	.996	-2.7194	1.7819
		Other	-.77431	.64050	.890	-2.6926	1.1440
	Other	Depression/Mood/Bi-polar	-.41503	.46755	.974	-1.8154	.9853

		Anxiety	-.61111	.62137	.957	-2.4721	1.2499
		ADD	-.41503	.54337	.988	-2.0425	1.2124
		Asperger's	.72222	.52515	.814	-.8506	2.2951
		Eating Disorder	.30556	.73522	1.000	-1.8964	2.5076
		Schizophrenia/Psychosis	.77431	.64050	.890	-1.1440	2.6926
PerT4Projects	Depression/Mood/Bi-polar	Anxiety	.13101	.47488	1.000	-1.2913	1.5533
		ADD	.05912	.36326	1.000	-1.0289	1.1471
		Asperger's	.67069	.33453	.417	-.3312	1.6726
		Eating Disorder	-.78010	.62013	.870	-2.6374	1.0772
		Schizophrenia/Psychosis	.64490	.50037	.856	-.8537	2.1435
		Other	1.38657*	.45347	.042	.0284	2.7447
	Anxiety	Depression/Mood/Bi-polar	-.13101	.47488	1.000	-1.5533	1.2913
		ADD	-.07190	.55142	1.000	-1.7234	1.5796
		Asperger's	.53968	.53293	.950	-1.0565	2.1358
		Eating Disorder	-.91111	.74610	.885	-3.1457	1.3235
		Schizophrenia/Psychosis	.51389	.64998	.986	-1.4328	2.4606
		Other	1.25556	.61460	.393	-.5852	3.0963
	ADD	Depression/Mood/Bi-polar	-.05912	.36326	1.000	-1.1471	1.0289
		Anxiety	.07190	.55142	1.000	-1.5796	1.7234
		Asperger's	.61158	.43641	.800	-.6955	1.9186
		Eating Disorder	-.83922	.68052	.880	-2.8774	1.1990
		Schizophrenia/Psychosis	.58578	.57351	.948	-1.1319	2.3035
		Other	1.32745	.53308	.172	-.2692	2.9241
	Asperger's	Depression/Mood/Bi-polar	-.67069	.33453	.417	-1.6726	.3312
		Anxiety	-.53968	.53293	.950	-2.1358	1.0565
		ADD	-.61158	.43641	.800	-1.9186	.6955
		Eating Disorder	-1.45079	.66563	.314	-3.4444	.5428

		Schizophrenia/Psychosis	-.02579	.55575	1.000	-1.6903	1.6387
		Other	.71587	.51394	.805	-.8234	2.2551
	Eating Disorder	Depression/Mood/Bi-polar	.78010	.62013	.870	-1.0772	2.6374
		Anxiety	.91111	.74610	.885	-1.3235	3.1457
		ADD	.83922	.68052	.880	-1.1990	2.8774
		Asperger's	1.45079	.66563	.314	-.5428	3.4444
		Schizophrenia/Psychosis	1.42500	.76257	.505	-.8589	3.7089
		Other	2.16667	.73265	.055	-.0277	4.3610
	Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.64490	.50037	.856	-2.1435	.8537
		Anxiety	-.51389	.64998	.986	-2.4606	1.4328
		ADD	-.58578	.57351	.948	-2.3035	1.1319
		Asperger's	.02579	.55575	1.000	-1.6387	1.6903
		Eating Disorder	-1.42500	.76257	.505	-3.7089	.8589
		Other	.74167	.63450	.904	-1.1587	2.6420
	Other	Depression/Mood/Bi-polar	-1.38657*	.45347	.042	-2.7447	-.0284
		Anxiety	-1.25556	.61460	.393	-3.0963	.5852
		ADD	-1.32745	.53308	.172	-2.9241	.2692
		Asperger's	-.71587	.51394	.805	-2.2551	.8234
		Eating Disorder	-2.16667	.73265	.055	-4.3610	.0277
		Schizophrenia/Psychosis	-.74167	.63450	.904	-2.6420	1.1587
PerT5Libr	Depression/Mood/Bi-polar	Anxiety	.46160	.49224	.966	-1.0123	1.9355
		ADD	-.20507	.36784	.998	-1.3065	.8964
		Asperger's	.11239	.34645	1.000	-.9250	1.1498
		Eating Disorder	-.81618	.64302	.865	-2.7416	1.1092
		Schizophrenia/Psychosis	-.19118	.51869	1.000	-1.7443	1.3620
		Other	.58382	.47000	.876	-.8235	1.9912
	Anxiety	Depression/Mood/Bi-polar	-.46160	.49224	.966	-1.9355	1.0123

	ADD	-.66667	.56654	.902	-2.3631	1.0297
	Asperger's	-.34921	.55288	.996	-2.0047	1.3063
	Eating Disorder	-1.27778	.77404	.650	-3.5955	1.0399
	Schizophrenia/Psychosis	-.65278	.67431	.960	-2.6719	1.3663
	Other	.12222	.63762	1.000	-1.7870	2.0315
ADD	Depression/Mood/Bi-polar	.20507	.36784	.998	-.8964	1.3065
	Anxiety	.66667	.56654	.902	-1.0297	2.3631
	Asperger's	.31746	.44575	.992	-1.0173	1.6522
	Eating Disorder	-.61111	.70153	.976	-2.7117	1.4895
	Schizophrenia/Psychosis	.01389	.58967	1.000	-1.7518	1.7796
	Other	.78889	.54733	.778	-.8500	2.4278
Asperger's	Depression/Mood/Bi-polar	-.11239	.34645	1.000	-1.1498	.9250
	Anxiety	.34921	.55288	.996	-1.3063	2.0047
	ADD	-.31746	.44575	.992	-1.6522	1.0173
	Eating Disorder	-.92857	.69055	.829	-2.9963	1.1392
	Schizophrenia/Psychosis	-.30357	.57656	.998	-2.0300	1.4229
	Other	.47143	.53318	.974	-1.1251	2.0679
Eating Disorder	Depression/Mood/Bi-polar	.81618	.64302	.865	-1.1092	2.7416
	Anxiety	1.27778	.77404	.650	-1.0399	3.5955
	ADD	.61111	.70153	.976	-1.4895	2.7117
	Asperger's	.92857	.69055	.829	-1.1392	2.9963
	Schizophrenia/Psychosis	.62500	.79113	.986	-1.7439	2.9939
	Other	1.40000	.76009	.522	-.8760	3.6760
Schizophrenia/Psychosis	Depression/Mood/Bi-polar	.19118	.51869	1.000	-1.3620	1.7443
	Anxiety	.65278	.67431	.960	-1.3663	2.6719
	ADD	-.01389	.58967	1.000	-1.7796	1.7518
	Asperger's	.30357	.57656	.998	-1.4229	2.0300

		Eating Disorder	-.62500	.79113	.986	-2.9939	1.7439
		Other	.77500	.65826	.901	-1.1960	2.7460
	Other	Depression/Mood/Bi-polar	-.58382	.47000	.876	-1.9912	.8235
		Anxiety	-.12222	.63762	1.000	-2.0315	1.7870
		ADD	-.78889	.54733	.778	-2.4278	.8500
		Asperger's	-.47143	.53318	.974	-2.0679	1.1251
		Eating Disorder	-1.40000	.76009	.522	-3.6760	.8760
		Schizophrenia/Psychosis	-.77500	.65826	.901	-2.7460	1.1960
PerT6ECB	Depression/Mood/Bi-polar	Anxiety	.27838	.52141	.998	-1.2832	1.8400
		ADD	-.11623	.37801	1.000	-1.2484	1.0159
		Asperger's	.78671	.35453	.293	-.2751	1.8486
		Eating Disorder	-.69662	.64656	.934	-2.6331	1.2398
		Schizophrenia/Psychosis	.40338	.52141	.987	-1.1582	1.9650
		Other	-.39662	.47238	.980	-1.8114	1.0182
	Anxiety	Depression/Mood/Bi-polar	-.27838	.52141	.998	-1.8400	1.2832
		ADD	-.39461	.59855	.994	-2.1873	1.3981
		Asperger's	.50833	.58401	.976	-1.2408	2.2575
		Eating Disorder	-.97500	.79587	.883	-3.3587	1.4087
		Schizophrenia/Psychosis	.12500	.69802	1.000	-1.9656	2.2156
		Other	-.67500	.66220	.949	-2.6583	1.3083
	ADD	Depression/Mood/Bi-polar	.11623	.37801	1.000	-1.0159	1.2484
		Anxiety	.39461	.59855	.994	-1.3981	2.1873
		Asperger's	.90294	.46053	.445	-.4764	2.2823
		Eating Disorder	-.58039	.71023	.983	-2.7076	1.5468
		Schizophrenia/Psychosis	.51961	.59855	.977	-1.2731	2.3123
		Other	-.28039	.55636	.999	-1.9467	1.3859
	Asperger's	Depression/Mood/Bi-polar	-.78671	.35453	.293	-1.8486	.2751

		Anxiety	-.50833	.58401	.976	-2.2575	1.2408
		ADD	-.90294	.46053	.445	-2.2823	.4764
		Eating Disorder	-1.48333	.69802	.344	-3.5739	.6073
		Schizophrenia/Psychosis	-.38333	.58401	.995	-2.1325	1.3658
		Other	-1.18333	.54069	.309	-2.8027	.4360
	Eating Disorder	Depression/Mood/Bi-polar	.69662	.64656	.934	-1.2398	2.6331
		Anxiety	.97500	.79587	.883	-1.4087	3.3587
		ADD	.58039	.71023	.983	-1.5468	2.7076
		Asperger's	1.48333	.69802	.344	-.6073	3.5739
		Schizophrenia/Psychosis	1.10000	.79587	.810	-1.2837	3.4837
		Other	.30000	.76465	1.000	-1.9901	2.5901
	Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.40338	.52141	.987	-1.9650	1.1582
		Anxiety	-.12500	.69802	1.000	-2.2156	1.9656
		ADD	-.51961	.59855	.977	-2.3123	1.2731
		Asperger's	.38333	.58401	.995	-1.3658	2.1325
		Eating Disorder	-1.10000	.79587	.810	-3.4837	1.2837
		Other	-.80000	.66220	.890	-2.7833	1.1833
	Other	Depression/Mood/Bi-polar	.39662	.47238	.980	-1.0182	1.8114
		Anxiety	.67500	.66220	.949	-1.3083	2.6583
		ADD	.28039	.55636	.999	-1.3859	1.9467
		Asperger's	1.18333	.54069	.309	-.4360	2.8027
		Eating Disorder	-.30000	.76465	1.000	-2.5901	1.9901
		Schizophrenia/Psychosis	.80000	.66220	.890	-1.1833	2.7833
PerT7LS	Depression/Mood/Bi-polar	Anxiety	-.07971	.52292	1.000	-1.6455	1.4861
		ADD	.89251	.39051	.259	-.2768	2.0618
		Asperger's	1.42029*	.37470	.004	.2983	2.5423
		Eating Disorder	.02029	.68334	1.000	-2.0259	2.0664

	Schizophrenia/Psychosis	.85779	.55107	.710	-.7923	2.5079
	Other	.02029	.49925	1.000	-1.4746	1.5152
Anxiety	Depression/Mood/Bi-polar	.07971	.52292	1.000	-1.4861	1.6455
	ADD	.97222	.60236	.674	-.8314	2.7759
	Asperger's	1.50000	.59223	.156	-.2733	3.2733
	Eating Disorder	.10000	.82298	1.000	-2.3643	2.5643
	Schizophrenia/Psychosis	.93750	.71695	.847	-1.2093	3.0843
	Other	.10000	.67793	1.000	-1.9300	2.1300
ADD	Depression/Mood/Bi-polar	-.89251	.39051	.259	-2.0618	.2768
	Anxiety	-.97222	.60236	.674	-2.7759	.8314
	Asperger's	.52778	.47937	.927	-.9076	1.9632
	Eating Disorder	-.87222	.74589	.904	-3.1057	1.3612
	Schizophrenia/Psychosis	-.03472	.62696	1.000	-1.9120	1.8426
	Other	-.87222	.58193	.745	-2.6147	.8703
Asperger's	Depression/Mood/Bi-polar	-1.42029*	.37470	.004	-2.5423	-.2983
	Anxiety	-1.50000	.59223	.156	-3.2733	.2733
	ADD	-.52778	.47937	.927	-1.9632	.9076
	Eating Disorder	-1.40000	.73774	.486	-3.6090	.8090
	Schizophrenia/Psychosis	-.56250	.61723	.970	-2.4107	1.2857
	Other	-1.40000	.57145	.187	-3.1111	.3111
Eating Disorder	Depression/Mood/Bi-polar	-.02029	.68334	1.000	-2.0664	2.0259
	Anxiety	-.10000	.82298	1.000	-2.5643	2.3643
	ADD	.87222	.74589	.904	-1.3612	3.1057
	Asperger's	1.40000	.73774	.486	-.8090	3.6090
	Schizophrenia/Psychosis	.83750	.84115	.954	-1.6812	3.3562
	Other	.00000	.80815	1.000	-2.4199	2.4199
Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.85779	.55107	.710	-2.5079	.7923

		Anxiety	-.93750	.71695	.847	-3.0843	1.2093
		ADD	.03472	.62696	1.000	-1.8426	1.9120
		Asperger's	.56250	.61723	.970	-1.2857	2.4107
		Eating Disorder	-.83750	.84115	.954	-3.3562	1.6812
		Other	-.83750	.69988	.894	-2.9332	1.2582
	Other	Depression/Mood/Bi-polar	-.02029	.49925	1.000	-1.5152	1.4746
		Anxiety	-.10000	.67793	1.000	-2.1300	1.9300
		ADD	.87222	.58193	.745	-.8703	2.6147
		Asperger's	1.40000	.57145	.187	-.3111	3.1111
		Eating Disorder	.00000	.80815	1.000	-2.4199	2.4199
		Schizophrenia/Psychosis	.83750	.69988	.894	-1.2582	2.9332
PerT8Lect	Depression/Mood/Bi-polar	Anxiety	.19172	.43219	.999	-1.1025	1.4860
		ADD	-.31373	.33039	.964	-1.3032	.6757
		Asperger's	.70495	.30418	.244	-.2060	1.6159
		Eating Disorder	.78431	.56458	.807	-.9064	2.4750
		Schizophrenia/Psychosis	.86765	.45542	.481	-.4962	2.2315
		Other	.65098	.41266	.697	-.5848	1.8868
	Anxiety	Depression/Mood/Bi-polar	-.19172	.43219	.999	-1.4860	1.1025
		ADD	-.50545	.50228	.952	-2.0096	.9987
		Asperger's	.51323	.48544	.939	-.9405	1.9670
		Eating Disorder	.59259	.67961	.976	-1.4426	2.6278
		Schizophrenia/Psychosis	.67593	.59205	.914	-1.0971	2.4489
		Other	.45926	.55983	.982	-1.2173	2.1358
	ADD	Depression/Mood/Bi-polar	.31373	.33039	.964	-.6757	1.3032
		Anxiety	.50545	.50228	.952	-.9987	2.0096
		Asperger's	1.01867	.39752	.146	-.1718	2.2091

	Eating Disorder	1.09804	.61988	.570	-.7583	2.9544
	Schizophrenia/Psychosis	1.18137	.52240	.271	-.3830	2.7458
	Other	.96471	.48558	.428	-.4894	2.4189
Asperger's	Depression/Mood/Bi-polar	-.70495	.30418	.244	-1.6159	.2060
	Anxiety	-.51323	.48544	.939	-1.9670	.9405
	ADD	-1.01867	.39752	.146	-2.2091	.1718
	Eating Disorder	.07937	.60631	1.000	-1.7363	1.8951
	Schizophrenia/Psychosis	.16270	.50623	1.000	-1.3533	1.6787
	Other	-.05397	.46814	1.000	-1.4559	1.3480
Eating Disorder	Depression/Mood/Bi-polar	-.78431	.56458	.807	-2.4750	.9064
	Anxiety	-.59259	.67961	.976	-2.6278	1.4426
	ADD	-1.09804	.61988	.570	-2.9544	.7583
	Asperger's	-.07937	.60631	1.000	-1.8951	1.7363
	Schizophrenia/Psychosis	.08333	.69461	1.000	-1.9968	2.1635
	Other	-.13333	.66736	1.000	-2.1319	1.8652
Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.86765	.45542	.481	-2.2315	.4962
	Anxiety	-.67593	.59205	.914	-2.4489	1.0971
	ADD	-1.18137	.52240	.271	-2.7458	.3830
	Asperger's	-.16270	.50623	1.000	-1.6787	1.3533
	Eating Disorder	-.08333	.69461	1.000	-2.1635	1.9968
	Other	-.21667	.57795	1.000	-1.9475	1.5141
Other	Depression/Mood/Bi-polar	-.65098	.41266	.697	-1.8868	.5848
	Anxiety	-.45926	.55983	.982	-2.1358	1.2173
	ADD	-.96471	.48558	.428	-2.4189	.4894
	Asperger's	.05397	.46814	1.000	-1.3480	1.4559

	Eating Disorder	.13333	.66736	1.000	-1.8652	2.1319
	Schizophrenia/Psychosis	.21667	.57795	1.000	-1.5141	1.9475

*. The mean difference is significant at the 0.05 level.

