Exploring University Student Mental Health and Wellbeing through a Low-Barrier Peer-Led Service: Emerging Insights from The Living Room

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Abstract

Universities are increasingly recognising the importance of addressing the social and emotional wellbeing of their students. Mental health challenges experienced while at university can hinder academic achievement and exacerbate existing mental ill-health. In response to this identified need, many institutions have implemented mental health services, such as psychological and counselling support. However, barriers such as stigma, accessibility, and effectiveness often limit their reach and impact. Many students do not avail themselves to services, or access the supports available, due to these barriers. This study gathered initial data from 110 participants who visited Edith Cowan University's "The Living Room" (TLR) within the first 15 weeks of its opening. This new low-barrier, peer-led mental health service is designed to support students' social, emotional, and mental wellbeing. TLR already stands out as an early intervention sanctuary. Students can find understanding and support in times of difficulty through shared conversation with a trained peer, who is ideally positioned to help ease distress and offer connectivity to other services. The Welcome and Wellbeing Questionnaire has identified key emerging themes. These include the vital role of the TLR peer support team, as well as various academic, social, emotional, and wellbeing concerns with a broader impact on interpersonal and mental health challenges. This study highlights the emerging benefits of an early intervention primary mental health care model, identifies key recommendations for support, and further adds to knowledge of the social and emotional wellbeing of students at university.

Keywords

The Living Room, Mental health, Student wellbeing, University, Peer support, Early intervention

Introduction

The mental health of students is an increasingly prevalent and important issue within the Australian higher education system. In 2024, the *Australian Universities Accord Final Report* (Department of Education, 2024) affirmed student wellbeing, including mental health, as an area in need of ongoing attention. Health or stress is frequently cited as the primary reason students contemplate leaving university early, with these rates rising over time (Department of Education, 2024). Additionally, the use of mental health services among students has increased (Department of Education, 2024). In response, universities are exploring innovative approaches to mental health supports that reduce barriers to access and provide timely support. This is particularly significant, given the impact of early usage of mental health services on student success (Department of Education, Skills and Employment, 2020). Peer-led, low-barrier mental health services are emerging as an effective component in addressing mental health needs in the community. This paper explores emerging insights into the extension of such models to higher education.

Literature review

Mental ill-health is a significant global concern with a considerable proportion of the population affected by various mental health conditions. Mental health conditions are prevalent in Australia, with approximately one in five of the adult population experiencing mental ill-health in any given year (Australian Bureau of Statistics [ABS], 2023). Between 2020 and 2022, 42.9% (8.5 million) of Australians aged 16–85 had experienced a mental health condition at some point in their lives, and

4.3 million had experienced a mental illness in the previous 12 months (ABS, 2023; Australian Institute of Health and Welfare [AIHW], 2024a). Mental illness can be described as a range of conditions that affect a person's mood, thinking, and behaviour, often causing significant distress and functional impact on daily life (Council of Australian Governments [COAG] Health Council, 2017).

University student wellbeing and mental health have increasingly gained attention as critical public health issues in recent years (Brown, 2016; Ryan et al., 2021). This growing concern reflects the increasing prevalence of mental health challenges among university students, impacting both individual and institutional outcomes, such as academic performance, social integration, and overall quality of life. In 2017, Orygen reported that 25% of Australia's 1.4 million tertiary students experienced mental health issues. Similarly, headspace found that up to 70% of students surveyed rated their mental health as poor or fair, with two-thirds experiencing very high psychological distress within the same year (Rickwood et al., 2019). Sanci et al. (2022) reported that one in three students had encountered moderate to severe distress, which exceeds rates observed in the general population. This aligns with earlier Australian studies by Cvetkovski et al. (2012) and Stallman (2010), who assessed psychological distress among both university students and non-students using data from two national surveys. Psychological distress, which can range from temporary emotional fluctuations to serious mental illness, is increasingly prevalent in university settings and can have significant personal consequences (Barkham et al., 2019; Osborn et al., 2022). An international cohort study reported that psychological distress levels rise upon entering university (Bewick et al., 2010), and that while stress is a normal part of life, for some students, it can severely affect their physical, emotional, and psychological wellbeing (Shankar & Park, 2016).