Undergrads

ANOVA[a]

		Sum of Squares	df	Mean Square	F	Sig.
PerT1ECA	Between Groups	41.094	6	6.849	4.315	.001
	Within Groups	188.868	119	1.587		
	Total	229.962	125			
PerT2Exams	Between Groups	11.913	6	1.985	1.017	.418
	Within Groups	234.265	120	1.952		
	Total	246.178	126			
PerT3Study	Between Groups	28.427	6	4.738	2.672	.018
	Within Groups	212.782	120	1.773		
	Total	241.209	126			
PerT4Projects	Between Groups	25.800	6	4.300	2.348	.035
	Within Groups	219.717	120	1.831		
	Total	245.517	126			
PerT5Libr	Between Groups	8.773	6	1.462	.736	.622
	Within Groups	238.416	120	1.987		
	Total	247.189	126			

PerT6ECB	Between Groups	22.073	6	3.679	1.925	.082
	Within Groups	227.469	119	1.912		
	Total	249.541	125			
PerT7LS	Between Groups	42.105	6	7.017	3.168	.006
	Within Groups	263.609	119	2.215		
	Total	305.714	125			
PerT8Lect	Between Groups	21.459	6	3.576	2.377	.033
	Within Groups	180.589	120	1.505		
	Total	202.047	126			

a. Study Groups = Study Undergrad

Multiple Comparisons[a]

Tukey HSD

Dependent Variable	(I) DiagGroup3	(J) DiagGroup3	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
PerT1ECA	Depression/Mood/Bi-polar	Anxiety	-.77414	.47285	.659	-2.1924	.6441
		ADD	.55307	.34432	.679	-.4797	1.5858
		Asperger's	1.31614*	.33670	.003	.3062	2.3260
		Eating Disorder	-.67831	.58534	.908	-2.4340	1.0773
		Schizophrenia/Psychosis	.84392	.53825	.703	-.7705	2.4583
		Other	.04762	.44893	1.000	-1.2989	1.3941
	Anxiety	Depression/Mood/Bi-polar	.77414	.47285	.659	-.6441	2.1924
		ADD	1.32721	.54014	.185	-.2929	2.9473
		Asperger's	2.09028*	.53532	.003	.4846	3.6959
		Eating Disorder	.09583	.71820	1.000	-2.0583	2.2500

	Schizophrenia/Psychosis	1.61806	.68038	.217	-.4227	3.6588
	Other	.82176	.61216	.830	-1.0143	2.6579
ADD	Depression/Mood/Bi-polar	-.55307	.34432	.679	-1.5858	.4797
	Anxiety	-1.32721	.54014	.185	-2.9473	.2929
	Asperger's	.76307	.42607	.557	-.5149	2.0410
	Eating Disorder	-1.23137	.64093	.471	-3.1538	.6910
	Schizophrenia/Psychosis	.29085	.59823	.999	-1.5035	2.0852
	Other	-.50545	.51933	.959	-2.0631	1.0522
Asperger's	Depression/Mood/Bi-polar	-1.31614*	.33670	.003	-2.3260	-.3062
	Anxiety	-2.09028*	.53532	.003	-3.6959	-.4846
	ADD	-.76307	.42607	.557	-2.0410	.5149
	Eating Disorder	-1.99444*	.63687	.035	-3.9047	-.0842
	Schizophrenia/Psychosis	-.47222	.59388	.985	-2.2535	1.3091
	Other	-1.26852	.51432	.181	-2.8112	.2741
Eating Disorder	Depression/Mood/Bi-polar	.67831	.58534	.908	-1.0773	2.4340
	Anxiety	-.09583	.71820	1.000	-2.2500	2.0583
	ADD	1.23137	.64093	.471	-.6910	3.1538
	Asperger's	1.99444*	.63687	.035	.0842	3.9047
	Schizophrenia/Psychosis	1.52222	.76285	.423	-.7659	3.8103
	Other	.72593	.70269	.945	-1.3817	2.8336
Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.84392	.53825	.703	-2.4583	.7705
	Anxiety	-1.61806	.68038	.217	-3.6588	.4227
	ADD	-.29085	.59823	.999	-2.0852	1.5035
	Asperger's	.47222	.59388	.985	-1.3091	2.2535
	Eating Disorder	-1.52222	.76285	.423	-3.8103	.7659

		Other	-.79630	.66398	.893	-2.7878	1.1952
	Other	Depression/Mood/Bi-polar	-.04762	.44893	1.000	-1.3941	1.2989
		Anxiety	-.82176	.61216	.830	-2.6579	1.0143
		ADD	.50545	.51933	.959	-1.0522	2.0631
		Asperger's	1.26852	.51432	.181	-.2741	2.8112
		Eating Disorder	-.72593	.70269	.945	-2.8336	1.3817
		Schizophrenia/Psychosis	.79630	.66398	.893	-1.1952	2.7878
PerT2Exams	Depression/Mood/Bi-polar	Anxiety	-.34184	.52442	.995	-1.9145	1.2309
		ADD	-.04562	.38187	1.000	-1.1908	1.0996
		Asperger's	.64876	.36570	.568	-.4480	1.7455
		Eating Disorder	-.47755	.64918	.990	-2.4244	1.4693
		Schizophrenia/Psychosis	.57483	.59696	.961	-1.2154	2.3651
		Other	-.19501	.49789	1.000	-1.6882	1.2982
	Anxiety	Depression/Mood/Bi-polar	.34184	.52442	.995	-1.2309	1.9145
		ADD	.29622	.59905	.999	-1.5003	2.0928
		Asperger's	.99060	.58887	.629	-.7754	2.7566
		Eating Disorder	-.13571	.79653	1.000	-2.5245	2.2531
		Schizophrenia/Psychosis	.91667	.75458	.887	-1.3463	3.1796
		Other	.14683	.67892	1.000	-1.8892	2.1829
	ADD	Depression/Mood/Bi-polar	.04562	.38187	1.000	-1.0996	1.1908
		Anxiety	-.29622	.59905	.999	-2.0928	1.5003
		Asperger's	.69438	.46646	.751	-.7045	2.0933
		Eating Disorder	-.43193	.71083	.996	-2.5637	1.6998
		Schizophrenia/Psychosis	.62045	.66348	.966	-1.3693	2.6102
		Other	-.14939	.57598	1.000	-1.8767	1.5779
	Asperger's	Depression/Mood/Bi-polar	-.64876	.36570	.568	-1.7455	.4480
		Anxiety	-.99060	.58887	.629	-2.7566	.7754

		ADD	-.69438	.46646	.751	-2.0933	.7045
		Eating Disorder	-1.12632	.70227	.680	-3.2324	.9798
		Schizophrenia/Psychosis	-.07393	.65431	1.000	-2.0362	1.8883
		Other	-.84378	.56538	.749	-2.5393	.8518
	Eating Disorder	Depression/Mood/Bi-polar	.47755	.64918	.990	-1.4693	2.4244
		Anxiety	.13571	.79653	1.000	-2.2531	2.5245
		ADD	.43193	.71083	.996	-1.6998	2.5637
		Asperger's	1.12632	.70227	.680	-.9798	3.2324
		Schizophrenia/Psychosis	1.05238	.84606	.875	-1.4849	3.5897
		Other	.28254	.77933	1.000	-2.0546	2.6197
	Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.57483	.59696	.961	-2.3651	1.2154
		Anxiety	-.91667	.75458	.887	-3.1796	1.3463
		ADD	-.62045	.66348	.966	-2.6102	1.3693
		Asperger's	.07393	.65431	1.000	-1.8883	2.0362
		Eating Disorder	-1.05238	.84606	.875	-3.5897	1.4849
		Other	-.76984	.73640	.942	-2.9783	1.4386
	Other	Depression/Mood/Bi-polar	.19501	.49789	1.000	-1.2982	1.6882
		Anxiety	-.14683	.67892	1.000	-2.1829	1.8892
		ADD	.14939	.57598	1.000	-1.5779	1.8767
		Asperger's	.84378	.56538	.749	-.8518	2.5393
		Eating Disorder	-.28254	.77933	1.000	-2.6197	2.0546
		Schizophrenia/Psychosis	.76984	.73640	.942	-1.4386	2.9783
PerT3Study	Depression/Mood/Bi-polar	Anxiety	-.20833	.49979	1.000	-1.7072	1.2905
		ADD	-.05392	.36394	1.000	-1.1454	1.0375
		Asperger's	1.10088*	.34853	.032	.0557	2.1461
		Eating Disorder	.66667	.61869	.934	-1.1888	2.5221
		Schizophrenia/Psychosis	1.29167	.56892	.267	-.4145	2.9979

	Other	.36111	.47452	.988	-1.0619	1.7842
Anxiety	Depression/Mood/Bi-polar	.20833	.49979	1.000	-1.2905	1.7072
	ADD	.15441	.57092	1.000	-1.5578	1.8666
	Asperger's	1.30921	.56122	.237	-.3739	2.9923
	Eating Disorder	.87500	.75913	.910	-1.4016	3.1516
	Schizophrenia/Psychosis	1.50000	.71915	.368	-.6567	3.6567
	Other	.56944	.64705	.975	-1.3710	2.5099
ADD	Depression/Mood/Bi-polar	.05392	.36394	1.000	-1.0375	1.1454
	Anxiety	-.15441	.57092	1.000	-1.8666	1.5578
	Asperger's	1.15480	.44456	.136	-.1784	2.4880
	Eating Disorder	.72059	.67745	.937	-1.3111	2.7522
	Schizophrenia/Psychosis	1.34559	.63232	.343	-.5507	3.2419
	Other	.41503	.54893	.989	-1.2312	2.0613
Asperger's	Depression/Mood/Bi-polar	-1.10088*	.34853	.032	-2.1461	-.0557
	Anxiety	-1.30921	.56122	.237	-2.9923	.3739
	ADD	-1.15480	.44456	.136	-2.4880	.1784
	Eating Disorder	-.43421	.66930	.995	-2.4414	1.5730
	Schizophrenia/Psychosis	.19079	.62358	1.000	-1.6793	2.0609
	Other	-.73977	.53884	.815	-2.3557	.8762
Eating Disorder	Depression/Mood/Bi-polar	-.66667	.61869	.934	-2.5221	1.1888
	Anxiety	-.87500	.75913	.910	-3.1516	1.4016
	ADD	-.72059	.67745	.937	-2.7522	1.3111
	Asperger's	.43421	.66930	.995	-1.5730	2.4414
	Schizophrenia/Psychosis	.62500	.80633	.987	-1.7932	3.0432
	Other	-.30556	.74274	1.000	-2.5330	1.9219
Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-1.29167	.56892	.267	-2.9979	.4145
	Anxiety	-1.50000	.71915	.368	-3.6567	.6567

		ADD	-1.34559	.63232	.343	-3.2419	.5507
		Asperger's	-.19079	.62358	1.000	-2.0609	1.6793
		Eating Disorder	-.62500	.80633	.987	-3.0432	1.7932
		Other	-.93056	.70182	.839	-3.0353	1.1742
	Other	Depression/Mood/Bi-polar	-.36111	.47452	.988	-1.7842	1.0619
		Anxiety	-.56944	.64705	.975	-2.5099	1.3710
		ADD	-.41503	.54893	.989	-2.0613	1.2312
		Asperger's	.73977	.53884	.815	-.8762	2.3557
		Eating Disorder	.30556	.74274	1.000	-1.9219	2.5330
		Schizophrenia/Psychosis	.93056	.70182	.839	-1.1742	3.0353
PerT4Projects	Depression/Mood/Bi-polar	Anxiety	-.09854	.50787	1.000	-1.6216	1.4246
		ADD	.06567	.36982	1.000	-1.0434	1.1748
		Asperger's	.65803	.35416	.512	-.4041	1.7202
		Eating Disorder	-.77354	.62870	.881	-2.6590	1.1119
		Schizophrenia/Psychosis	.80423	.57812	.806	-.9295	2.5380
		Other	1.32275	.48219	.097	-.1233	2.7688
	Anxiety	Depression/Mood/Bi-polar	.09854	.50787	1.000	-1.4246	1.6216
		ADD	.16422	.58015	1.000	-1.5756	1.9041
		Asperger's	.75658	.57030	.838	-.9537	2.4669
		Eating Disorder	-.67500	.77141	.976	-2.9884	1.6384
		Schizophrenia/Psychosis	.90278	.73078	.879	-1.2888	3.0944
		Other	1.42130	.65751	.324	-.5505	3.3931
	ADD	Depression/Mood/Bi-polar	-.06567	.36982	1.000	-1.1748	1.0434
		Anxiety	-.16422	.58015	1.000	-1.9041	1.5756
		Asperger's	.59236	.45174	.845	-.7624	1.9471
		Eating Disorder	-.83922	.68840	.885	-2.9037	1.2253
		Schizophrenia/Psychosis	.73856	.64255	.911	-1.1884	2.6655

		Other	1.25708	.55780	.275	-.4158	2.9299
	Asperger's	Depression/Mood/Bi-polar	-.65803	.35416	.512	-1.7202	.4041
		Anxiety	-.75658	.57030	.838	-2.4669	.9537
		ADD	-.59236	.45174	.845	-1.9471	.7624
		Eating Disorder	-1.43158	.68012	.357	-3.4712	.6081
		Schizophrenia/Psychosis	.14620	.63366	1.000	-1.7541	2.0465
		Other	.66472	.54755	.887	-.9774	2.3068
	Eating Disorder	Depression/Mood/Bi-polar	.77354	.62870	.881	-1.1119	2.6590
		Anxiety	.67500	.77141	.976	-1.6384	2.9884
		ADD	.83922	.68840	.885	-1.2253	2.9037
		Asperger's	1.43158	.68012	.357	-.6081	3.4712
		Schizophrenia/Psychosis	1.57778	.81936	.468	-.8795	4.0350
		Other	2.09630	.75474	.089	-.1672	4.3597
	Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.80423	.57812	.806	-2.5380	.9295
		Anxiety	-.90278	.73078	.879	-3.0944	1.2888
		ADD	-.73856	.64255	.911	-2.6655	1.1884
		Asperger's	-.14620	.63366	1.000	-2.0465	1.7541
		Eating Disorder	-1.57778	.81936	.468	-4.0350	.8795
		Other	.51852	.71317	.991	-1.6202	2.6573
	Other	Depression/Mood/Bi-polar	-1.32275	.48219	.097	-2.7688	.1233
		Anxiety	-1.42130	.65751	.324	-3.3931	.5505
		ADD	-1.25708	.55780	.275	-2.9299	.4158
		Asperger's	-.66472	.54755	.887	-2.3068	.9774
		Eating Disorder	-2.09630	.75474	.089	-4.3597	.1672
		Schizophrenia/Psychosis	-.51852	.71317	.991	-2.6573	1.6202
PerT5Libr	Depression/Mood/Bi-polar	Anxiety	.33036	.52904	.996	-1.2562	1.9169
		ADD	-.32773	.38524	.979	-1.4830	.8276

	Asperger's	.03759	.36892	1.000	-1.0688	1.1440
	Eating Disorder	-.85714	.65490	.847	-2.8212	1.1069
	Schizophrenia/Psychosis	-.27381	.60222	.999	-2.0799	1.5322
	Other	.47619	.50229	.964	-1.0302	1.9825
Anxiety	Depression/Mood/Bi-polar	-.33036	.52904	.996	-1.9169	1.2562
	ADD	-.65809	.60434	.930	-2.4705	1.1543
	Asperger's	-.29276	.59407	.999	-2.0744	1.4888
	Eating Disorder	-1.18750	.80356	.757	-3.5974	1.2224
	Schizophrenia/Psychosis	-.60417	.76124	.985	-2.8871	1.6788
	Other	.14583	.68491	1.000	-1.9082	2.1999
ADD	Depression/Mood/Bi-polar	.32773	.38524	.979	-.8276	1.4830
	Anxiety	.65809	.60434	.930	-1.1543	2.4705
	Asperger's	.36533	.47057	.987	-1.0459	1.7766
	Eating Disorder	-.52941	.71710	.990	-2.6800	1.6211
	Schizophrenia/Psychosis	.05392	.66933	1.000	-1.9534	2.0612
	Other	.80392	.58106	.810	-.9386	2.5465
Asperger's	Depression/Mood/Bi-polar	-.03759	.36892	1.000	-1.1440	1.0688
	Anxiety	.29276	.59407	.999	-1.4888	2.0744
	ADD	-.36533	.47057	.987	-1.7766	1.0459
	Eating Disorder	-.89474	.70847	.867	-3.0194	1.2299
	Schizophrenia/Psychosis	-.31140	.66008	.999	-2.2910	1.6681
	Other	.43860	.57037	.987	-1.2719	2.1491
Eating Disorder	Depression/Mood/Bi-polar	.85714	.65490	.847	-1.1069	2.8212
	Anxiety	1.18750	.80356	.757	-1.2224	3.5974
	ADD	.52941	.71710	.990	-1.6211	2.6800
	Asperger's	.89474	.70847	.867	-1.2299	3.0194
	Schizophrenia/Psychosis	.58333	.85352	.993	-1.9763	3.1430

		Other	1.33333	.78620	.620	-1.0245	3.6911
	Schizophrenia/Psychosis	Depression/Mood/Bi-polar	.27381	.60222	.999	-1.5322	2.0799
		Anxiety	.60417	.76124	.985	-1.6788	2.8871
		ADD	-.05392	.66933	1.000	-2.0612	1.9534
		Asperger's	.31140	.66008	.999	-1.6681	2.2910
		Eating Disorder	-.58333	.85352	.993	-3.1430	1.9763
		Other	.75000	.74289	.951	-1.4779	2.9779
	Other	Depression/Mood/Bi-polar	-.47619	.50229	.964	-1.9825	1.0302
		Anxiety	-.14583	.68491	1.000	-2.1999	1.9082
		ADD	-.80392	.58106	.810	-2.5465	.9386
		Asperger's	-.43860	.57037	.987	-2.1491	1.2719
		Eating Disorder	-1.33333	.78620	.620	-3.6911	1.0245
		Schizophrenia/Psychosis	-.75000	.74289	.951	-2.9779	1.4779
PerT6ECB	Depression/Mood/Bi-polar	Anxiety	.17923	.51892	1.000	-1.3772	1.7357
		ADD	-.21538	.37787	.998	-1.3487	.9180
		Asperger's	.74868	.36951	.404	-.3596	1.8570
		Eating Disorder	-.79577	.64237	.877	-2.7225	1.1310
		Schizophrenia/Psychosis	.85979	.59070	.770	-.9120	2.6315
		Other	-.64021	.49268	.851	-2.1179	.8375
	Anxiety	Depression/Mood/Bi-polar	-.17923	.51892	1.000	-1.7357	1.3772
		ADD	-.39461	.59277	.994	-2.1726	1.3834
		Asperger's	.56944	.58748	.960	-1.1926	2.3315
		Eating Disorder	-.97500	.78819	.878	-3.3391	1.3891
		Schizophrenia/Psychosis	.68056	.74667	.970	-1.5590	2.9201
		Other	-.81944	.67181	.885	-2.8345	1.1956
	ADD	Depression/Mood/Bi-polar	.21538	.37787	.998	-.9180	1.3487
		Anxiety	.39461	.59277	.994	-1.3834	2.1726

	Asperger's	.96405	.46759	.382	-.4384	2.3665
	Eating Disorder	-.58039	.70338	.982	-2.6901	1.5293
	Schizophrenia/Psychosis	1.07516	.65653	.658	-.8940	3.0443
	Other	-.42484	.56994	.989	-2.1343	1.2846
Asperger's	Depression/Mood/Bi-polar	-.74868	.36951	.404	-1.8570	.3596
	Anxiety	-.56944	.58748	.960	-2.3315	1.1926
	ADD	-.96405	.46759	.382	-2.3665	.4384
	Eating Disorder	-1.54444	.69892	.298	-3.6408	.5519
	Schizophrenia/Psychosis	.11111	.65175	1.000	-1.8437	2.0660
	Other	-1.38889	.56443	.183	-3.0818	.3041
Eating Disorder	Depression/Mood/Bi-polar	.79577	.64237	.877	-1.1310	2.7225
	Anxiety	.97500	.78819	.878	-1.3891	3.3391
	ADD	.58039	.70338	.982	-1.5293	2.6901
	Asperger's	1.54444	.69892	.298	-.5519	3.6408
	Schizophrenia/Psychosis	1.65556	.83719	.434	-.8555	4.1666
	Other	.15556	.77116	1.000	-2.1575	2.4686
Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.85979	.59070	.770	-2.6315	.9120
	Anxiety	-.68056	.74667	.970	-2.9201	1.5590
	ADD	-1.07516	.65653	.658	-3.0443	.8940
	Asperger's	-.11111	.65175	1.000	-2.0660	1.8437
	Eating Disorder	-1.65556	.83719	.434	-4.1666	.8555
	Other	-1.50000	.72868	.384	-3.6856	.6856
Other	Depression/Mood/Bi-polar	.64021	.49268	.851	-.8375	2.1179
	Anxiety	.81944	.67181	.885	-1.1956	2.8345
	ADD	.42484	.56994	.989	-1.2846	2.1343
	Asperger's	1.38889	.56443	.183	-.3041	3.0818
	Eating Disorder	-.15556	.77116	1.000	-2.4686	2.1575

		Schizophrenia/Psychosis	1.50000	.72868	.384	-.6856	3.6856
PerT7LS	Depression/Mood/Bi-polar	Anxiety	-.17460	.55863	1.000	-1.8501	1.5009
		ADD	.88422	.40678	.318	-.3359	2.1043
		Asperger's	1.49206*	.39778	.005	.2990	2.6852
		Eating Disorder	-.07460	.69152	1.000	-2.1488	1.9995
		Schizophrenia/Psychosis	.99206	.63590	.708	-.9152	2.8994
		Other	.10317	.53037	1.000	-1.4876	1.6940
	Anxiety	Depression/Mood/Bi-polar	.17460	.55863	1.000	-1.5009	1.8501
		ADD	1.05882	.63813	.644	-.8552	2.9728
		Asperger's	1.66667	.63243	.125	-.2302	3.5636
		Eating Disorder	.10000	.84849	1.000	-2.4450	2.6450
		Schizophrenia/Psychosis	1.16667	.80380	.773	-1.2443	3.5776
		Other	.27778	.72321	1.000	-1.8914	2.4470
	ADD	Depression/Mood/Bi-polar	-.88422	.40678	.318	-2.1043	.3359
		Anxiety	-1.05882	.63813	.644	-2.9728	.8552
		Asperger's	.60784	.50336	.890	-.9019	2.1176
		Eating Disorder	-.95882	.75720	.866	-3.2300	1.3123
		Schizophrenia/Psychosis	.10784	.70676	1.000	-2.0120	2.2277
		Other	-.78105	.61355	.863	-2.6213	1.0592
	Asperger's	Depression/Mood/Bi-polar	-1.49206*	.39778	.005	-2.6852	-.2990
		Anxiety	-1.66667	.63243	.125	-3.5636	.2302
		ADD	-.60784	.50336	.890	-2.1176	.9019
		Eating Disorder	-1.56667	.75240	.370	-3.8234	.6901
		Schizophrenia/Psychosis	-.50000	.70162	.992	-2.6044	1.6044
		Other	-1.38889	.60762	.260	-3.2114	.4336
	Eating Disorder	Depression/Mood/Bi-polar	.07460	.69152	1.000	-1.9995	2.1488
		Anxiety	-.10000	.84849	1.000	-2.6450	2.4450

		ADD	.95882	.75720	.866	-1.3123	3.2300
		Asperger's	1.56667	.75240	.370	-.6901	3.8234
		Schizophrenia/Psychosis	1.06667	.90124	.899	-1.6365	3.7699
		Other	.17778	.83017	1.000	-2.3122	2.6678
	Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.99206	.63590	.708	-2.8994	.9152
		Anxiety	-1.16667	.80380	.773	-3.5776	1.2443
		ADD	-.10784	.70676	1.000	-2.2277	2.0120
		Asperger's	.50000	.70162	.992	-1.6044	2.6044
		Eating Disorder	-1.06667	.90124	.899	-3.7699	1.6365
		Other	-.88889	.78443	.917	-3.2417	1.4639
	Other	Depression/Mood/Bi-polar	-.10317	.53037	1.000	-1.6940	1.4876
		Anxiety	-.27778	.72321	1.000	-2.4470	1.8914
		ADD	.78105	.61355	.863	-1.0592	2.6213
		Asperger's	1.38889	.60762	.260	-.4336	3.2114
		Eating Disorder	-.17778	.83017	1.000	-2.6678	2.3122
		Schizophrenia/Psychosis	.88889	.78443	.917	-1.4639	3.2417
PerT8Lect	Depression/Mood/Bi-polar	Anxiety	.26257	.46044	.998	-1.1183	1.6434
		ADD	-.29381	.33528	.975	-1.2993	.7117
		Asperger's	.76915	.32108	.210	-.1938	1.7321
		Eating Disorder	.80423	.56997	.795	-.9051	2.5136
		Schizophrenia/Psychosis	1.08201	.52412	.381	-.4898	2.6538
		Other	.69312	.43715	.692	-.6179	2.0041
	Anxiety	Depression/Mood/Bi-polar	-.26257	.46044	.998	-1.6434	1.1183
		ADD	-.55637	.52596	.939	-2.1337	1.0210
		Asperger's	.50658	.51703	.957	-1.0440	2.0571
		Eating Disorder	.54167	.69935	.987	-1.5557	2.6390

	Schizophrenia/Psychosis	.81944	.66252	.878	-1.1674	2.8063
	Other	.43056	.59609	.991	-1.3571	2.2182
ADD	Depression/Mood/Bi-polar	.29381	.33528	.975	-.7117	1.2993
	Anxiety	.55637	.52596	.939	-1.0210	2.1337
	Asperger's	1.06295	.40955	.137	-.1653	2.2912
	Eating Disorder	1.09804	.62410	.578	-.7736	2.9697
	Schizophrenia/Psychosis	1.37582	.58253	.224	-.3712	3.1228
	Other	.98693	.50570	.451	-.5297	2.5035
Asperger's	Depression/Mood/Bi-polar	-.76915	.32108	.210	-1.7321	.1938
	Anxiety	-.50658	.51703	.957	-2.0571	1.0440
	ADD	-1.06295	.40955	.137	-2.2912	.1653
	Eating Disorder	.03509	.61659	1.000	-1.8141	1.8842
	Schizophrenia/Psychosis	.31287	.57448	.998	-1.4100	2.0357
	Other	-.07602	.49640	1.000	-1.5647	1.4127
Eating Disorder	Depression/Mood/Bi-polar	-.80423	.56997	.795	-2.5136	.9051
	Anxiety	-.54167	.69935	.987	-2.6390	1.5557
	ADD	-1.09804	.62410	.578	-2.9697	.7736
	Asperger's	-.03509	.61659	1.000	-1.8842	1.8141
	Schizophrenia/Psychosis	.27778	.74283	1.000	-1.9500	2.5055
	Other	-.11111	.68425	1.000	-2.1631	1.9409
Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-1.08201	.52412	.381	-2.6538	.4898
	Anxiety	-.81944	.66252	.878	-2.8063	1.1674
	ADD	-1.37582	.58253	.224	-3.1228	.3712
	Asperger's	-.31287	.57448	.998	-2.0357	1.4100
	Eating Disorder	-.27778	.74283	1.000	-2.5055	1.9500

		Other	-.38889	.64655	.997	-2.3279	1.5501
	Other	Depression/Mood/Bi-polar	-.69312	.43715	.692	-2.0041	.6179
		Anxiety	-.43056	.59609	.991	-2.2182	1.3571
		ADD	-.98693	.50570	.451	-2.5035	.5297
		Asperger's	.07602	.49640	1.000	-1.4127	1.5647
		Eating Disorder	.11111	.68425	1.000	-1.9409	2.1631
		Schizophrenia/Psychosis	.38889	.64655	.997	-1.5501	2.3279

*. The mean difference is significant at the 0.05 level.

a. Study Groups = Study Undergrad

Environment Scales

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
EnvT1SocA	Between Groups	9.395	6	1.566	.926	.478
	Within Groups	223.096	132	1.690		
	Total	232.492	138			
EnvT2LSA	Between Groups	14.097	6	2.349	1.885	.088
	Within Groups	165.735	133	1.246		
	Total	179.832	139			
EnvT3Exams	Between Groups	8.627	6	1.438	1.670	.134
	Within Groups	109.342	127	.861		
	Total	117.969	133			
EnvT4LSB	Between Groups	14.497	6	2.416	2.084	.059
	Within Groups	154.189	133	1.159		
	Total	168.686	139			
EnvT5Lectures	Between Groups	6.067	6	1.011	.629	.707
	Within Groups	207.343	129	1.607		
	Total	213.410	135			
EnvT6SocB	Between Groups	13.226	6	2.204	1.325	.251
	Within Groups	216.281	130	1.664		
	Total	229.507	136			
EnvT7SocC	Between Groups	.899	6	.150	1.307	.258
	Within Groups	15.132	132	.115		
	Total	16.031	138			

Multiple Comparisons

Tukey HSD

Dependent Variable	(I) DiagGroup3	(J) DiagGroup3	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
EnvT1SocA	Depression/Mood/Bi-polar	Anxiety	.41830	.46114	.971	-.9625	1.7991
		ADD	.49237	.34460	.785	-.5395	1.5242
		Asperger's	-.30392	.32456	.966	-1.2757	.6679
		Eating Disorder	-.20392	.60239	1.000	-2.0077	1.5998
		Schizophrenia/Psychosis	.21691	.48592	.999	-1.2381	1.6719
		Other	.42941	.44030	.958	-.8890	1.7478
	Anxiety	Depression/Mood/Bi-polar	-.41830	.46114	.971	-1.7991	.9625
		ADD	.07407	.53074	1.000	-1.5151	1.6633
		Asperger's	-.72222	.51795	.804	-2.2731	.8287
		Eating Disorder	-.62222	.72513	.978	-2.7935	1.5491
		Schizophrenia/Psychosis	-.20139	.63171	1.000	-2.0929	1.6902
		Other	.01111	.59733	1.000	-1.7775	1.7997
	ADD	Depression/Mood/Bi-polar	-.49237	.34460	.785	-1.5242	.5395
		Anxiety	-.07407	.53074	1.000	-1.6633	1.5151
		Asperger's	-.79630	.41759	.479	-2.0467	.4541
		Eating Disorder	-.69630	.65721	.939	-2.6642	1.2716
		Schizophrenia/Psychosis	-.27546	.55241	.999	-1.9296	1.3786
		Other	-.06296	.51275	1.000	-1.5983	1.4724
	Asperger's	Depression/Mood/Bi-polar	.30392	.32456	.966	-.6679	1.2757
		Anxiety	.72222	.51795	.804	-.8287	2.2731
		ADD	.79630	.41759	.479	-.4541	2.0467

		Eating Disorder	.10000	.64692	1.000	-1.8371	2.0371
		Schizophrenia/Psychosis	.52083	.54014	.961	-1.0965	2.1382
		Other	.73333	.49949	.763	-.7623	2.2290
	Eating Disorder	Depression/Mood/Bi-polar	.20392	.60239	1.000	-1.5998	2.0077
		Anxiety	.62222	.72513	.978	-1.5491	2.7935
		ADD	.69630	.65721	.939	-1.2716	2.6642
		Asperger's	-.10000	.64692	1.000	-2.0371	1.8371
		Schizophrenia/Psychosis	.42083	.74114	.998	-1.7984	2.6401
		Other	.63333	.71207	.974	-1.4988	2.7655
	Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.21691	.48592	.999	-1.6719	1.2381
		Anxiety	.20139	.63171	1.000	-1.6902	2.0929
		ADD	.27546	.55241	.999	-1.3786	1.9296
		Asperger's	-.52083	.54014	.961	-2.1382	1.0965
		Eating Disorder	-.42083	.74114	.998	-2.6401	1.7984
		Other	.21250	.61667	1.000	-1.6340	2.0590
	Other	Depression/Mood/Bi-polar	-.42941	.44030	.958	-1.7478	.8890
		Anxiety	-.01111	.59733	1.000	-1.7997	1.7775
		ADD	.06296	.51275	1.000	-1.4724	1.5983
		Asperger's	-.73333	.49949	.763	-2.2290	.7623
		Eating Disorder	-.63333	.71207	.974	-2.7655	1.4988
		Schizophrenia/Psychosis	-.21250	.61667	1.000	-2.0590	1.6340
EnvT2LSA	Depression/Mood/Bi-polar	Anxiety	.62222	.39562	.700	-.5623	1.8067
		ADD	-.33333	.29545	.918	-1.2179	.5512
		Asperger's	.64762	.27821	.239	-.1853	1.4806
		Eating Disorder	-.21333	.51700	1.000	-1.7612	1.3345
		Schizophrenia/Psychosis	.34167	.41692	.983	-.9066	1.5899

	Other	.30667	.37772	.983	-.8242	1.4376
Anxiety	Depression/Mood/Bi-polar	-.62222	.39562	.700	-1.8067	.5623
	ADD	-.95556	.45573	.361	-2.3200	.4089
	Asperger's	.02540	.44474	1.000	-1.3062	1.3570
	Eating Disorder	-.83556	.62264	.831	-2.6997	1.0286
	Schizophrenia/Psychosis	-.28056	.54242	.999	-1.9046	1.3435
	Other	-.31556	.51290	.996	-1.8512	1.2201
ADD	Depression/Mood/Bi-polar	.33333	.29545	.918	-.5512	1.2179
	Anxiety	.95556	.45573	.361	-.4089	2.3200
	Asperger's	.98095	.35856	.097	-.0926	2.0545
	Eating Disorder	.12000	.56432	1.000	-1.5696	1.8096
	Schizophrenia/Psychosis	.67500	.47434	.788	-.7452	2.0952
	Other	.64000	.44027	.771	-.6782	1.9582
Asperger's	Depression/Mood/Bi-polar	-.64762	.27821	.239	-1.4806	.1853
	Anxiety	-.02540	.44474	1.000	-1.3570	1.3062
	ADD	-.98095	.35856	.097	-2.0545	.0926
	Eating Disorder	-.86095	.55549	.714	-2.5241	.8022
	Schizophrenia/Psychosis	-.30595	.46379	.994	-1.6945	1.0826
	Other	-.34095	.42890	.985	-1.6251	.9432
Eating Disorder	Depression/Mood/Bi-polar	.21333	.51700	1.000	-1.3345	1.7612
	Anxiety	.83556	.62264	.831	-1.0286	2.6997
	ADD	-.12000	.56432	1.000	-1.8096	1.5696
	Asperger's	.86095	.55549	.714	-.8022	2.5241
	Schizophrenia/Psychosis	.55500	.63639	.976	-1.3503	2.4603
	Other	.52000	.61142	.979	-1.3106	2.3506
Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.34167	.41692	.983	-1.5899	.9066
	Anxiety	.28056	.54242	.999	-1.3435	1.9046

		ADD	-.67500	.47434	.788	-2.0952	.7452
		Asperger's	.30595	.46379	.994	-1.0826	1.6945
		Eating Disorder	-.55500	.63639	.976	-2.4603	1.3503
		Other	-.03500	.52951	1.000	-1.6203	1.5503
	Other	Depression/Mood/Bi-polar	-.30667	.37772	.983	-1.4376	.8242
		Anxiety	.31556	.51290	.996	-1.2201	1.8512
		ADD	-.64000	.44027	.771	-1.9582	.6782
		Asperger's	.34095	.42890	.985	-.9432	1.6251
		Eating Disorder	-.52000	.61142	.979	-2.3506	1.3106
		Schizophrenia/Psychosis	.03500	.52951	1.000	-1.5503	1.6203
EnvT3Exams	Depression/Mood/Bi-polar	Anxiety	-.36068	.33001	.929	-1.3494	.6281
		ADD	-.19729	.25277	.986	-.9546	.5600
		Asperger's	.18535	.23290	.985	-.5125	.8832
		Eating Disorder	-.73846	.43062	.607	-2.0287	.5518
		Schizophrenia/Psychosis	.60440	.36911	.658	-.5015	1.7103
		Other	.28154	.31518	.973	-.6628	1.2259
	Anxiety	Depression/Mood/Bi-polar	.36068	.33001	.929	-.6281	1.3494
		ADD	.16340	.38250	1.000	-.9826	1.3094
		Asperger's	.54603	.36968	.758	-.5616	1.6536
		Eating Disorder	-.37778	.51755	.990	-1.9284	1.1729
		Schizophrenia/Psychosis	.96508	.46761	.381	-.4359	2.3661
		Other	.64222	.42633	.741	-.6351	1.9196
	ADD	Depression/Mood/Bi-polar	.19729	.25277	.986	-.5600	.9546
		Anxiety	-.16340	.38250	1.000	-1.3094	.9826
		Asperger's	.38263	.30273	.867	-.5244	1.2896
		Eating Disorder	-.54118	.47206	.912	-1.9555	.8732
		Schizophrenia/Psychosis	.80168	.41670	.469	-.4468	2.0502

		Other	.47882	.36978	.853	-.6291	1.5868
	Asperger's	Depression/Mood/Bi-polar	-.18535	.23290	.985	-.8832	.5125
		Anxiety	-.54603	.36968	.758	-1.6536	.5616
		ADD	-.38263	.30273	.867	-1.2896	.5244
		Eating Disorder	-.92381	.46172	.419	-2.3072	.4596
		Schizophrenia/Psychosis	.41905	.40496	.945	-.7943	1.6324
		Other	.09619	.35650	1.000	-.9719	1.1643
	Eating Disorder	Depression/Mood/Bi-polar	.73846	.43062	.607	-.5518	2.0287
		Anxiety	.37778	.51755	.990	-1.1729	1.9284
		ADD	.54118	.47206	.912	-.8732	1.9555
		Asperger's	.92381	.46172	.419	-.4596	2.3072
		Schizophrenia/Psychosis	1.34286	.54331	.179	-.2850	2.9707
		Other	1.02000	.50822	.415	-.5027	2.5427
	Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.60440	.36911	.658	-1.7103	.5015
		Anxiety	-.96508	.46761	.381	-2.3661	.4359
		ADD	-.80168	.41670	.469	-2.0502	.4468
		Asperger's	-.41905	.40496	.945	-1.6324	.7943
		Eating Disorder	-1.34286	.54331	.179	-2.9707	.2850
		Other	-.32286	.45726	.992	-1.6929	1.0472
	Other	Depression/Mood/Bi-polar	-.28154	.31518	.973	-1.2259	.6628
		Anxiety	-.64222	.42633	.741	-1.9196	.6351
		ADD	-.47882	.36978	.853	-1.5868	.6291
		Asperger's	-.09619	.35650	1.000	-1.1643	.9719
		Eating Disorder	-1.02000	.50822	.415	-2.5427	.5027
		Schizophrenia/Psychosis	.32286	.45726	.992	-1.0472	1.6929
EnvT4LSB	Depression/Mood/Bi-polar	Anxiety	.63285	.38159	.645	-.5096	1.7753
		ADD	-.36715	.28497	.856	-1.2203	.4860