The transition to university is a critical period marked by emotional, social, and academic adjustments (Campbell et al., 2022). Many students, particularly during their first year, experience loneliness and homesickness (Sanci et al., 2022), which can exacerbate or trigger mental health issues. This often coincides with the peak age of onset for many mental health conditions (ABS, 2023). Major life changes—such as moving away from home, switching courses, or adapting to an unfamiliar environment—can be overwhelming and stressful (Sanci et al., 2022), affecting both mental health and academic performance. International estimates suggest that one-third of students enter university with symptoms of common mental health conditions, often during late adolescence—a high-risk period for developing such conditions (Osborn et al., 2022). Recent studies confirm that the median age of onset is 19 years for males and 20 years for females (McGrath et al., 2023), with most mental disorders emerging before the age of 24 (Kessler et al., 2007). The transition from secondary to tertiary education presents unique challenges, increasing stress and mental health issues (Ryan et al., 2021), highlighting the need for accessible mental health services during this vulnerable time.

Students from certain populations—such as those from low socio-economic backgrounds, First Nations students, and students from culturally and linguistically diverse backgrounds—face an even higher risk (Orygen, 2020). Research has identified that international students may be considered a "vulnerable population" in the context of university life (McKinley, 2024). This was supported by research from Orygen (2020) and Minutillo et al. (2020), who identified the importance of maximising benefits and minimising risks for international students and suggested evidence-based safety measures and trained mental health professionals should be a global standard. However, the absence of extensive Australian data and research on the mental health of tertiary education students, particularly vocational education and training (VET) students, makes it difficult to accurately assess the prevalence of mental health issues in this group (Klepac Pogrmilovic et al., 2021). In the university context, additional risk factors that significantly impact students' mental health and wellbeing include social isolation, discrimination, relationship breakdowns,

bereavement, financial difficulties, chronic health conditions, violence, abuse, and exposure to conflict or humanitarian crises (Brådvik, 2018). Whilst the current research is not extensive, certain studies offer valuable insights into the risks linked with suicide, aiding a deeper comprehension of its occurrence within the university demographic (Owusu-Ansah et al., 2020). Findings by Andoh-Arthur et al. (2015) regarding suicide among university students revealed increased rates of depression, substance misuse, trauma, insufficient social support, and self-stigma. Additionally, factors such as anxiety, isolation, low self-esteem, and academic difficulties have been identified as significant barriers to positive mental health, and subjective wellbeing (Oppong Asante et al., 2017).

The mental wellbeing of university students is widely acknowledged as essential for academic success and retention, yet it remains frequently overlooked. Despite its importance, fewer than one-third of students seek formal mental health support (Orygen, 2014). It is well-established that a considerable number of students do not seek professional assistance, for example, accessing psychological and counselling supports for their challenges. Moreover, those who do often encounter substantial barriers that impede timely access to appropriate support (Orygen, 2014). University students with limited mental health literacy or those who may feel ashamed to discuss mental health issues may not recognise their problems or seek professional help (Gorczynski et al., 2017; Kotera et al., 2018). Certain students may be reluctant to utilise available services, particularly if their cultures do not recognise, stigmatise, or overlook mental health concerns. This makes them a vulnerable group at higher risk for untreated mental health issues and associated academic and personal challenges (Campbell et al., 2022). Failing to access support and treatment is concerning as it is linked to prolonged disability and poorer mental health outcomes, including an elevated risk of suicide (Brådvik, 2018).

There exists substantial advocacy for enhanced innovation in mental health practices within tertiary settings to mitigate the risk factors associated with mental health challenges (Pascoe et al., 2019). Suicide is also a major global public health concern, associated with mental health challenges, various risk factors, and life events (World Health Organization [WHO], n.d.). In 2019, suicide was the fourth leading cause of death globally for individuals aged 15 to 29 years, with 77% of these suicides occurring in low- and middle-income countries, and approximately 1.4% of all deaths attributed to suicide (Brådvik, 2018; WHO, 2023). Suicide continues to be a major concern in Australia, being the leading cause of death for people aged 15 to 24 years (AIHW, 2024b). Many suicides are linked to primary risk factors such as mental health conditions, including depression, psychosis, and substance use problems (Brådvik, 2018). International estimates indicate that 4.3% of students have attempted suicide at some point in their lives (Bruffaerts et al., 2019). Recognising the frequency of suicidal behaviours among university students, along with risk and protective factors, aids in assessing the necessity for timely intervention, mental health promotion, and the need for university-centred mental health support services (Owusu-Ansah et al., 2020; Ryan et al., 2021).

Importantly for overall student wellbeing and to enhance academic success among students, universities should cultivate a campus environment that emphasises holistic support, prioritising student wellbeing (Orygen, 2020). Furthermore, institutions that demonstrate a strong dedication to student wellbeing can contribute to improved academic performance, higher retention rates, and increased graduation numbers. The availability of low-barrier services increases the likelihood that individuals will seek the support they need, especially during times of worsening mental health, crises, or elevated risk of self-harm or suicide (Haber & Billings, 1995). There is a growing recognition that low-barrier or low-level mental health support services can significantly impact individuals seeking help (Cohen et al., 2020), by reducing the obstacles that they face in accessing mental health support. Traditionally, low-barrier mental health models offer a welcoming environment where people feel understood and supported, regardless of their background or

circumstances (Cohen et al., 2020). These low-barrier services can assist in providing access to care for people who may not ordinarily seek support by removing obstacles associated with accessibility, socio-economic status, and cultural differences (Kavanagh et al., 2022).

The Living Room: A peer-led, student-centered support space

The Living Room (TLR) at Edith Cowan University (ECU) in Joondalup, Western Australia, is one such example of an innovative, student-centred, peer-led support space, designed to promote mental health and wellbeing in a welcoming and inclusive environment. Visually, it embodies a calm and inviting atmosphere, with comfortable seating areas, warm lighting, and spaces for private conversations. Students are greeted by trained peer support advisors (PSAs) who offer empathetic, non-judgmental support, providing a space where they can talk openly about their challenges (Cole & Reid, 2024). TLR goes beyond traditional mental health services by addressing academic stress, social integration, and overall wellbeing. Its holistic approach ensures that students feel heard, supported, and connected, fostering a sense of belonging and community. Overseen by mental health specialists, TLR PSAs provide support and early intervention, identify risk, and—in shared discussion—offer recommendations on student psychosocial support and addressing mental health and wellbeing concerns. TLR at ECU was inspired by a similar successful model at The University of Western Australia (UWA). ECU's operational model also draws on concepts from other successful peer-led services, including "Head to Health" and "Safe Haven Cafés" (Government of Western Australia Mental Health Commission, 2024). Like these models, the TLR service model promotes early intervention through peer discussion. Moreover, TLR actively fosters a culture of acceptance and destigmatisation, where students feel seen, valued, and heard, and where seeking help is seen as a student's right, and a positive step towards wellbeing (Cole & Reid, 2024).

Embedding peer support services, including mental health support, within university settings has proven effective (Cooper et al., 2024). Most universities offer mental health counselling through services like counselling and psychological centres, though these are often underfunded. This embedded support can lead university leaders to mistakenly believe that strengthening these centres alone is sufficient to address the mental health challenges students encounter today (National Academies of Sciences, Engineering, and Medicine, 2021). At ECU, TLR is located within the Wellbeing Precinct and acts as a bridge between psychological and counselling support, the Health Centre, and other student services. It offers a unique and accessible alternative for students who might not otherwise seek help through traditional channels. The model's innovative approach to mental health support, devoid of appointment requirements, emphasises the critical role of peer support in mental health services. The service and approach encourage early help-seeking behaviours and facilitate connections to other university resources, enriching students' overall experience towards a whole-of-health approach. TLR signifies a change in thinking in university mental health care, emphasising early intervention and individualised support for mental health and wellbeing needs.