	Asperger's	.47412	.26834	.573	-.3293	1.2775
	Eating Disorder	-.24493	.49866	.999	-1.7379	1.2481
	Schizophrenia/Psychosis	.41757	.40214	.944	-.7864	1.6216
	Other	.65507	.36433	.552	-.4357	1.7459
Anxiety	Depression/Mood/Bi-polar	-.63285	.38159	.645	-1.7753	.5096
	ADD	-1.00000	.43957	.264	-2.3161	.3161
	Asperger's	-.15873	.42897	1.000	-1.4431	1.1256
	Eating Disorder	-.87778	.60056	.767	-2.6758	.9203
	Schizophrenia/Psychosis	-.21528	.52319	1.000	-1.7817	1.3511
	Other	.02222	.49472	1.000	-1.4589	1.5034
ADD	Depression/Mood/Bi-polar	.36715	.28497	.856	-.4860	1.2203
	Anxiety	1.00000	.43957	.264	-.3161	2.3161
	Asperger's	.84127	.34585	.193	-.1942	1.8767
	Eating Disorder	.12222	.54431	1.000	-1.5074	1.7519
	Schizophrenia/Psychosis	.78472	.45752	.607	-.5851	2.1545
	Other	1.02222	.42466	.204	-.2492	2.2936
Asperger's	Depression/Mood/Bi-polar	-.47412	.26834	.573	-1.2775	.3293
	Anxiety	.15873	.42897	1.000	-1.1256	1.4431
	ADD	-.84127	.34585	.193	-1.8767	.1942
	Eating Disorder	-.71905	.53579	.831	-2.3232	.8851
	Schizophrenia/Psychosis	-.05655	.44735	1.000	-1.3959	1.2828
	Other	.18095	.41369	.999	-1.0576	1.4195
Eating Disorder	Depression/Mood/Bi-polar	.24493	.49866	.999	-1.2481	1.7379
	Anxiety	.87778	.60056	.767	-.9203	2.6758
	ADD	-.12222	.54431	1.000	-1.7519	1.5074
	Asperger's	.71905	.53579	.831	-.8851	2.3232
	Schizophrenia/Psychosis	.66250	.61382	.933	-1.1753	2.5003

		Other	.90000	.58974	.729	-.8657	2.6657
	Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.41757	.40214	.944	-1.6216	.7864
		Anxiety	.21528	.52319	1.000	-1.3511	1.7817
		ADD	-.78472	.45752	.607	-2.1545	.5851
		Asperger's	.05655	.44735	1.000	-1.2828	1.3959
		Eating Disorder	-.66250	.61382	.933	-2.5003	1.1753
		Other	.23750	.51073	.999	-1.2916	1.7666
	Other	Depression/Mood/Bi-polar	-.65507	.36433	.552	-1.7459	.4357
		Anxiety	-.02222	.49472	1.000	-1.5034	1.4589
		ADD	-1.02222	.42466	.204	-2.2936	.2492
		Asperger's	-.18095	.41369	.999	-1.4195	1.0576
		Eating Disorder	-.90000	.58974	.729	-2.6657	.8657
		Schizophrenia/Psychosis	-.23750	.51073	.999	-1.7666	1.2916
EnvT5Lectures	Depression/Mood/Bi-polar	Anxiety	-.31675	.45009	.992	-1.6649	1.0314
		ADD	-.14355	.34429	1.000	-1.1748	.8877
		Asperger's	-.21357	.31706	.994	-1.1633	.7362
		Eating Disorder	.13881	.58775	1.000	-1.6217	1.8994
		Schizophrenia/Psychosis	.73881	.50359	.764	-.7697	2.2473
		Other	-.11119	.42979	1.000	-1.3986	1.1762
	Anxiety	Depression/Mood/Bi-polar	.31675	.45009	.992	-1.0314	1.6649
		ADD	.17320	.52263	1.000	-1.3923	1.7387
		Asperger's	.10317	.50510	1.000	-1.4098	1.6162
		Eating Disorder	.45556	.70714	.995	-1.6626	2.5737
		Schizophrenia/Psychosis	1.05556	.63891	.649	-.8582	2.9694
		Other	.20556	.58251	1.000	-1.5393	1.9504
	ADD	Depression/Mood/Bi-polar	.14355	.34429	1.000	-.8877	1.1748
		Anxiety	-.17320	.52263	1.000	-1.7387	1.3923

	Asperger's	-.07003	.41363	1.000	-1.3090	1.1689
	Eating Disorder	.28235	.64499	.999	-1.6496	2.2144
	Schizophrenia/Psychosis	.88235	.56935	.714	-.8231	2.5878
	Other	.03235	.50525	1.000	-1.4811	1.5458
Asperger's	Depression/Mood/Bi-polar	.21357	.31706	.994	-.7362	1.1633
	Anxiety	-.10317	.50510	1.000	-1.6162	1.4098
	ADD	.07003	.41363	1.000	-1.1689	1.3090
	Eating Disorder	.35238	.63087	.998	-1.5373	2.2421
	Schizophrenia/Psychosis	.95238	.55331	.603	-.7050	2.6098
	Other	.10238	.48710	1.000	-1.3567	1.5615
Eating Disorder	Depression/Mood/Bi-polar	-.13881	.58775	1.000	-1.8994	1.6217
	Anxiety	-.45556	.70714	.995	-2.5737	1.6626
	ADD	-.28235	.64499	.999	-2.2144	1.6496
	Asperger's	-.35238	.63087	.998	-2.2421	1.5373
	Schizophrenia/Psychosis	.60000	.74235	.984	-1.6236	2.8236
	Other	-.25000	.69440	1.000	-2.3300	1.8300
Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.73881	.50359	.764	-2.2473	.7697
	Anxiety	-1.05556	.63891	.649	-2.9694	.8582
	ADD	-.88235	.56935	.714	-2.5878	.8231
	Asperger's	-.95238	.55331	.603	-2.6098	.7050
	Eating Disorder	-.60000	.74235	.984	-2.8236	1.6236
	Other	-.85000	.62478	.822	-2.7215	1.0215
Other	Depression/Mood/Bi-polar	.11119	.42979	1.000	-1.1762	1.3986
	Anxiety	-.20556	.58251	1.000	-1.9504	1.5393
	ADD	-.03235	.50525	1.000	-1.5458	1.4811
	Asperger's	-.10238	.48710	1.000	-1.5615	1.3567
	Eating Disorder	.25000	.69440	1.000	-1.8300	2.3300

		Schizophrenia/Psychosis	.85000	.62478	.822	-1.0215	2.7215
EnvT6SocB	Depression/Mood/Bi-polar	Anxiety	-.49337	.45792	.934	-1.8648	.8781
		ADD	.22886	.34243	.994	-.7967	1.2545
		Asperger's	.22886	.32258	.992	-.7373	1.1950
		Eating Disorder	-.10448	.59797	1.000	-1.8954	1.6865
		Schizophrenia/Psychosis	1.03838	.51235	.403	-.4961	2.5729
		Other	.59552	.43727	.821	-.7141	1.9052
	Anxiety	Depression/Mood/Bi-polar	.49337	.45792	.934	-.8781	1.8648
		ADD	.72222	.52658	.816	-.8549	2.2993
		Asperger's	.72222	.51389	.798	-.8169	2.2613
		Eating Disorder	.38889	.71944	.998	-1.7659	2.5436
		Schizophrenia/Psychosis	1.53175	.65002	.226	-.4151	3.4786
		Other	1.08889	.59264	.526	-.6861	2.8639
	ADD	Depression/Mood/Bi-polar	-.22886	.34243	.994	-1.2545	.7967
		Anxiety	-.72222	.52658	.816	-2.2993	.8549
		Asperger's	.00000	.41431	1.000	-1.2409	1.2409
		Eating Disorder	-.33333	.65205	.999	-2.2862	1.6196
		Schizophrenia/Psychosis	.80952	.57454	.796	-.9113	2.5303
		Other	.36667	.50872	.991	-1.1570	1.8903
	Asperger's	Depression/Mood/Bi-polar	-.22886	.32258	.992	-1.1950	.7373
		Anxiety	-.72222	.51389	.798	-2.2613	.8169
		ADD	.00000	.41431	1.000	-1.2409	1.2409
		Eating Disorder	-.33333	.64184	.999	-2.2557	1.5890
		Schizophrenia/Psychosis	.80952	.56293	.780	-.8765	2.4955
		Other	.36667	.49557	.990	-1.1176	1.8509
	Eating Disorder	Depression/Mood/Bi-polar	.10448	.59797	1.000	-1.6865	1.8954
		Anxiety	-.38889	.71944	.998	-2.5436	1.7659

		ADD	.33333	.65205	.999	-1.6196	2.2862
		Asperger's	.33333	.64184	.999	-1.5890	2.2557
		Schizophrenia/Psychosis	1.14286	.75526	.736	-1.1192	3.4049
		Other	.70000	.70648	.955	-1.4159	2.8159
	Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-1.03838	.51235	.403	-2.5729	.4961
		Anxiety	-1.53175	.65002	.226	-3.4786	.4151
		ADD	-.80952	.57454	.796	-2.5303	.9113
		Asperger's	-.80952	.56293	.780	-2.4955	.8765
		Eating Disorder	-1.14286	.75526	.736	-3.4049	1.1192
		Other	-.44286	.63564	.993	-2.3466	1.4609
	Other	Depression/Mood/Bi-polar	-.59552	.43727	.821	-1.9052	.7141
		Anxiety	-1.08889	.59264	.526	-2.8639	.6861
		ADD	-.36667	.50872	.991	-1.8903	1.1570
		Asperger's	-.36667	.49557	.990	-1.8509	1.1176
		Eating Disorder	-.70000	.70648	.955	-2.8159	1.4159
		Schizophrenia/Psychosis	.44286	.63564	.993	-1.4609	2.3466
EnvT7SocC	Depression/Mood/Bi-polar	Anxiety	.23162	.12010	.465	-.1280	.5912
		ADD	.03717	.08975	1.000	-.2316	.3059
		Asperger's	-.01838	.08453	1.000	-.2715	.2347
		Eating Disorder	.23162	.15689	.758	-.2382	.7014
		Schizophrenia/Psychosis	-.11213	.12655	.974	-.4911	.2668
		Other	.10662	.11467	.967	-.2367	.4500
	Anxiety	Depression/Mood/Bi-polar	-.23162	.12010	.465	-.5912	.1280
		ADD	-.19444	.13823	.797	-.6083	.2195
		Asperger's	-.25000	.13490	.515	-.6539	.1539
		Eating Disorder	.00000	.18885	1.000	-.5655	.5655
		Schizophrenia/Psychosis	-.34375	.16452	.365	-.8364	.1489

	Other	-.12500	.15557	.984	-.5908	.3408
ADD	Depression/Mood/Bi-polar	-.03717	.08975	1.000	-.3059	.2316
	Anxiety	.19444	.13823	.797	-.2195	.6083
	Asperger's	-.05556	.10876	.999	-.3812	.2701
	Eating Disorder	.19444	.17116	.916	-.3181	.7070
	Schizophrenia/Psychosis	-.14931	.14387	.944	-.5801	.2815
	Other	.06944	.13354	.999	-.3304	.4693
Asperger's	Depression/Mood/Bi-polar	.01838	.08453	1.000	-.2347	.2715
	Anxiety	.25000	.13490	.515	-.1539	.6539
	ADD	.05556	.10876	.999	-.2701	.3812
	Eating Disorder	.25000	.16848	.754	-.2545	.7545
	Schizophrenia/Psychosis	-.09375	.14067	.994	-.5150	.3275
	Other	.12500	.13009	.961	-.2645	.5145
Eating Disorder	Depression/Mood/Bi-polar	-.23162	.15689	.758	-.7014	.2382
	Anxiety	.00000	.18885	1.000	-.5655	.5655
	ADD	-.19444	.17116	.916	-.7070	.3181
	Asperger's	-.25000	.16848	.754	-.7545	.2545
	Schizophrenia/Psychosis	-.34375	.19302	.563	-.9217	.2342
	Other	-.12500	.18545	.994	-.6803	.4303
Schizophrenia/Psychosis	Depression/Mood/Bi-polar	.11213	.12655	.974	-.2668	.4911
	Anxiety	.34375	.16452	.365	-.1489	.8364
	ADD	.14931	.14387	.944	-.2815	.5801
	Asperger's	.09375	.14067	.994	-.3275	.5150
	Eating Disorder	.34375	.19302	.563	-.2342	.9217
	Other	.21875	.16060	.821	-.2622	.6997
Other	Depression/Mood/Bi-polar	-.10662	.11467	.967	-.4500	.2367
	Anxiety	.12500	.15557	.984	-.3408	.5908

ADD	-.06944	.13354	.999	-.4693	.3304
Asperger's	-.12500	.13009	.961	-.5145	.2645
Eating Disorder	.12500	.18545	.994	-.4303	.6803
Schizophrenia/Psychosis	-.21875	.16060	.821	-.6997	.2622

Undergrads Only

ANOVA[a]

		Sum of Squares	df	Mean Square	F	Sig.
EnvT1SocA	Between Groups	8.364	6	1.394	.828	.550
	Within Groups	201.961	120	1.683		
	Total	210.325	126			
EnvT2LSA	Between Groups	15.013	6	2.502	1.890	.088
	Within Groups	158.877	120	1.324		
	Total	173.890	126			
EnvT3Exams	Between Groups	8.258	6	1.376	1.566	.163
	Within Groups	105.490	120	.879		
	Total	113.748	126			
EnvT4LSB	Between Groups	12.668	6	2.111	1.888	.088
	Within Groups	134.210	120	1.118		
	Total	146.878	126			
EnvT5Lectures	Between Groups	5.071	6	.845	.525	.789
	Within Groups	193.284	120	1.611		
	Total	198.354	126			
EnvT6SocB	Between Groups	12.154	6	2.026	1.164	.330

	Within Groups	208.783	120	1.740		
	Total	220.937	126			
EnvT7SocC	Between Groups	.741	6	.123	1.079	.379
	Within Groups	13.730	120	.114		
	Total	14.470	126			

a. Study Groups = Study Undergrad

Multiple Comparisons[a]

Tukey HSD

Dependent Variable	(I) DiagGroup3	(J) DiagGroup3	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
EnvT1SocA	Depression/Mood/Bi-polar	Anxiety	.51885	.48692	.937	-.9414	1.9791
		ADD	.58870	.35456	.644	-.4746	1.6520
		Asperger's	-.12698	.33955	1.000	-1.1453	.8913
		Eating Disorder	-.19365	.60276	1.000	-2.0013	1.6140
		Schizophrenia/Psychosis	.37302	.55427	.994	-1.2892	2.0353
		Other	.33598	.46229	.991	-1.0504	1.7224
	Anxiety	Depression/Mood/Bi-polar	-.51885	.48692	.937	-1.9791	.9414
		ADD	.06985	.55622	1.000	-1.5982	1.7379
		Asperger's	-.64583	.54677	.900	-2.2856	.9939
		Eating Disorder	-.71250	.73958	.961	-2.9305	1.5055
		Schizophrenia/Psychosis	-.14583	.70063	1.000	-2.2470	1.9553
		Other	-.18287	.63038	1.000	-2.0734	1.7076
	ADD	Depression/Mood/Bi-polar	-.58870	.35456	.644	-1.6520	.4746
		Anxiety	-.06985	.55622	1.000	-1.7379	1.5982

	Asperger's	-.71569	.43310	.649	-2.0146	.5832
	Eating Disorder	-.78235	.66000	.898	-2.7617	1.1970
	Schizophrenia/Psychosis	-.21569	.61604	1.000	-2.0632	1.6318
	Other	-.25272	.53479	.999	-1.8565	1.3511
Asperger's	Depression/Mood/Bi-polar	.12698	.33955	1.000	-.8913	1.1453
	Anxiety	.64583	.54677	.900	-.9939	2.2856
	ADD	.71569	.43310	.649	-.5832	2.0146
	Eating Disorder	-.06667	.65206	1.000	-2.0222	1.8888
	Schizophrenia/Psychosis	.50000	.60752	.982	-1.3219	2.3219
	Other	.46296	.52496	.975	-1.1114	2.0373
Eating Disorder	Depression/Mood/Bi-polar	.19365	.60276	1.000	-1.6140	2.0013
	Anxiety	.71250	.73958	.961	-1.5055	2.9305
	ADD	.78235	.66000	.898	-1.1970	2.7617
	Asperger's	.06667	.65206	1.000	-1.8888	2.0222
	Schizophrenia/Psychosis	.56667	.78556	.991	-1.7892	2.9225
	Other	.52963	.72360	.990	-1.6404	2.6997
Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.37302	.55427	.994	-2.0353	1.2892
	Anxiety	.14583	.70063	1.000	-1.9553	2.2470
	ADD	.21569	.61604	1.000	-1.6318	2.0632
	Asperger's	-.50000	.60752	.982	-2.3219	1.3219
	Eating Disorder	-.56667	.78556	.991	-2.9225	1.7892
	Other	-.03704	.68374	1.000	-2.0876	2.0135
Other	Depression/Mood/Bi-polar	-.33598	.46229	.991	-1.7224	1.0504
	Anxiety	.18287	.63038	1.000	-1.7076	2.0734
	ADD	.25272	.53479	.999	-1.3511	1.8565

		Asperger's	-.46296	.52496	.975	-2.0373	1.1114
		Eating Disorder	-.52963	.72360	.990	-2.6997	1.6404
		Schizophrenia/Psychosis	.03704	.68374	1.000	-2.0135	2.0876
EnvT2LSA	Depression/Mood/Bi-polar	Anxiety	.69841	.43187	.672	-.5968	1.9936
		ADD	-.31335	.31448	.954	-1.2565	.6298
		Asperger's	.74052	.30116	.184	-.1627	1.6437
		Eating Disorder	-.18159	.53461	1.000	-1.7849	1.4217
		Schizophrenia/Psychosis	.23175	.49161	.999	-1.2426	1.7061
		Other	.34286	.41003	.981	-.8868	1.5725
	Anxiety	Depression/Mood/Bi-polar	-.69841	.43187	.672	-1.9936	.5968
		ADD	-1.01176	.49333	.389	-2.4913	.4677
		Asperger's	.04211	.48495	1.000	-1.4123	1.4965
		Eating Disorder	-.88000	.65597	.831	-2.8472	1.0872
		Schizophrenia/Psychosis	-.46667	.62142	.989	-2.3303	1.3969
		Other	-.35556	.55911	.995	-2.0323	1.3212
	ADD	Depression/Mood/Bi-polar	.31335	.31448	.954	-.6298	1.2565
		Anxiety	1.01176	.49333	.389	-.4677	2.4913
		Asperger's	1.05387	.38414	.097	-.0982	2.2059
		Eating Disorder	.13176	.58539	1.000	-1.6238	1.8873
		Schizophrenia/Psychosis	.54510	.54639	.954	-1.0935	2.1837
		Other	.65621	.47433	.810	-.7663	2.0787
	Asperger's	Depression/Mood/Bi-polar	-.74052	.30116	.184	-1.6437	.1627
		Anxiety	-.04211	.48495	1.000	-1.4965	1.4123
		ADD	-1.05387	.38414	.097	-2.2059	.0982
		Eating Disorder	-.92211	.57834	.686	-2.6565	.8123
		Schizophrenia/Psychosis	-.50877	.53884	.964	-2.1247	1.1072
		Other	-.39766	.46561	.978	-1.7940	.9987

	Eating Disorder	Depression/Mood/Bi-polar	.18159	.53461	1.000	-1.4217	1.7849
		Anxiety	.88000	.65597	.831	-1.0872	2.8472
		ADD	-.13176	.58539	1.000	-1.8873	1.6238
		Asperger's	.92211	.57834	.686	-.8123	2.6565
		Schizophrenia/Psychosis	.41333	.69675	.997	-1.6762	2.5029
		Other	.52444	.64180	.983	-1.4003	2.4492
	Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.23175	.49161	.999	-1.7061	1.2426
		Anxiety	.46667	.62142	.989	-1.3969	2.3303
		ADD	-.54510	.54639	.954	-2.1837	1.0935
		Asperger's	.50877	.53884	.964	-1.1072	2.1247
		Eating Disorder	-.41333	.69675	.997	-2.5029	1.6762
		Other	.11111	.60644	1.000	-1.7076	1.9298
	Other	Depression/Mood/Bi-polar	-.34286	.41003	.981	-1.5725	.8868
		Anxiety	.35556	.55911	.995	-1.3212	2.0323
		ADD	-.65621	.47433	.810	-2.0787	.7663
		Asperger's	.39766	.46561	.978	-.9987	1.7940
		Eating Disorder	-.52444	.64180	.983	-2.4492	1.4003
		Schizophrenia/Psychosis	-.11111	.60644	1.000	-1.9298	1.7076
EnvT3Exams	Depression/Mood/Bi-polar	Anxiety	-.42976	.35191	.885	-1.4851	.6256
		ADD	-.16359	.25625	.995	-.9321	.6049
		Asperger's	.16892	.24540	.993	-.5670	.9049
		Eating Disorder	-.70476	.43563	.671	-2.0112	.6017
		Schizophrenia/Psychosis	.66190	.40058	.649	-.5394	1.8632
		Other	.27302	.33411	.983	-.7290	1.2750
	Anxiety	Depression/Mood/Bi-polar	.42976	.35191	.885	-.6256	1.4851
		ADD	.26618	.40199	.994	-.9394	1.4717
		Asperger's	.59868	.39516	.735	-.5864	1.7838

	Eating Disorder	-.27500	.53451	.999	-1.8780	1.3280
	Schizophrenia/Psychosis	1.09167	.50636	.327	-.4269	2.6102
	Other	.70278	.45559	.719	-.6635	2.0691
ADD	Depression/Mood/Bi-polar	.16359	.25625	.995	-.6049	.9321
	Anxiety	-.26618	.40199	.994	-1.4717	.9394
	Asperger's	.33251	.31302	.938	-.6062	1.2712
	Eating Disorder	-.54118	.47700	.916	-1.9717	.8893
	Schizophrenia/Psychosis	.82549	.44523	.515	-.5097	2.1607
	Other	.43660	.38651	.918	-.7225	1.5957
Asperger's	Depression/Mood/Bi-polar	-.16892	.24540	.993	-.9049	.5670
	Anxiety	-.59868	.39516	.735	-1.7838	.5864
	ADD	-.33251	.31302	.938	-1.2712	.6062
	Eating Disorder	-.87368	.47126	.515	-2.2870	.5396
	Schizophrenia/Psychosis	.49298	.43907	.920	-.8238	1.8097
	Other	.10409	.37940	1.000	-1.0337	1.2419
Eating Disorder	Depression/Mood/Bi-polar	.70476	.43563	.671	-.6017	2.0112
	Anxiety	.27500	.53451	.999	-1.3280	1.8780
	ADD	.54118	.47700	.916	-.8893	1.9717
	Asperger's	.87368	.47126	.515	-.5396	2.2870
	Schizophrenia/Psychosis	1.36667	.56774	.205	-.3360	3.0693
	Other	.97778	.52297	.504	-.5906	2.5461
Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.66190	.40058	.649	-1.8632	.5394
	Anxiety	-1.09167	.50636	.327	-2.6102	.4269
	ADD	-.82549	.44523	.515	-2.1607	.5097
	Asperger's	-.49298	.43907	.920	-1.8097	.8238
	Eating Disorder	-1.36667	.56774	.205	-3.0693	.3360
	Other	-.38889	.49416	.986	-1.8708	1.0931

	Other	Depression/Mood/Bi-polar	-.27302	.33411	.983	-1.2750	.7290
		Anxiety	-.70278	.45559	.719	-2.0691	.6635
		ADD	-.43660	.38651	.918	-1.5957	.7225
		Asperger's	-.10409	.37940	1.000	-1.2419	1.0337
		Eating Disorder	-.97778	.52297	.504	-2.5461	.5906
		Schizophrenia/Psychosis	.38889	.49416	.986	-1.0931	1.8708
EnvT4LSB	Depression/Mood/Bi-polar	Anxiety	.70933	.39693	.559	-.4811	1.8997
		ADD	-.16200	.28904	.998	-1.0288	.7048
		Asperger's	.47577	.27680	.605	-.3543	1.3059
		Eating Disorder	-.20317	.49136	1.000	-1.6768	1.2704
		Schizophrenia/Psychosis	.73016	.45184	.672	-.6249	2.0852
		Other	.67460	.37686	.557	-.4556	1.8048
	Anxiety	Depression/Mood/Bi-polar	-.70933	.39693	.559	-1.8997	.4811
		ADD	-.87132	.45342	.470	-2.2311	.4885
		Asperger's	-.23355	.44572	.998	-1.5703	1.1031
		Eating Disorder	-.91250	.60290	.736	-2.7206	.8956
		Schizophrenia/Psychosis	.02083	.57114	1.000	-1.6920	1.7337
		Other	-.03472	.51388	1.000	-1.5758	1.5064
	ADD	Depression/Mood/Bi-polar	.16200	.28904	.998	-.7048	1.0288
		Anxiety	.87132	.45342	.470	-.4885	2.2311
		Asperger's	.63777	.35306	.546	-.4211	1.6966
		Eating Disorder	-.04118	.53803	1.000	-1.6547	1.5723
		Schizophrenia/Psychosis	.89216	.50219	.566	-.6139	2.3982
		Other	.83660	.43596	.472	-.4708	2.1440
	Asperger's	Depression/Mood/Bi-polar	-.47577	.27680	.605	-1.3059	.3543
		Anxiety	.23355	.44572	.998	-1.1031	1.5703
		ADD	-.63777	.35306	.546	-1.6966	.4211

		Eating Disorder	-.67895	.53155	.861	-2.2731	.9152
		Schizophrenia/Psychosis	.25439	.49524	.999	-1.2308	1.7396
		Other	.19883	.42794	.999	-1.0845	1.4822
	Eating Disorder	Depression/Mood/Bi-polar	.20317	.49136	1.000	-1.2704	1.6768
		Anxiety	.91250	.60290	.736	-.8956	2.7206
		ADD	.04118	.53803	1.000	-1.5723	1.6547
		Asperger's	.67895	.53155	.861	-.9152	2.2731
		Schizophrenia/Psychosis	.93333	.64038	.769	-.9871	2.8538
		Other	.87778	.58987	.751	-.8912	2.6468
	Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.73016	.45184	.672	-2.0852	.6249
		Anxiety	-.02083	.57114	1.000	-1.7337	1.6920
		ADD	-.89216	.50219	.566	-2.3982	.6139
		Asperger's	-.25439	.49524	.999	-1.7396	1.2308
		Eating Disorder	-.93333	.64038	.769	-2.8538	.9871
		Other	-.05556	.55738	1.000	-1.7271	1.6160
	Other	Depression/Mood/Bi-polar	-.67460	.37686	.557	-1.8048	.4556
		Anxiety	.03472	.51388	1.000	-1.5064	1.5758
		ADD	-.83660	.43596	.472	-2.1440	.4708
		Asperger's	-.19883	.42794	.999	-1.4822	1.0845
		Eating Disorder	-.87778	.58987	.751	-2.6468	.8912
		Schizophrenia/Psychosis	.05556	.55738	1.000	-1.6160	1.7271
EnvT5Lectures	Depression/Mood/Bi-polar	Anxiety	-.21528	.47634	.999	-1.6438	1.2133
		ADD	-.16013	.34686	.999	-1.2004	.8801
		Asperger's	-.33041	.33217	.954	-1.3266	.6658
		Eating Disorder	.12222	.58967	1.000	-1.6462	1.8906
		Schizophrenia/Psychosis	.63889	.54223	.901	-.9872	2.2650
		Other	-.05556	.45225	1.000	-1.4118	1.3007

Anxiety	Depression/Mood/Bi-polar	.21528	.47634	.999	-1.2133	1.6438
	ADD	.05515	.54414	1.000	-1.5767	1.6870
	Asperger's	-.11513	.53489	1.000	-1.7193	1.4890
	Eating Disorder	.33750	.72352	.999	-1.8323	2.5073
	Schizophrenia/Psychosis	.85417	.68541	.874	-1.2014	2.9097
	Other	.15972	.61669	1.000	-1.6897	2.0091
ADD	Depression/Mood/Bi-polar	.16013	.34686	.999	-.8801	1.2004
	Anxiety	-.05515	.54414	1.000	-1.6870	1.5767
	Asperger's	-.17028	.42370	1.000	-1.4409	1.1004
	Eating Disorder	.28235	.64567	.999	-1.6540	2.2187
	Schizophrenia/Psychosis	.79902	.60266	.839	-1.0083	2.6064
	Other	.10458	.52318	1.000	-1.4644	1.6736
Asperger's	Depression/Mood/Bi-polar	.33041	.33217	.954	-.6658	1.3266
	Anxiety	.11513	.53489	1.000	-1.4890	1.7193
	ADD	.17028	.42370	1.000	-1.1004	1.4409
	Eating Disorder	.45263	.63790	.992	-1.4604	2.3657
	Schizophrenia/Psychosis	.96930	.59433	.663	-.8131	2.7517
	Other	.27485	.51356	.998	-1.2653	1.8150
Eating Disorder	Depression/Mood/Bi-polar	-.12222	.58967	1.000	-1.8906	1.6462
	Anxiety	-.33750	.72352	.999	-2.5073	1.8323
	ADD	-.28235	.64567	.999	-2.2187	1.6540
	Asperger's	-.45263	.63790	.992	-2.3657	1.4604
	Schizophrenia/Psychosis	.51667	.76850	.994	-1.7880	2.8214
	Other	-.17778	.70789	1.000	-2.3007	1.9452
Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.63889	.54223	.901	-2.2650	.9872
	Anxiety	-.85417	.68541	.874	-2.9097	1.2014
	ADD	-.79902	.60266	.839	-2.6064	1.0083

		Asperger's	-.96930	.59433	.663	-2.7517	.8131
		Eating Disorder	-.51667	.76850	.994	-2.8214	1.7880
		Other	-.69444	.66889	.944	-2.7004	1.3115
	Other	Depression/Mood/Bi-polar	.05556	.45225	1.000	-1.3007	1.4118
		Anxiety	-.15972	.61669	1.000	-2.0091	1.6897
		ADD	-.10458	.52318	1.000	-1.6736	1.4644
		Asperger's	-.27485	.51356	.998	-1.8150	1.2653
		Eating Disorder	.17778	.70789	1.000	-1.9452	2.3007
		Schizophrenia/Psychosis	.69444	.66889	.944	-1.3115	2.7004
EnvT6SocB	Depression/Mood/Bi-polar	Anxiety	-.47817	.49508	.960	-1.9629	1.0065
		ADD	.30859	.36050	.978	-.7725	1.3897
		Asperger's	.34419	.34524	.954	-.6912	1.3795
		Eating Disorder	-.10317	.61285	1.000	-1.9411	1.7348
		Schizophrenia/Psychosis	.98016	.56355	.591	-.7099	2.6702
		Other	.61905	.47004	.843	-.7906	2.0287
	Anxiety	Depression/Mood/Bi-polar	.47817	.49508	.960	-1.0065	1.9629
		ADD	.78676	.56553	.806	-.9093	2.4828
		Asperger's	.82237	.55593	.757	-.8448	2.4896
		Eating Disorder	.37500	.75197	.999	-1.8801	2.6301
		Schizophrenia/Psychosis	1.45833	.71236	.391	-.6780	3.5947
		Other	1.09722	.64094	.610	-.8249	3.0194
	ADD	Depression/Mood/Bi-polar	-.30859	.36050	.978	-1.3897	.7725
		Anxiety	-.78676	.56553	.806	-2.4828	.9093
		Asperger's	.03560	.44036	1.000	-1.2850	1.3562
		Eating Disorder	-.41176	.67106	.996	-2.4242	1.6007
		Schizophrenia/Psychosis	.67157	.62636	.935	-1.2069	2.5500
		Other	.31046	.54375	.998	-1.3202	1.9411

	Asperger's	Depression/Mood/Bi-polar	-.34419	.34524	.954	-1.3795	.6912
		Anxiety	-.82237	.55593	.757	-2.4896	.8448
		ADD	-.03560	.44036	1.000	-1.3562	1.2850
		Eating Disorder	-.44737	.66298	.994	-2.4356	1.5409
		Schizophrenia/Psychosis	.63596	.61770	.946	-1.2165	2.4884
		Other	.27485	.53375	.999	-1.3258	1.8756
	Eating Disorder	Depression/Mood/Bi-polar	.10317	.61285	1.000	-1.7348	1.9411
		Anxiety	-.37500	.75197	.999	-2.6301	1.8801
		ADD	.41176	.67106	.996	-1.6007	2.4242
		Asperger's	.44737	.66298	.994	-1.5409	2.4356
		Schizophrenia/Psychosis	1.08333	.79872	.824	-1.3120	3.4787
		Other	.72222	.73572	.957	-1.4842	2.9286
	Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.98016	.56355	.591	-2.6702	.7099
		Anxiety	-1.45833	.71236	.391	-3.5947	.6780
		ADD	-.67157	.62636	.935	-2.5500	1.2069
		Asperger's	-.63596	.61770	.946	-2.4884	1.2165
		Eating Disorder	-1.08333	.79872	.824	-3.4787	1.3120
		Other	-.36111	.69519	.999	-2.4460	1.7238
	Other	Depression/Mood/Bi-polar	-.61905	.47004	.843	-2.0287	.7906
		Anxiety	-1.09722	.64094	.610	-3.0194	.8249
		ADD	-.31046	.54375	.998	-1.9411	1.3202
		Asperger's	-.27485	.53375	.999	-1.8756	1.3258
		Eating Disorder	-.72222	.73572	.957	-2.9286	1.4842
		Schizophrenia/Psychosis	.36111	.69519	.999	-1.7238	2.4460
EnvT7SocC	Depression/Mood/Bi-polar	Anxiety	.24603	.12696	.460	-.1347	.6268
		ADD	.04015	.09245	.999	-.2371	.3174
		Asperger's	-.00397	.08853	1.000	-.2695	.2615

	Eating Disorder	.24603	.15716	.704	-.2253	.7173
	Schizophrenia/Psychosis	-.00397	.14452	1.000	-.4374	.4294
	Other	.10714	.12054	.974	-.2543	.4686
Anxiety	Depression/Mood/Bi-polar	-.24603	.12696	.460	-.6268	.1347
	ADD	-.20588	.14502	.790	-.6408	.2290
	Asperger's	-.25000	.14256	.582	-.6775	.1775
	Eating Disorder	.00000	.19283	1.000	-.5783	.5783
	Schizophrenia/Psychosis	-.25000	.18268	.817	-.7978	.2978
	Other	-.13889	.16436	.980	-.6318	.3540
ADD	Depression/Mood/Bi-polar	-.04015	.09245	.999	-.3174	.2371
	Anxiety	.20588	.14502	.790	-.2290	.6408
	Asperger's	-.04412	.11293	1.000	-.3828	.2945
	Eating Disorder	.20588	.17209	.894	-.3102	.7220
	Schizophrenia/Psychosis	-.04412	.16062	1.000	-.5258	.4376
	Other	.06699	.13944	.999	-.3512	.4852
Asperger's	Depression/Mood/Bi-polar	.00397	.08853	1.000	-.2615	.2695
	Anxiety	.25000	.14256	.582	-.1775	.6775
	ADD	.04412	.11293	1.000	-.2945	.3828
	Eating Disorder	.25000	.17001	.762	-.2599	.7599
	Schizophrenia/Psychosis	.00000	.15840	1.000	-.4750	.4750
	Other	.11111	.13687	.983	-.2994	.5216
Eating Disorder	Depression/Mood/Bi-polar	-.24603	.15716	.704	-.7173	.2253
	Anxiety	.00000	.19283	1.000	-.5783	.5783
	ADD	-.20588	.17209	.894	-.7220	.3102
	Asperger's	-.25000	.17001	.762	-.7599	.2599

		Schizophrenia/Psychosis	-.25000	.20482	.885	-.8643	.3643
		Other	-.13889	.18867	.990	-.7047	.4269
	Schizophrenia/Psychosis	Depression/Mood/Bi-polar	.00397	.14452	1.000	-.4294	.4374
		Anxiety	.25000	.18268	.817	-.2978	.7978
		ADD	.04412	.16062	1.000	-.4376	.5258
		Asperger's	.00000	.15840	1.000	-.4750	.4750
		Eating Disorder	.25000	.20482	.885	-.3643	.8643
		Other	.11111	.17827	.996	-.4235	.6458
	Other	Depression/Mood/Bi-polar	-.10714	.12054	.974	-.4686	.2543
		Anxiety	.13889	.16436	.980	-.3540	.6318
		ADD	-.06699	.13944	.999	-.4852	.3512
		Asperger's	-.11111	.13687	.983	-.5216	.2994
		Eating Disorder	.13889	.18867	.990	-.4269	.7047
		Schizophrenia/Psychosis	-.11111	.17827	.996	-.6458	.4235

a. Study Groups = Study Undergrad

Occupation Scales - My Study

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
OccT1LecA	Between Groups	21.288	6	3.548	2.080	.060
	Within Groups	223.405	131	1.705		
	Total	244.693	137			
OccT2ProjA	Between Groups	23.880	6	3.980	2.031	.066
	Within Groups	256.697	131	1.960		
	Total	280.577	137			
OccT3LecB	Between Groups	4.496	6	.749	.303	.935
	Within Groups	324.404	131	2.476		
	Total	328.900	137			
OccT4ProjB	Between Groups	29.871	6	4.979	2.321	.037
	Within Groups	274.613	128	2.145		
	Total	304.484	134			
OccT5Work	Between Groups	13.025	6	2.171	1.073	.382
	Within Groups	258.856	128	2.022		
	Total	271.881	134			
OccT6LecC	Between Groups	15.828	6	2.638	1.040	.403
	Within Groups	334.920	132	2.537		
	Total	350.748	138			