The TLR team comprises peers (the face of the service), a coordinator, and wellbeing advisors (mental health nurses), who have clinical oversight of the service. Working in collaboration, the team fosters an integrated approach that ensures seamless continuity of care for students. Peer support initiatives have become increasingly recognised for their positive impact on social integration and academic success among university students. ECU's TLR bespoke PSA training program is a key example of how such initiatives equip students to provide effective peer support (Cole & Reid, 2024). The training emphasises inclusivity, knowledge of available resources, and practical skills to meet the diverse needs of students, especially where mental health and university life intersect. PSAs are trained to offer tailored emotional support, addressing mental health challenges beyond academic concerns. The PSA training program emphasises the importance of

recognising early signs of mental health issues, enabling timely intervention and referral, while also covering ethical considerations, such as emotional boundaries, peer integrity, and collaboration (Cole & Reid, 2024).

This comprehensive approach ensures that PSAs can foster a supportive and proactive environment for student wellbeing, and that the collaborative engagement of mental health specialists can offer unique insights distinct from those of psychologists and other health care professionals (Santangelo et al., 2017). The coordinator and wellbeing advisors ensure professional oversight and integrate clinical expertise, including risk assessment, whilst actively fostering a supportive environment that encourages and empowers students to seek help and engage with available resources. The collaborative, peer-led approach with mental health expertise oversight comprehensively addresses the multifaceted nature of each student's situation, facilitating tailored interventions for students accessing the TLR service.

Method

Study design

To further explore the impact of this collaborative, peer-led model with mental health expertise oversight, this study seeks to answer the following question: *How does a low-barrier, peer-led service, like The Living Room, address the complex mental health and wellbeing needs of university students?* The methods employed in this study are designed to reflect the unique aspects of the TLR model and to capture the emerging insights from its implementation.

A quantitative approach was utilised to collect data through an online questionnaire, administered via the Qualtrics platform. This structured method involved gathering specific data from a targeted sample. The Qualtrics platform enabled customisation of the questionnaire's layout and content to align with TLR service objectives, incorporating various question types, including drop-down menus, Likert scales, and open-ended responses.

Setting

Data collection was undertaken on site, in TLR, on the Joondalup Campus.

Recruitment sample

This project gathered emerging data from students who attended the TLR service between March and June 2024.

Students visiting TLR completed the Welcome and Wellbeing Questionnaire as part of their engagement in the service. The PSAs facilitated the questionnaire process during discussion with the student. Through this process, students could choose to have their responses to the questionnaire included in the research, with participation in the research being optional. There was no online option available for participation and all discussions were facilitated by staff in TLR.

A participant information form (PIF) embedded in the questionnaire explained the purpose of the study, the reasons for collecting information on student wellbeing, and the questions they would be asked within the questionnaire. Consent to participate in the study was given by checking "yes" at the start of the questionnaire, granting access to complete it. Participants could withdraw before submission, but once submitted, consent could not be withdrawn. Participants could complete the questionnaire but opt out of the research component by checking "no", meaning their responses would not be used for the purpose of research dissemination.

Data collection instruments

Data were collected using the Welcome and Wellbeing Questionnaire via an electronic survey administered with Qualtrics XM Enterprise licensed software.

The TLR questionnaire is essential to the service model, provides a framework for peer-student discussion, and specifically gathers information to tailor services and supports to student needs. In collaboration with a peer, all students accessing TLR are invited to participate. This ensures the service meets the student's needs and that staff understand their reason/s for presenting and seeking support. Through a shared conversational framework, the process assesses mental health, wellbeing, and risk; provides support recommendations; and collects data for quality assurance and reporting.

The questionnaire is distributed electronically through a direct Qualtrics link and completed in conversation with the PSA. Responses are automatically and securely stored by the platform. The quantitative data collected includes numerical values and statistical metrics for structured analysis.