Multiple Comparisons

Tukey HSD

Dependent Variable	(I) DiagGroup3	(J) DiagGroup3	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
OccT1LecA	Depression/Mood/Bi-polar	Anxiety	.03813	.46321	1.000	-1.3490	1.4253
		ADD	-.26471	.35411	.989	-1.3252	.7957
		Asperger's	.90056	.32602	.091	-.0758	1.8769
		Eating Disorder	.28627	.60511	.999	-1.5258	2.0984
		Schizophrenia/Psychosis	.93627	.48811	.472	-.5255	2.3980
		Other	.15294	.44229	1.000	-1.1716	1.4774
	Anxiety	Depression/Mood/Bi-polar	-.03813	.46321	1.000	-1.4253	1.3490
		ADD	-.30283	.53833	.998	-1.9150	1.3093
		Asperger's	.86243	.52028	.645	-.6956	2.4205
		Eating Disorder	.24815	.72840	1.000	-1.9332	2.4295
		Schizophrenia/Psychosis	.89815	.63455	.793	-1.0021	2.7984
		Other	.11481	.60002	1.000	-1.6821	1.9117
	ADD	Depression/Mood/Bi-polar	.26471	.35411	.989	-.7957	1.3252
		Anxiety	.30283	.53833	.998	-1.3093	1.9150
		Asperger's	1.16527	.42606	.098	-.1106	2.4412
		Eating Disorder	.55098	.66437	.981	-1.4386	2.5406
		Schizophrenia/Psychosis	1.20098	.55990	.333	-.4757	2.8777
		Other	.41765	.52044	.984	-1.1409	1.9762
	Asperger's	Depression/Mood/Bi-polar	-.90056	.32602	.091	-1.8769	.0758
		Anxiety	-.86243	.52028	.645	-2.4205	.6956
		ADD	-1.16527	.42606	.098	-2.4412	.1106
		Eating Disorder	-.61429	.64983	.964	-2.5603	1.3318
		Schizophrenia/Psychosis	.03571	.54257	1.000	-1.5891	1.6605

		Other	-.74762	.50174	.750	-2.2502	.7549
	Eating Disorder	Depression/Mood/Bi-polar	-.28627	.60511	.999	-2.0984	1.5258
		Anxiety	-.24815	.72840	1.000	-2.4295	1.9332
		ADD	-.55098	.66437	.981	-2.5406	1.4386
		Asperger's	.61429	.64983	.964	-1.3318	2.5603
		Schizophrenia/Psychosis	.65000	.74448	.976	-1.5795	2.8795
		Other	-.13333	.71527	1.000	-2.2753	2.0087
	Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.93627	.48811	.472	-2.3980	.5255
		Anxiety	-.89815	.63455	.793	-2.7984	1.0021
		ADD	-1.20098	.55990	.333	-2.8777	.4757
		Asperger's	-.03571	.54257	1.000	-1.6605	1.5891
		Eating Disorder	-.65000	.74448	.976	-2.8795	1.5795
		Other	-.78333	.61944	.867	-2.6384	1.0717
	Other	Depression/Mood/Bi-polar	-.15294	.44229	1.000	-1.4774	1.1716
		Anxiety	-.11481	.60002	1.000	-1.9117	1.6821
		ADD	-.41765	.52044	.984	-1.9762	1.1409
		Asperger's	.74762	.50174	.750	-.7549	2.2502
		Eating Disorder	.13333	.71527	1.000	-2.0087	2.2753
		Schizophrenia/Psychosis	.78333	.61944	.867	-1.0717	2.6384
OccT2ProjA	Depression/Mood/Bi-polar	Anxiety	-.12537	.49696	1.000	-1.6136	1.3629
		ADD	-.86982	.37163	.233	-1.9827	.2431
		Asperger's	.15082	.35008	.999	-.8976	1.1992
		Eating Disorder	-.28537	.64896	.999	-2.2288	1.6581
		Schizophrenia/Psychosis	.17463	.52363	1.000	-1.3935	1.7427
		Other	.95463	.47455	.412	-.4665	2.3758
	Anxiety	Depression/Mood/Bi-polar	.12537	.49696	1.000	-1.3629	1.6136

	ADD	-.74444	.57148	.850	-2.4558	.9669
	Asperger's	.27619	.55771	.999	-1.3940	1.9463
	Eating Disorder	-.16000	.78079	1.000	-2.4982	2.1782
	Schizophrenia/Psychosis	.30000	.68019	.999	-1.7370	2.3370
	Other	1.08000	.64318	.631	-.8461	3.0061
ADD	Depression/Mood/Bi-polar	.86982	.37163	.233	-.2431	1.9827
	Anxiety	.74444	.57148	.850	-.9669	2.4558
	Asperger's	1.02063	.44964	.267	-.3259	2.3672
	Eating Disorder	.58444	.70765	.982	-1.5347	2.7036
	Schizophrenia/Psychosis	1.04444	.59481	.580	-.7368	2.8257
	Other	1.82444*	.55210	.020	.1711	3.4778
Asperger's	Depression/Mood/Bi-polar	-.15082	.35008	.999	-1.1992	.8976
	Anxiety	-.27619	.55771	.999	-1.9463	1.3940
	ADD	-1.02063	.44964	.267	-2.3672	.3259
	Eating Disorder	-.43619	.69657	.996	-2.5222	1.6498
	Schizophrenia/Psychosis	.02381	.58159	1.000	-1.7179	1.7655
	Other	.80381	.53783	.748	-.8068	2.4144
Eating Disorder	Depression/Mood/Bi-polar	.28537	.64896	.999	-1.6581	2.2288
	Anxiety	.16000	.78079	1.000	-2.1782	2.4982
	ADD	-.58444	.70765	.982	-2.7036	1.5347
	Asperger's	.43619	.69657	.996	-1.6498	2.5222
	Schizophrenia/Psychosis	.46000	.79803	.997	-1.9298	2.8498
	Other	1.24000	.76672	.671	-1.0561	3.5361
Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.17463	.52363	1.000	-1.7427	1.3935
	Anxiety	-.30000	.68019	.999	-2.3370	1.7370
	ADD	-1.04444	.59481	.580	-2.8257	.7368
	Asperger's	-.02381	.58159	1.000	-1.7655	1.7179

		Eating Disorder	-.46000	.79803	.997	-2.8498	1.9298
		Other	.78000	.66400	.902	-1.2085	2.7685
	Other	Depression/Mood/Bi-polar	-.95463	.47455	.412	-2.3758	.4665
		Anxiety	-1.08000	.64318	.631	-3.0061	.8461
		ADD	-1.82444*	.55210	.020	-3.4778	-.1711
		Asperger's	-.80381	.53783	.748	-2.4144	.8068
		Eating Disorder	-1.24000	.76672	.671	-3.5361	1.0561
		Schizophrenia/Psychosis	-.78000	.66400	.902	-2.7685	1.2085
OccT3LecB	Depression/Mood/Bi-polar	Anxiety	-.34355	.55818	.996	-2.0151	1.3280
		ADD	.04044	.42672	1.000	-1.2374	1.3183
		Asperger's	.06915	.39286	1.000	-1.1073	1.2456
		Eating Disorder	.12868	.72917	1.000	-2.0550	2.3123
		Schizophrenia/Psychosis	.50368	.58819	.978	-1.2578	2.2651
		Other	.40368	.53297	.988	-1.1924	1.9997
	Anxiety	Depression/Mood/Bi-polar	.34355	.55818	.996	-1.3280	2.0151
		ADD	.38399	.64871	.997	-1.5587	2.3267
		Asperger's	.41270	.62696	.995	-1.4648	2.2902
		Eating Disorder	.47222	.87774	.998	-2.1563	3.1008
		Schizophrenia/Psychosis	.84722	.76466	.925	-1.4427	3.1371
		Other	.74722	.72304	.945	-1.4181	2.9125
	ADD	Depression/Mood/Bi-polar	-.04044	.42672	1.000	-1.3183	1.2374
		Anxiety	-.38399	.64871	.997	-2.3267	1.5587
		Asperger's	.02871	.51341	1.000	-1.5088	1.5662
		Eating Disorder	.08824	.80059	1.000	-2.3093	2.4857
		Schizophrenia/Psychosis	.46324	.67470	.993	-1.5573	2.4837
		Other	.36324	.62714	.997	-1.5149	2.2413
	Asperger's	Depression/Mood/Bi-polar	-.06915	.39286	1.000	-1.2456	1.1073

		Anxiety	-.41270	.62696	.995	-2.2902	1.4648
		ADD	-.02871	.51341	1.000	-1.5662	1.5088
		Eating Disorder	.05952	.78307	1.000	-2.2855	2.4046
		Schizophrenia/Psychosis	.43452	.65381	.994	-1.5234	2.3925
		Other	.33452	.60461	.998	-1.4761	2.1452
	Eating Disorder	Depression/Mood/Bi-polar	-.12868	.72917	1.000	-2.3123	2.0550
		Anxiety	-.47222	.87774	.998	-3.1008	2.1563
		ADD	-.08824	.80059	1.000	-2.4857	2.3093
		Asperger's	-.05952	.78307	1.000	-2.4046	2.2855
		Schizophrenia/Psychosis	.37500	.89712	1.000	-2.3116	3.0616
		Other	.27500	.86192	1.000	-2.3062	2.8562
	Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.50368	.58819	.978	-2.2651	1.2578
		Anxiety	-.84722	.76466	.925	-3.1371	1.4427
		ADD	-.46324	.67470	.993	-2.4837	1.5573
		Asperger's	-.43452	.65381	.994	-2.3925	1.5234
		Eating Disorder	-.37500	.89712	1.000	-3.0616	2.3116
		Other	-.10000	.74645	1.000	-2.3354	2.1354
	Other	Depression/Mood/Bi-polar	-.40368	.53297	.988	-1.9997	1.1924
		Anxiety	-.74722	.72304	.945	-2.9125	1.4181
		ADD	-.36324	.62714	.997	-2.2413	1.5149
		Asperger's	-.33452	.60461	.998	-2.1452	1.4761
		Eating Disorder	-.27500	.86192	1.000	-2.8562	2.3062
		Schizophrenia/Psychosis	.10000	.74645	1.000	-2.1354	2.3354
OccT4ProjB	Depression/Mood/Bi-polar	Anxiety	-.12991	.52095	1.000	-1.6906	1.4307
		ADD	-.69936	.39012	.555	-1.8681	.4694
		Asperger's	.75897	.36765	.380	-.3424	1.8604
		Eating Disorder	.09231	.67977	1.000	-1.9441	2.1288

	Schizophrenia/Psychosis	.98516	.58266	.623	-.7604	2.7307
	Other	.61731	.49754	.877	-.8732	2.1078
Anxiety	Depression/Mood/Bi-polar	.12991	.52095	1.000	-1.4307	1.6906
	ADD	-.56944	.59797	.963	-2.3608	1.2219
	Asperger's	.88889	.58356	.730	-.8593	2.6371
	Eating Disorder	.22222	.81698	1.000	-2.2253	2.6697
	Schizophrenia/Psychosis	1.11508	.73815	.738	-1.0963	3.3264
	Other	.74722	.67299	.924	-1.2689	2.7634
ADD	Depression/Mood/Bi-polar	.69936	.39012	.555	-.4694	1.8681
	Anxiety	.56944	.59797	.963	-1.2219	2.3608
	Asperger's	1.45833*	.47048	.037	.0489	2.8678
	Eating Disorder	.79167	.74045	.936	-1.4266	3.0099
	Schizophrenia/Psychosis	1.68452	.65244	.140	-.2700	3.6391
	Other	1.31667	.57769	.262	-.4140	3.0473
Asperger's	Depression/Mood/Bi-polar	-.75897	.36765	.380	-1.8604	.3424
	Anxiety	-.88889	.58356	.730	-2.6371	.8593
	ADD	-1.45833*	.47048	.037	-2.8678	-.0489
	Eating Disorder	-.66667	.72887	.970	-2.8502	1.5169
	Schizophrenia/Psychosis	.22619	.63926	1.000	-1.6889	2.1413
	Other	-.14167	.56276	1.000	-1.8276	1.5442
Eating Disorder	Depression/Mood/Bi-polar	-.09231	.67977	1.000	-2.1288	1.9441
	Anxiety	-.22222	.81698	1.000	-2.6697	2.2253
	ADD	-.79167	.74045	.936	-3.0099	1.4266
	Asperger's	.66667	.72887	.970	-1.5169	2.8502
	Schizophrenia/Psychosis	.89286	.85765	.943	-1.6765	3.4622
	Other	.52500	.80226	.995	-1.8784	2.9284
Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.98516	.58266	.623	-2.7307	.7604

		Anxiety	-1.11508	.73815	.738	-3.3264	1.0963
		ADD	-1.68452	.65244	.140	-3.6391	.2700
		Asperger's	-.22619	.63926	1.000	-2.1413	1.6889
		Eating Disorder	-.89286	.85765	.943	-3.4622	1.6765
		Other	-.36786	.72182	.999	-2.5303	1.7946
	Other	Depression/Mood/Bi-polar	-.61731	.49754	.877	-2.1078	.8732
		Anxiety	-.74722	.67299	.924	-2.7634	1.2689
		ADD	-1.31667	.57769	.262	-3.0473	.4140
		Asperger's	.14167	.56276	1.000	-1.5442	1.8276
		Eating Disorder	-.52500	.80226	.995	-2.9284	1.8784
		Schizophrenia/Psychosis	.36786	.72182	.999	-1.7946	2.5303
OccT5Work	Depression/Mood/Bi-polar	Anxiety	.49158	.50531	.959	-1.0222	2.0054
		ADD	-.60101	.37814	.689	-1.7338	.5318
		Asperger's	-.51371	.35629	.778	-1.5811	.5537
		Eating Disorder	.23232	.65962	1.000	-1.7438	2.2084
		Schizophrenia/Psychosis	.06566	.60638	1.000	-1.7509	1.8822
		Other	.09899	.48257	1.000	-1.3467	1.5447
	Anxiety	Depression/Mood/Bi-polar	-.49158	.50531	.959	-2.0054	1.0222
		ADD	-1.09259	.58056	.496	-2.8318	.6466
		Asperger's	-1.00529	.56657	.568	-2.7026	.6920
		Eating Disorder	-.25926	.79320	1.000	-2.6355	2.1170
		Schizophrenia/Psychosis	-.42593	.74950	.998	-2.6713	1.8194
		Other	-.39259	.65340	.997	-2.3500	1.5648
	ADD	Depression/Mood/Bi-polar	.60101	.37814	.689	-.5318	1.7338
		Anxiety	1.09259	.58056	.496	-.6466	2.8318
		Asperger's	.08730	.45678	1.000	-1.2811	1.4557
		Eating Disorder	.83333	.71890	.908	-1.3203	2.9870

		Schizophrenia/Psychosis	.66667	.67038	.954	-1.3416	2.6750
		Other	.70000	.56088	.874	-.9803	2.3803
	Asperger's	Depression/Mood/Bi-polar	.51371	.35629	.778	-.5537	1.5811
		Anxiety	1.00529	.56657	.568	-.6920	2.7026
		ADD	-.08730	.45678	1.000	-1.4557	1.2811
		Eating Disorder	.74603	.70765	.940	-1.3739	2.8660
		Schizophrenia/Psychosis	.57937	.65830	.975	-1.3927	2.5515
		Other	.61270	.54638	.920	-1.0241	2.2495
	Eating Disorder	Depression/Mood/Bi-polar	-.23232	.65962	1.000	-2.2084	1.7438
		Anxiety	.25926	.79320	1.000	-2.1170	2.6355
		ADD	-.83333	.71890	.908	-2.9870	1.3203
		Asperger's	-.74603	.70765	.940	-2.8660	1.3739
		Schizophrenia/Psychosis	-.16667	.86111	1.000	-2.7464	2.4130
		Other	-.13333	.77891	1.000	-2.4668	2.2001
	Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.06566	.60638	1.000	-1.8822	1.7509
		Anxiety	.42593	.74950	.998	-1.8194	2.6713
		ADD	-.66667	.67038	.954	-2.6750	1.3416
		Asperger's	-.57937	.65830	.975	-2.5515	1.3927
		Eating Disorder	.16667	.86111	1.000	-2.4130	2.7464
		Other	.03333	.73436	1.000	-2.1666	2.2333
	Other	Depression/Mood/Bi-polar	-.09899	.48257	1.000	-1.5447	1.3467
		Anxiety	.39259	.65340	.997	-1.5648	2.3500
		ADD	-.70000	.56088	.874	-2.3803	.9803
		Asperger's	-.61270	.54638	.920	-2.2495	1.0241
		Eating Disorder	.13333	.77891	1.000	-2.2001	2.4668
		Schizophrenia/Psychosis	-.03333	.73436	1.000	-2.2333	2.1666
OccT6LecC	Depression/Mood/Bi-polar	Anxiety	-.21242	.56501	1.000	-1.9042	1.4794

	ADD	.06536	.42222	1.000	-1.1989	1.3296
	Asperger's	.72409	.39766	.537	-.4666	1.9148
	Eating Disorder	-.42353	.73808	.997	-2.6336	1.7865
	Schizophrenia/Psychosis	.61397	.59538	.946	-1.1688	2.3967
	Other	.67647	.53948	.871	-.9389	2.2919
Anxiety	Depression/Mood/Bi-polar	.21242	.56501	1.000	-1.4794	1.9042
	ADD	.27778	.65029	1.000	-1.6694	2.2250
	Asperger's	.93651	.63462	.759	-.9637	2.8368
	Eating Disorder	-.21111	.88847	1.000	-2.8715	2.4492
	Schizophrenia/Psychosis	.82639	.77400	.936	-1.4912	3.1440
	Other	.88889	.73188	.887	-1.3026	3.0804
ADD	Depression/Mood/Bi-polar	-.06536	.42222	1.000	-1.3296	1.1989
	Anxiety	-.27778	.65029	1.000	-2.2250	1.6694
	Asperger's	.65873	.51165	.857	-.8733	2.1908
	Eating Disorder	-.48889	.80524	.996	-2.9000	1.9223
	Schizophrenia/Psychosis	.54861	.67684	.984	-1.4781	2.5753
	Other	.61111	.62824	.959	-1.2700	2.4923
Asperger's	Depression/Mood/Bi-polar	-.72409	.39766	.537	-1.9148	.4666
	Anxiety	-.93651	.63462	.759	-2.8368	.9637
	ADD	-.65873	.51165	.857	-2.1908	.8733
	Eating Disorder	-1.14762	.79264	.775	-3.5210	1.2258
	Schizophrenia/Psychosis	-.11012	.66180	1.000	-2.0918	1.8715
	Other	-.04762	.61200	1.000	-1.8802	1.7849
Eating Disorder	Depression/Mood/Bi-polar	.42353	.73808	.997	-1.7865	2.6336
	Anxiety	.21111	.88847	1.000	-2.4492	2.8715

		ADD	.48889	.80524	.996	-1.9223	2.9000
		Asperger's	1.14762	.79264	.775	-1.2258	3.5210
		Schizophrenia/Psychosis	1.03750	.90808	.914	-1.6816	3.7566
		Other	1.10000	.87246	.868	-1.5124	3.7124
	Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.61397	.59538	.946	-2.3967	1.1688
		Anxiety	-.82639	.77400	.936	-3.1440	1.4912
		ADD	-.54861	.67684	.984	-2.5753	1.4781
		Asperger's	.11012	.66180	1.000	-1.8715	2.0918
		Eating Disorder	-1.03750	.90808	.914	-3.7566	1.6816
		Other	.06250	.75557	1.000	-2.1999	2.3249
	Other	Depression/Mood/Bi-polar	-.67647	.53948	.871	-2.2919	.9389
		Anxiety	-.88889	.73188	.887	-3.0804	1.3026
		ADD	-.61111	.62824	.959	-2.4923	1.2700
		Asperger's	.04762	.61200	1.000	-1.7849	1.8802
		Eating Disorder	-1.10000	.87246	.868	-3.7124	1.5124
		Schizophrenia/Psychosis	-.06250	.75557	1.000	-2.3249	2.1999

*. The mean difference is significant at the 0.05 level.