The descriptive insights and program benefits outlined in the subsequent discussion are drawn from four questions within the Welcome and Wellbeing Questionnaire:

1. About your reason/s for visiting: What brings you to TLR today?
2. What would you like to talk about today?
3. About your wellbeing: Indicate on the mental health and wellbeing scale how you are feeling today.
4. The recommendation and/or direct referrals and/or supports based on the conversation today.

The questionnaire includes multiple drop-down boxes, allowing students to select multiple responses.

The peers begin by identifying the key reasons for a student's visit, understanding that these reasons may be multi-layered and more complex than they initially appear. Using the question, "What brings you to The Living Room today?" students are encouraged to select all applicable responses from a checklist, allowing for multiple reasons to be captured. This approach ensures a deeper understanding of the students' needs and motivations, recognising that their reasons for seeking support may be intricate and multifaceted.

Dropdown responses include:

- Mental health and wellbeing concerns
- Academic concerns or challenges
- Interpersonal/relationship struggles
- To make social connections
- To get information about health and wellbeing
- To get connected to other support services (e.g., ECU Student Success, Health Services)
- To receive support while waiting for another service. Which service? (Free text)

Ethical considerations

This study was approved by the ECU Human Research Ethics Committee (Research Ethics Management System No. 2023-04938 COLE).

The PIF states that survey completion is voluntary, and choosing not to participate will not affect the services or support received at TLR. Participants are informed that the survey is anonymous and will not result in their identification.

The associate or lead researcher at TLR ensures transparency and addresses any participant questions or concerns promptly. The staff who work directly with students and the questionnaire are also briefed on the research and can answer any questions.

Results

The following emerging results from TLR provide a preliminary snapshot of the service's impact, focusing on demographic and descriptive insights. With a total of 110 participants, the sample represents just under 1% of the student population at the Joondalup campus. While this small percentage reflects only the initial phase of the service's operation, it offers valuable early insights into its effectiveness and areas for development. Further research is ongoing and will be essential to gain a more comprehensive understanding as the service evolves. To note, a further 12 students accessed the service and completed the questionnaire but did not consent to have their responses reported in this research.

Demographic data indicated diversity within the participant pool. Analysis revealed 60% of those who accessed the service were international students, compared with 40% domestic students. A domestic student was classified as any Australian-born or overseas-born student who was an Australian citizen or permanent resident. International students were defined as those holding an Australian temporary resident student visa or bridging visa and who had come to Australia for the purpose of studying. Gender presentation data showed that 57% identified as a woman, 39% as a man, and 2% as non-binary or gender diverse, with 2% preferring not to say. Regarding academic enrolment, 62% of the participants were undergraduates, while 38% were postgraduate students.

The study revealed that the primary reasons for visiting TLR were often multifaceted and evolved through initial discussions with PSAs (see Figure 1).