Undergrads Only

ANOVA[a]

		Sum of Squares	df	Mean Square	F	Sig.
OccT1LecA	Between Groups	26.092	6	4.349	2.608	.021
	Within Groups	200.087	120	1.667		

	Total	226.179	126			
OccT2ProjA	Between Groups	23.434	6	3.906	2.111	.057
	Within Groups	221.968	120	1.850		
	Total	245.402	126			
OccT3LecB	Between Groups	6.430	6	1.072	.451	.843
	Within Groups	285.386	120	2.378		
	Total	291.816	126			
OccT4ProjB	Between Groups	26.889	6	4.481	2.093	.059
	Within Groups	256.979	120	2.141		
	Total	283.867	126			
OccT5Work	Between Groups	17.192	6	2.865	1.446	.203
	Within Groups	237.863	120	1.982		
	Total	255.055	126			
OccT6LecC	Between Groups	20.547	6	3.424	1.390	.224
	Within Groups	295.701	120	2.464		
	Total	316.248	126			

a. Study Groups = Study Undergrad

Multiple Comparisons[a]

Tukey HSD

Dependent Variable	(I) DiagGroup3	(J) DiagGroup3	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
OccT1LecA	Depression/Mood/Bi-polar	Anxiety	.17758	.48466	1.000	-1.2759	1.6310
		ADD	-.25257	.35291	.991	-1.3109	.8058
		Asperger's	.97911	.33797	.066	-.0344	1.9927
		Eating Disorder	.29841	.59995	.999	-1.5008	2.0977

	Schizophrenia/Psychosis	1.39286	.55169	.160	-.2617	3.0474
	Other	.21693	.46014	.999	-1.1630	1.5969
Anxiety	Depression/Mood/Bi-polar	-.17758	.48466	1.000	-1.6310	1.2759
	ADD	-.43015	.55363	.987	-2.0905	1.2302
	Asperger's	.80154	.54423	.760	-.8306	2.4337
	Eating Disorder	.12083	.73614	1.000	-2.0868	2.3285
	Schizophrenia/Psychosis	1.21528	.69737	.589	-.8761	3.3067
	Other	.03935	.62745	1.000	-1.8423	1.9210
ADD	Depression/Mood/Bi-polar	.25257	.35291	.991	-.8058	1.3109
	Anxiety	.43015	.55363	.987	-1.2302	2.0905
	Asperger's	1.23168	.43109	.073	-.0611	2.5245
	Eating Disorder	.55098	.65693	.980	-1.4191	2.5211
	Schizophrenia/Psychosis	1.64542	.61317	.111	-.1935	3.4843
	Other	.46950	.53230	.975	-1.1269	2.0659
Asperger's	Depression/Mood/Bi-polar	-.97911	.33797	.066	-1.9927	.0344
	Anxiety	-.80154	.54423	.760	-2.4337	.8306
	ADD	-1.23168	.43109	.073	-2.5245	.0611
	Eating Disorder	-.68070	.64903	.941	-2.6271	1.2657
	Schizophrenia/Psychosis	.41374	.60470	.993	-1.3997	2.2272
	Other	-.76218	.52252	.768	-2.3292	.8048
Eating Disorder	Depression/Mood/Bi-polar	-.29841	.59995	.999	-2.0977	1.5008
	Anxiety	-.12083	.73614	1.000	-2.3285	2.0868
	ADD	-.55098	.65693	.980	-2.5211	1.4191
	Asperger's	.68070	.64903	.941	-1.2657	2.6271
	Schizophrenia/Psychosis	1.09444	.78191	.801	-1.2505	3.4394

		Other	-.08148	.72024	1.000	-2.2415	2.0785
	Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-1.39286	.55169	.160	-3.0474	.2617
		Anxiety	-1.21528	.69737	.589	-3.3067	.8761
		ADD	-1.64542	.61317	.111	-3.4843	.1935
		Asperger's	-.41374	.60470	.993	-2.2272	1.3997
		Eating Disorder	-1.09444	.78191	.801	-3.4394	1.2505
		Other	-1.17593	.68056	.599	-3.2169	.8651
	Other	Depression/Mood/Bi-polar	-.21693	.46014	.999	-1.5969	1.1630
		Anxiety	-.03935	.62745	1.000	-1.9210	1.8423
		ADD	-.46950	.53230	.975	-2.0659	1.1269
		Asperger's	.76218	.52252	.768	-.8048	2.3292
		Eating Disorder	.08148	.72024	1.000	-2.0785	2.2415
		Schizophrenia/Psychosis	1.17593	.68056	.599	-.8651	3.2169
OccT2ProjA	Depression/Mood/Bi-polar	Anxiety	-.18571	.51047	1.000	-1.7166	1.3452
		ADD	-.72101	.37171	.459	-1.8358	.3937
		Asperger's	.25113	.35597	.992	-.8164	1.3187
		Eating Disorder	-.24571	.63191	1.000	-2.1408	1.6494
		Schizophrenia/Psychosis	.88095	.58108	.735	-.8617	2.6236
		Other	.95873	.48465	.434	-.4947	2.4122
	Anxiety	Depression/Mood/Bi-polar	.18571	.51047	1.000	-1.3452	1.7166
		ADD	-.53529	.58312	.969	-2.2840	1.2135
		Asperger's	.43684	.57321	.988	-1.2822	2.1559
		Eating Disorder	-.06000	.77535	1.000	-2.3852	2.2652
		Schizophrenia/Psychosis	1.06667	.73451	.772	-1.1361	3.2694
		Other	1.14444	.66086	.596	-.8375	3.1264
	ADD	Depression/Mood/Bi-polar	.72101	.37171	.459	-.3937	1.8358

	Anxiety	.53529	.58312	.969	-1.2135	2.2840
	Asperger's	.97214	.45405	.336	-.3895	2.3338
	Eating Disorder	.47529	.69192	.993	-1.5998	2.5503
	Schizophrenia/Psychosis	1.60196	.64583	.176	-.3349	3.5388
	Other	1.67974	.56065	.050	-.0016	3.3611
Asperger's	Depression/Mood/Bi-polar	-.25113	.35597	.992	-1.3187	.8164
	Anxiety	-.43684	.57321	.988	-2.1559	1.2822
	ADD	-.97214	.45405	.336	-2.3338	.3895
	Eating Disorder	-.49684	.68359	.991	-2.5469	1.5532
	Schizophrenia/Psychosis	.62982	.63690	.956	-1.2802	2.5399
	Other	.70760	.55035	.857	-.9429	2.3581
Eating Disorder	Depression/Mood/Bi-polar	.24571	.63191	1.000	-1.6494	2.1408
	Anxiety	.06000	.77535	1.000	-2.2652	2.3852
	ADD	-.47529	.69192	.993	-2.5503	1.5998
	Asperger's	.49684	.68359	.991	-1.5532	2.5469
	Schizophrenia/Psychosis	1.12667	.82355	.818	-1.3431	3.5965
	Other	1.20444	.75860	.690	-1.0706	3.4795
Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.88095	.58108	.735	-2.6236	.8617
	Anxiety	-1.06667	.73451	.772	-3.2694	1.1361
	ADD	-1.60196	.64583	.176	-3.5388	.3349
	Asperger's	-.62982	.63690	.956	-2.5399	1.2802
	Eating Disorder	-1.12667	.82355	.818	-3.5965	1.3431
	Other	.07778	.71681	1.000	-2.0719	2.2275
Other	Depression/Mood/Bi-polar	-.95873	.48465	.434	-2.4122	.4947
	Anxiety	-1.14444	.66086	.596	-3.1264	.8375
	ADD	-1.67974	.56065	.050	-3.3611	.0016
	Asperger's	-.70760	.55035	.857	-2.3581	.9429

		Eating Disorder	-1.20444	.75860	.690	-3.4795	1.0706
		Schizophrenia/Psychosis	-.07778	.71681	1.000	-2.2275	2.0719
OccT3LecB	Depression/Mood/Bi-polar	Anxiety	-.11756	.57882	1.000	-1.8534	1.6183
		ADD	.13796	.42148	1.000	-1.1260	1.4020
		Asperger's	.30514	.40363	.989	-.9053	1.5156
		Eating Disorder	.22619	.71651	1.000	-1.9226	2.3750
		Schizophrenia/Psychosis	.89286	.65888	.824	-1.0831	2.8688
		Other	.42063	.54954	.988	-1.2274	2.0687
	Anxiety	Depression/Mood/Bi-polar	.11756	.57882	1.000	-1.6183	1.8534
		ADD	.25551	.66119	1.000	-1.7274	2.2384
		Asperger's	.42270	.64996	.995	-1.5265	2.3719
		Eating Disorder	.34375	.87916	1.000	-2.2928	2.9803
		Schizophrenia/Psychosis	1.01042	.83285	.888	-1.4873	3.5081
		Other	.53819	.74935	.991	-1.7091	2.7855
	ADD	Depression/Mood/Bi-polar	-.13796	.42148	1.000	-1.4020	1.1260
		Anxiety	-.25551	.66119	1.000	-2.2384	1.7274
		Asperger's	.16718	.51484	1.000	-1.3768	1.7112
		Eating Disorder	.08824	.78456	1.000	-2.2646	2.4411
		Schizophrenia/Psychosis	.75490	.73230	.946	-1.4412	2.9511
		Other	.28268	.63572	.999	-1.6238	2.1892
	Asperger's	Depression/Mood/Bi-polar	-.30514	.40363	.989	-1.5156	.9053
		Anxiety	-.42270	.64996	.995	-2.3719	1.5265
		ADD	-.16718	.51484	1.000	-1.7112	1.3768
		Eating Disorder	-.07895	.77512	1.000	-2.4035	2.2456
		Schizophrenia/Psychosis	.58772	.72218	.983	-1.5781	2.7535
		Other	.11550	.62403	1.000	-1.7560	1.9869
	Eating Disorder	Depression/Mood/Bi-polar	-.22619	.71651	1.000	-2.3750	1.9226

		Anxiety	-.34375	.87916	1.000	-2.9803	2.2928
		ADD	-.08824	.78456	1.000	-2.4411	2.2646
		Asperger's	.07895	.77512	1.000	-2.2456	2.4035
		Schizophrenia/Psychosis	.66667	.93382	.992	-2.1338	3.4672
		Other	.19444	.86017	1.000	-2.3852	2.7741
	Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.89286	.65888	.824	-2.8688	1.0831
		Anxiety	-1.01042	.83285	.888	-3.5081	1.4873
		ADD	-.75490	.73230	.946	-2.9511	1.4412
		Asperger's	-.58772	.72218	.983	-2.7535	1.5781
		Eating Disorder	-.66667	.93382	.992	-3.4672	2.1338
		Other	-.47222	.81278	.997	-2.9097	1.9653
	Other	Depression/Mood/Bi-polar	-.42063	.54954	.988	-2.0687	1.2274
		Anxiety	-.53819	.74935	.991	-2.7855	1.7091
		ADD	-.28268	.63572	.999	-2.1892	1.6238
		Asperger's	-.11550	.62403	1.000	-1.9869	1.7560
		Eating Disorder	-.19444	.86017	1.000	-2.7741	2.3852
		Schizophrenia/Psychosis	.47222	.81278	.997	-1.9653	2.9097
OccT4ProjB	Depression/Mood/Bi-polar	Anxiety	-.05208	.54925	1.000	-1.6993	1.5951
		ADD	-.52451	.39995	.845	-1.7240	.6749
		Asperger's	.91667	.38302	.211	-.2320	2.0653
		Eating Disorder	.16667	.67992	1.000	-1.8724	2.2057
		Schizophrenia/Psychosis	1.04167	.62523	.640	-.8334	2.9167
		Other	.55556	.52147	.937	-1.0083	2.1194
	Anxiety	Depression/Mood/Bi-polar	.05208	.54925	1.000	-1.5951	1.6993
		ADD	-.47243	.62742	.989	-2.3540	1.4092
		Asperger's	.96875	.61676	.701	-.8809	2.8184
		Eating Disorder	.21875	.83426	1.000	-2.2832	2.7207

	Schizophrenia/Psychosis	1.09375	.79032	.809	-1.2764	3.4639
	Other	.60764	.71108	.978	-1.5249	2.7401
ADD	Depression/Mood/Bi-polar	.52451	.39995	.845	-.6749	1.7240
	Anxiety	.47243	.62742	.989	-1.4092	2.3540
	Asperger's	1.44118	.48855	.057	-.0240	2.9063
	Eating Disorder	.69118	.74449	.967	-1.5415	2.9239
	Schizophrenia/Psychosis	1.56618	.69490	.275	-.5178	3.6502
	Other	1.08007	.60325	.557	-.7291	2.8892
Asperger's	Depression/Mood/Bi-polar	-.91667	.38302	.211	-2.0653	.2320
	Anxiety	-.96875	.61676	.701	-2.8184	.8809
	ADD	-1.44118	.48855	.057	-2.9063	.0240
	Eating Disorder	-.75000	.73553	.949	-2.9558	1.4558
	Schizophrenia/Psychosis	.12500	.68529	1.000	-1.9302	2.1802
	Other	-.36111	.59216	.996	-2.1370	1.4148
Eating Disorder	Depression/Mood/Bi-polar	-.16667	.67992	1.000	-2.2057	1.8724
	Anxiety	-.21875	.83426	1.000	-2.7207	2.2832
	ADD	-.69118	.74449	.967	-2.9239	1.5415
	Asperger's	.75000	.73553	.949	-1.4558	2.9558
	Schizophrenia/Psychosis	.87500	.88612	.956	-1.7825	3.5325
	Other	.38889	.81624	.999	-2.0590	2.8368
Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-1.04167	.62523	.640	-2.9167	.8334
	Anxiety	-1.09375	.79032	.809	-3.4639	1.2764
	ADD	-1.56618	.69490	.275	-3.6502	.5178
	Asperger's	-.12500	.68529	1.000	-2.1802	1.9302
	Eating Disorder	-.87500	.88612	.956	-3.5325	1.7825
	Other	-.48611	.77127	.996	-2.7991	1.8269
Other	Depression/Mood/Bi-polar	-.55556	.52147	.937	-2.1194	1.0083

		Anxiety	-.60764	.71108	.978	-2.7401	1.5249
		ADD	-1.08007	.60325	.557	-2.8892	.7291
		Asperger's	.36111	.59216	.996	-1.4148	2.1370
		Eating Disorder	-.38889	.81624	.999	-2.8368	2.0590
		Schizophrenia/Psychosis	.48611	.77127	.996	-1.8269	2.7991
OccT5Work	Depression/Mood/Bi-polar	Anxiety	.76852	.52843	.771	-.8162	2.3533
		ADD	-.65795	.38479	.611	-1.8119	.4960
		Asperger's	-.60429	.36850	.657	-1.7094	.5008
		Eating Disorder	.18519	.65414	1.000	-1.7766	2.1469
		Schizophrenia/Psychosis	.01852	.60152	1.000	-1.7854	1.8225
		Other	-.07407	.50170	1.000	-1.5787	1.4305
	Anxiety	Depression/Mood/Bi-polar	-.76852	.52843	.771	-2.3533	.8162
		ADD	-1.42647	.60363	.224	-3.2367	.3838
		Asperger's	-1.37281	.59338	.246	-3.1523	.4067
		Eating Disorder	-.58333	.80263	.991	-2.9904	1.8237
		Schizophrenia/Psychosis	-.75000	.76035	.956	-3.0303	1.5303
		Other	-.84259	.68412	.880	-2.8942	1.2091
	ADD	Depression/Mood/Bi-polar	.65795	.38479	.611	-.4960	1.8119
		Anxiety	1.42647	.60363	.224	-.3838	3.2367
		Asperger's	.05366	.47003	1.000	-1.3559	1.4633
		Eating Disorder	.84314	.71627	.901	-1.3049	2.9912
		Schizophrenia/Psychosis	.67647	.66855	.950	-1.3285	2.6814
		Other	.58388	.58038	.952	-1.1567	2.3244
	Asperger's	Depression/Mood/Bi-polar	.60429	.36850	.657	-.5008	1.7094
		Anxiety	1.37281	.59338	.246	-.4067	3.1523
		ADD	-.05366	.47003	1.000	-1.4633	1.3559
		Eating Disorder	.78947	.70765	.922	-1.3327	2.9117