Figure 1

Student Reasons for Presentation

**REASON FOR VISITING
WHAT BRINGS YOU INTO TLR TODAY?**
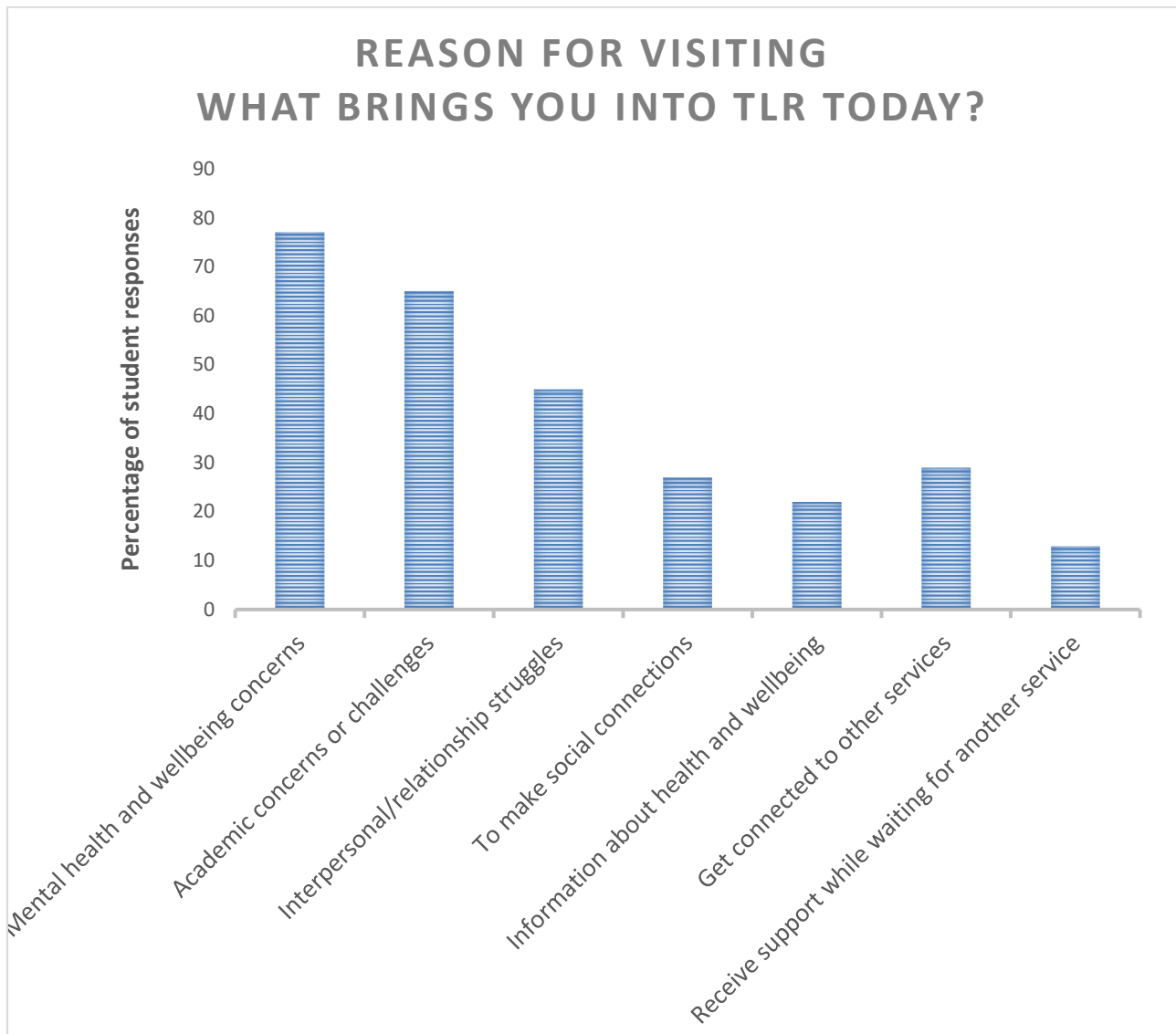
While participants often presented with specific concerns, as per the questionnaire, these frequently revealed more complex and diverse underlying issues. According to the questionnaire responses, the primary reason for seeking help was related to mental health and wellbeing concerns (77%), cited by most participants. Concerns identified among the student population ranged from anxiety and depression to stress related to academic issues, often uncovered through the question, "What brings you in today?" This section also included a "free text" option, allowing students to report additional issues not covered by the dropdown menu, such as feeling down or experiencing worry, reflecting a broad spectrum of mental health concerns among the student population.

Academic concerns or challenges were the second most common reason (65%) for seeking support at TLR. Students reported difficulties in managing coursework, exam stress, and time management, which often exacerbated their mental health issues and reasons for presenting.

Many students (45%) faced interpersonal struggles and challenges with social connections. These included grief and loss, as well as conflicts or issues within their home environments or personal relationships. Such interpersonal difficulties often compounded the stress and mental health concerns that led students to seek support initially.