		Schizophrenia/Psychosis	.62281	.65931	.964	-1.3544	2.6001
		Other	.53021	.56971	.967	-1.1783	2.2388
	Eating Disorder	Depression/Mood/Bi-polar	-.18519	.65414	1.000	-2.1469	1.7766
		Anxiety	.58333	.80263	.991	-1.8237	2.9904
		ADD	-.84314	.71627	.901	-2.9912	1.3049
		Asperger's	-.78947	.70765	.922	-2.9117	1.3327
		Schizophrenia/Psychosis	-.16667	.85253	1.000	-2.7234	2.3900
		Other	-.25926	.78529	1.000	-2.6143	2.0958
	Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-.01852	.60152	1.000	-1.8225	1.7854
		Anxiety	.75000	.76035	.956	-1.5303	3.0303
		ADD	-.67647	.66855	.950	-2.6814	1.3285
		Asperger's	-.62281	.65931	.964	-2.6001	1.3544
		Eating Disorder	.16667	.85253	1.000	-2.3900	2.7234
		Other	-.09259	.74203	1.000	-2.3179	2.1327
	Other	Depression/Mood/Bi-polar	.07407	.50170	1.000	-1.4305	1.5787
		Anxiety	.84259	.68412	.880	-1.2091	2.8942
		ADD	-.58388	.58038	.952	-2.3244	1.1567
		Asperger's	-.53021	.56971	.967	-2.2388	1.1783
		Eating Disorder	.25926	.78529	1.000	-2.0958	2.6143
		Schizophrenia/Psychosis	.09259	.74203	1.000	-2.1327	2.3179
OccT6LecC	Depression/Mood/Bi-polar	Anxiety	-.12897	.58918	1.000	-1.8959	1.6380
		ADD	.30486	.42903	.992	-.9818	1.5915
		Asperger's	.90393	.41086	.303	-.3282	2.1361
		Eating Disorder	-.35397	.72935	.999	-2.5413	1.8333
		Schizophrenia/Psychosis	1.07937	.67068	.677	-.9320	3.0907
		Other	.63492	.55938	.916	-1.0427	2.3125
	Anxiety	Depression/Mood/Bi-polar	.12897	.58918	1.000	-1.6380	1.8959

	ADD	.43382	.67303	.995	-1.5846	2.4522
	Asperger's	1.03289	.66160	.707	-.9512	3.0170
	Eating Disorder	-.22500	.89491	1.000	-2.9088	2.4588
	Schizophrenia/Psychosis	1.20833	.84777	.787	-1.3341	3.7508
	Other	.76389	.76277	.953	-1.5236	3.0514
ADD	Depression/Mood/Bi-polar	-.30486	.42903	.992	-1.5915	.9818
	Anxiety	-.43382	.67303	.995	-2.4522	1.5846
	Asperger's	.59907	.52407	.913	-.9726	2.1707
	Eating Disorder	-.65882	.79862	.982	-3.0538	1.7362
	Schizophrenia/Psychosis	.77451	.74542	.944	-1.4610	3.0100
	Other	.33007	.64711	.999	-1.6106	2.2707
Asperger's	Depression/Mood/Bi-polar	-.90393	.41086	.303	-2.1361	.3282
	Anxiety	-1.03289	.66160	.707	-3.0170	.9512
	ADD	-.59907	.52407	.913	-2.1707	.9726
	Eating Disorder	-1.25789	.78900	.686	-3.6241	1.1083
	Schizophrenia/Psychosis	.17544	.73511	1.000	-2.0291	2.3800
	Other	-.26901	.63521	1.000	-2.1740	1.6360
Eating Disorder	Depression/Mood/Bi-polar	.35397	.72935	.999	-1.8333	2.5413
	Anxiety	.22500	.89491	1.000	-2.4588	2.9088
	ADD	.65882	.79862	.982	-1.7362	3.0538
	Asperger's	1.25789	.78900	.686	-1.1083	3.6241
	Schizophrenia/Psychosis	1.43333	.95054	.740	-1.4173	4.2840
	Other	.98889	.87558	.918	-1.6369	3.6147
Schizophrenia/Psychosis	Depression/Mood/Bi-polar	-1.07937	.67068	.677	-3.0907	.9320
	Anxiety	-1.20833	.84777	.787	-3.7508	1.3341

		ADD	-.77451	.74542	.944	-3.0100	1.4610
		Asperger's	-.17544	.73511	1.000	-2.3800	2.0291
		Eating Disorder	-1.43333	.95054	.740	-4.2840	1.4173
		Other	-.44444	.82734	.998	-2.9256	2.0367
	Other	Depression/Mood/Bi-polar	-.63492	.55938	.916	-2.3125	1.0427
		Anxiety	-.76389	.76277	.953	-3.0514	1.5236
		ADD	-.33007	.64711	.999	-2.2707	1.6106
		Asperger's	.26901	.63521	1.000	-1.6360	2.1740
		Eating Disorder	-.98889	.87558	.918	-3.6147	1.6369
		Schizophrenia/Psychosis	.44444	.82734	.998	-2.0367	2.9256

a. Study Groups = Study Undergrad

Person Scales AGE

Post and Undergraduates

Descriptives

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
PerT1ECA	1.00	72	4.0139	1.34145	.15809	3.6987	4.3291	1.00	6.00
	2.00	39	4.4103	1.17780	.18860	4.0285	4.7921	1.33	6.00
	3.00	15	3.9556	1.57039	.40547	3.0859	4.8252	1.00	6.00
	4.00	10	4.1000	1.30809	.41366	3.1642	5.0358	2.00	5.83
	Total	136	4.1275	1.31910	.11311	3.9038	4.3512	1.00	6.00
PerT2Exams	1.00	72	3.2315	1.38615	.16336	2.9058	3.5572	1.00	6.00
	2.00	39	3.6325	1.55041	.24826	3.1299	4.1351	1.00	6.00
	3.00	14	3.2500	1.55628	.41593	2.3514	4.1486	1.00	6.00
	4.00	7	3.3571	1.57946	.59698	1.8964	4.8179	1.50	5.67
	Total	132	3.3586	1.45799	.12690	3.1075	3.6096	1.00	6.00
PerT3Study	1.00	72	4.2604	1.47839	.17423	3.9130	4.6078	1.00	6.00
	2.00	40	4.6938	1.29284	.20442	4.2803	5.1072	1.00	6.00
	3.00	14	4.3929	1.32184	.35328	3.6297	5.1561	2.00	6.00
	4.00	9	4.8611	.95288	.31763	4.1287	5.5936	3.50	6.00
	Total	135	4.4426	1.38453	.11916	4.2069	4.6783	1.00	6.00
PerT4Projects	1.00	72	2.8160	1.39162	.16400	2.4890	3.1430	1.00	5.50
	2.00	38	2.5987	1.35260	.21942	2.1541	3.0433	1.00	6.00

	3.00	14	2.2679	.82313	.21999	1.7926	2.7431	1.00	3.75
	4.00	7	3.6071	.87627	.33120	2.7967	4.4176	2.75	5.00
	Total	131	2.7366	1.32481	.11575	2.5076	2.9656	1.00	6.00
PerT5Libr	1.00	72	2.1667	1.36609	.16100	1.8457	2.4877	1.00	6.00
	2.00	40	2.0750	1.36132	.21524	1.6396	2.5104	1.00	5.50
	3.00	15	2.0333	1.34253	.34664	1.2899	2.7768	1.00	6.00
	4.00	10	2.7000	1.78263	.56372	1.4248	3.9752	1.00	5.50
	Total	137	2.1642	1.38812	.11859	1.9297	2.3988	1.00	6.00
PerT6ECB	1.00	72	2.9236	1.58261	.18651	2.5517	3.2955	1.00	6.00
	2.00	38	2.8553	1.54180	.25011	2.3485	3.3620	1.00	6.00
	3.00	16	2.7813	1.29059	.32265	2.0935	3.4690	1.00	4.50
	4.00	9	3.5556	1.48838	.49613	2.4115	4.6996	1.00	6.00
	Total	135	2.9296	1.52732	.13145	2.6696	3.1896	1.00	6.00
PerT7LS	1.00	72	3.2361	1.52207	.17938	2.8784	3.5938	1.00	6.00
	2.00	39	3.9487	1.42716	.22853	3.4861	4.4113	1.00	6.00
	3.00	16	3.9375	1.64190	.41047	3.0626	4.8124	1.00	6.00
	4.00	10	3.8000	1.68655	.53333	2.5935	5.0065	1.50	6.00
	Total	137	3.5620	1.54402	.13191	3.3012	3.8229	1.00	6.00
PerT8Lect	1.00	72	3.5764	1.47910	.17431	3.2288	3.9240	1.00	6.00
	2.00	40	3.1500	1.37840	.21794	2.7092	3.5908	1.00	6.00
	3.00	15	2.8000	1.17716	.30394	2.1481	3.4519	1.00	6.00
	4.00	9	3.3333	1.36931	.45644	2.2808	4.3859	1.00	5.50
	Total	136	3.3493	1.42377	.12209	3.1078	3.5907	1.00	6.00

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
PerT1ECA	Between Groups	4.498	3	1.499	.859	.464
	Within Groups	230.403	132	1.745		
	Total	234.902	135			
PerT2Exams	Between Groups	4.254	3	1.418	.662	.577
	Within Groups	274.217	128	2.142		
	Total	278.471	131			
PerT3Study	Between Groups	6.524	3	2.175	1.138	.336
	Within Groups	250.344	131	1.911		
	Total	256.868	134			
PerT4Projects	Between Groups	9.557	3	3.186	1.851	.141
	Within Groups	218.607	127	1.721		
	Total	228.164	130			
PerT5Libr	Between Groups	3.446	3	1.149	.591	.622
	Within Groups	258.608	133	1.944		
	Total	262.055	136			
PerT6ECB	Between Groups	4.091	3	1.364	.579	.630
	Within Groups	308.490	131	2.355		
	Total	312.581	134			
PerT7LS	Between Groups	16.302	3	5.434	2.347	.076
	Within Groups	307.921	133	2.315		
	Total	324.223	136			
PerT8Lect	Between Groups	9.830	3	3.277	1.639	.183
	Within Groups	263.830	132	1.999		
	Total	273.660	135			

Environment Scales AGE

Undergraduate and Postgraduate

Descriptives

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
EnvT1SocA	1.00	72	2.9222	1.45411	.17137	2.5805	3.2639	1.00	6.00
	2.00	40	2.9750	1.42806	.22580	2.5183	3.4317	1.00	5.40
	3.00	15	2.1467	.67387	.17399	1.7735	2.5198	1.00	3.20
	4.00	10	2.9600	1.35908	.42978	1.9878	3.9322	1.00	5.40
	Total	137	2.8555	1.38580	.11840	2.6213	3.0896	1.00	6.00
EnvT2LSA	1.00	72	2.5083	1.19244	.14053	2.2281	2.7885	1.00	5.80
	2.00	40	2.6200	1.11383	.17611	2.2638	2.9762	1.00	5.40
	3.00	16	2.4000	1.09057	.27264	1.8189	2.9811	1.00	4.60
	4.00	10	2.6200	.82435	.26068	2.0303	3.2097	1.40	4.20
	Total	138	2.5362	1.12697	.09593	2.3465	2.7259	1.00	5.80
EnvT3Exams	1.00	72	2.0521	.98308	.11586	1.8211	2.2831	1.00	5.00
	2.00	39	1.9103	.92922	.14879	1.6090	2.2115	1.00	4.25
	3.00	14	2.0893	1.22713	.32796	1.3808	2.7978	1.00	5.25
	4.00	7	2.3214	.98652	.37287	1.4091	3.2338	1.00	3.75
	Total	132	2.0284	.98880	.08606	1.8582	2.1987	1.00	5.25
EnvT4LSB	1.00	72	1.6181	.95495	.11254	1.3937	1.8425	1.00	5.00
	2.00	40	2.1250	1.34331	.21240	1.6954	2.5546	1.00	5.50

	3.00	16	1.2813	.51539	.12885	1.0066	1.5559	1.00	2.50
	4.00	10	1.8000	1.41814	.44845	.7855	2.8145	1.00	5.00
	Total	138	1.7391	1.10608	.09416	1.5529	1.9253	1.00	5.50
EnvT5Lectures	1.00	72	2.2778	1.26960	.14962	1.9794	2.5761	1.00	6.00
	2.00	40	2.1625	1.20036	.18979	1.7786	2.5464	1.00	5.00
	3.00	14	2.5000	1.42775	.38158	1.6756	3.3244	1.00	6.00
	4.00	8	2.2500	1.38873	.49099	1.0890	3.4110	1.00	4.50
	Total	134	2.2649	1.26207	.10903	2.0493	2.4806	1.00	6.00
EnvT6SocB	1.00	72	2.2292	1.35558	.15976	1.9106	2.5477	1.00	6.00
	2.00	39	2.4615	1.44816	.23189	1.9921	2.9310	1.00	6.00
	3.00	15	1.9667	.74322	.19190	1.5551	2.3783	1.00	3.00
	4.00	9	2.2222	1.03414	.34471	1.4273	3.0171	1.00	3.50
	Total	135	2.2667	1.30841	.11261	2.0439	2.4894	1.00	6.00
EnvT7SocC	1.00	72	1.9167	1.41172	.16637	1.5849	2.2484	1.00	6.00
	2.00	40	1.5250	1.21924	.19278	1.1351	1.9149	1.00	6.00
	3.00	16	2.1250	1.50000	.37500	1.3257	2.9243	1.00	6.00
	4.00	9	1.8889	1.45297	.48432	.7720	3.0057	1.00	5.00
	Total	137	1.8248	1.37144	.11717	1.5931	2.0565	1.00	6.00

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
EnvT1SocA	Between Groups	8.538	3	2.846	1.498	.218
	Within Groups	252.641	133	1.900		

	Total	261.178	136			
EnvT2LSA	Between Groups	.704	3	.235	.181	.909
	Within Groups	173.295	134	1.293		
	Total	173.999	137			
EnvT3Exams	Between Groups	1.238	3	.413	.416	.742
	Within Groups	126.843	128	.991		
	Total	128.081	131			
EnvT4LSB	Between Groups	10.403	3	3.468	2.956	.035
	Within Groups	157.206	134	1.173		
	Total	167.609	137			
EnvT5Lectures	Between Groups	1.207	3	.402	.248	.862
	Within Groups	210.638	130	1.620		
	Total	211.845	133			
EnvT6SocB	Between Groups	2.950	3	.983	.569	.636
	Within Groups	226.450	131	1.729		
	Total	229.400	134			
EnvT7SocC	Between Groups	5.682	3	1.894	1.007	.392
	Within Groups	250.114	133	1.881		
	Total	255.796	136			

Multiple Comparisons

Tukey HSD

Dependent Variable	(I) AgeGroups	(J) AgeGroups	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
EnvT1SocA	1.00	2.00	-.05278	.27179	.997	-.7599	.6544
		3.00	.77556	.39118	.200	-.2422	1.7933

Occupation Scales AGE

Undergraduate and Postgraduate

Descriptives

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
OccT1LecA	1.00	72	3.9417	1.42550	.16800	3.6067	4.2766	1.00	6.00
	2.00	40	4.3350	1.40868	.22273	3.8845	4.7855	1.00	6.00
	3.00	15	4.3200	1.17059	.30225	3.6717	4.9683	1.60	5.60
	4.00	9	3.8889	1.53007	.51002	2.7128	5.0650	1.00	5.40
	Total	136	4.0956	1.40031	.12008	3.8581	4.3331	1.00	6.00
OccT2ProjA	1.00	72	3.2667	1.34479	.15848	2.9507	3.5827	1.00	5.80
	2.00	40	3.2150	1.61936	.25604	2.6971	3.7329	1.00	6.00
	3.00	15	3.0933	1.28922	.33288	2.3794	3.8073	1.00	5.40
	4.00	9	4.1111	1.46667	.48889	2.9837	5.2385	2.20	6.00
	Total	136	3.2882	1.43517	.12306	3.0449	3.5316	1.00	6.00
OccT3LecB	1.00	72	3.2847	1.63442	.19262	2.9007	3.6688	1.00	6.00
	2.00	40	3.1313	1.53484	.24268	2.6404	3.6221	1.00	6.00
	3.00	15	2.1667	.84867	.21913	1.6967	2.6366	1.00	3.50
	4.00	9	2.6389	1.53150	.51050	1.4617	3.8161	1.00	4.75
	Total	136	3.0735	1.55817	.13361	2.8093	3.3378	1.00	6.00
OccT4ProjB	1.00	72	3.3785	1.40547	.16564	3.0482	3.7087	1.00	6.00
	2.00	39	3.7372	1.65826	.26553	3.1996	4.2747	1.00	6.00
	3.00	14	3.0357	1.38278	.36956	2.2373	3.8341	1.25	6.00

	4.00	8	4.0625	1.77658	.62812	2.5772	5.5478	2.00	6.00
	Total	133	3.4887	1.50877	.13083	3.2299	3.7475	1.00	6.00
OccT5Work	1.00	72	2.4444	1.43072	.16861	2.1082	2.7806	1.00	6.00
	2.00	39	2.1709	1.38469	.22173	1.7221	2.6198	1.00	5.67
	3.00	13	2.3333	1.71594	.47592	1.2964	3.3703	1.00	5.67
	4.00	9	2.0741	1.32054	.44018	1.0590	3.0891	1.00	5.00
	Total	133	2.3283	1.43019	.12401	2.0830	2.5736	1.00	6.00
OccT6LecC	1.00	72	2.8750	1.73763	.20478	2.4667	3.2833	1.00	6.00
	2.00	40	3.4125	1.41823	.22424	2.9589	3.8661	1.00	6.00
	3.00	15	2.5000	1.25357	.32367	1.8058	3.1942	1.00	5.50
	4.00	10	3.1000	1.59513	.50442	1.9589	4.2411	1.00	6.00
	Total	137	3.0073	1.60306	.13696	2.7365	3.2781	1.00	6.00

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
OccT1LecA	Between Groups	5.138	3	1.713	.871	.458
	Within Groups	259.579	132	1.967		
	Total	264.717	135			
OccT2ProjA	Between Groups	6.912	3	2.304	1.122	.343
	Within Groups	271.149	132	2.054		
	Total	278.061	135			
OccT3LecB	Between Groups	17.381	3	5.794	2.464	.065
	Within Groups	310.384	132	2.351		
	Total	327.765	135			
OccT4ProjB	Between Groups	8.789	3	2.930	1.296	.279

	Within Groups	291.694	129	2.261		
	Total	300.483	132			
OccT5Work	Between Groups	2.519	3	.840	.405	.750
	Within Groups	267.478	129	2.073		
	Total	269.997	132			
OccT6LecC	Between Groups	11.774	3	3.925	1.546	.206
	Within Groups	337.719	133	2.539		
	Total	349.493	136			

Multiple Comparisons

Tukey HSD

Dependent Variable	(I) AgeGroups	(J) AgeGroups	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
OccT1LecA	1.00	2.00	-.39333	.27654	.488	-1.1129	.3262
		3.00	-.37833	.39801	.778	-1.4140	.6573
		4.00	.05278	.49580	1.000	-1.2373	1.3429
	2.00	1.00	.39333	.27654	.488	-.3262	1.1129
		3.00	.01500	.42457	1.000	-1.0898	1.1198
		4.00	.44611	.51736	.824	-.9001	1.7923
	3.00	1.00	.37833	.39801	.778	-.6573	1.4140
		2.00	-.01500	.42457	1.000	-1.1198	1.0898
		4.00	.43111	.59127	.885	-1.1074	1.9696
	4.00	1.00	-.05278	.49580	1.000	-1.3429	1.2373
		2.00	-.44611	.51736	.824	-1.7923	.9001
		3.00	-.43111	.59127	.885	-1.9696	1.1074