Several participants (27%) highlighted their reasons for visiting TLR as related to waiting for other services. Many were awaiting appointments with the psychological counselling service, either prior to or following scheduled consultations, or had been unable to secure timely appointments due to high demand. TLR thus served as an essential interim support, providing immediate assistance, and reducing the wait times for students to access mental health services. This role of TLR was particularly crucial in offering a safety net for students in urgent need, ensuring that they did not feel isolated or unsupported while navigating the complexities of the larger healthcare system.

The questionnaire then progresses to identify the student's reason for visiting, with the question "what brings you into the living room today?" This allows for exploration of what the student would like to discuss at their visit, with a checklist allowing them to select all that apply.

As shown in Figure 2, the data revealed that students' wellbeing priorities on the day of their visit to TLR varied, with several key issues standing out as particularly significant. The highest percentage of students, approximately 83%, reported feeling stressed, overwhelmed, or uncertain as their primary concern.
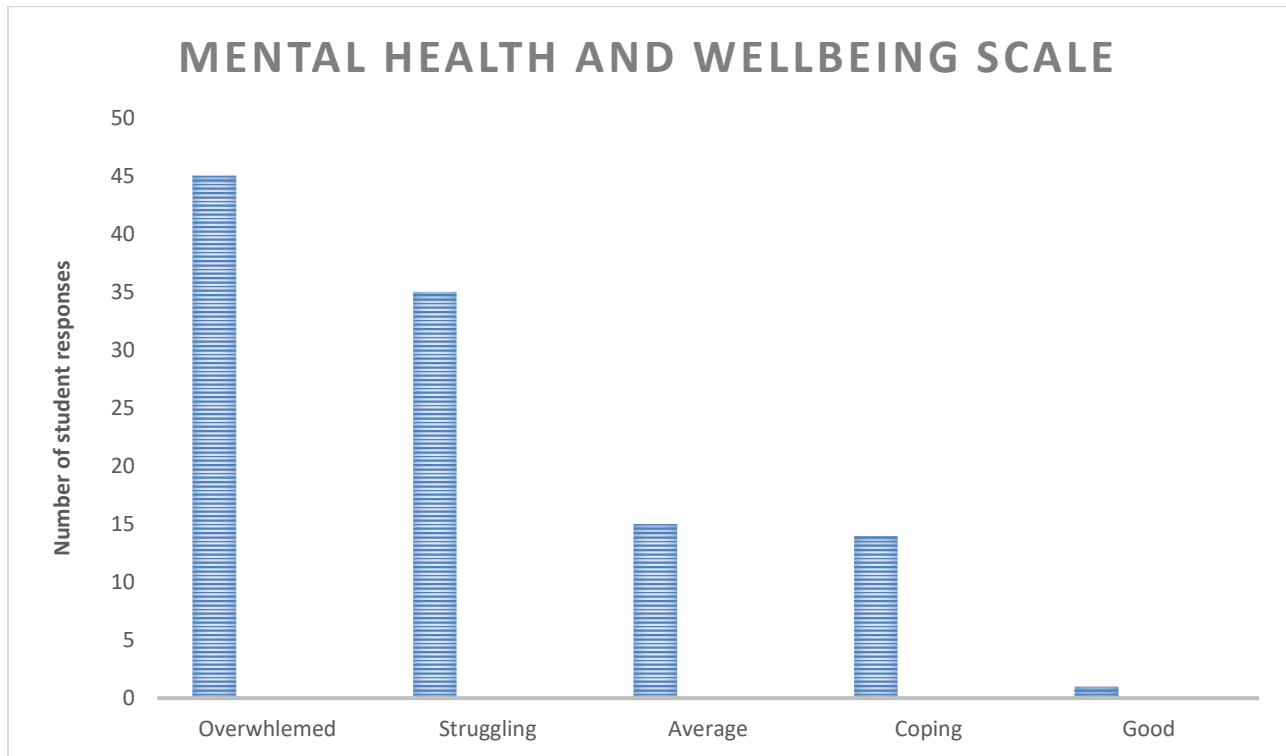
Figure 2

Student Wellbeing Priorities
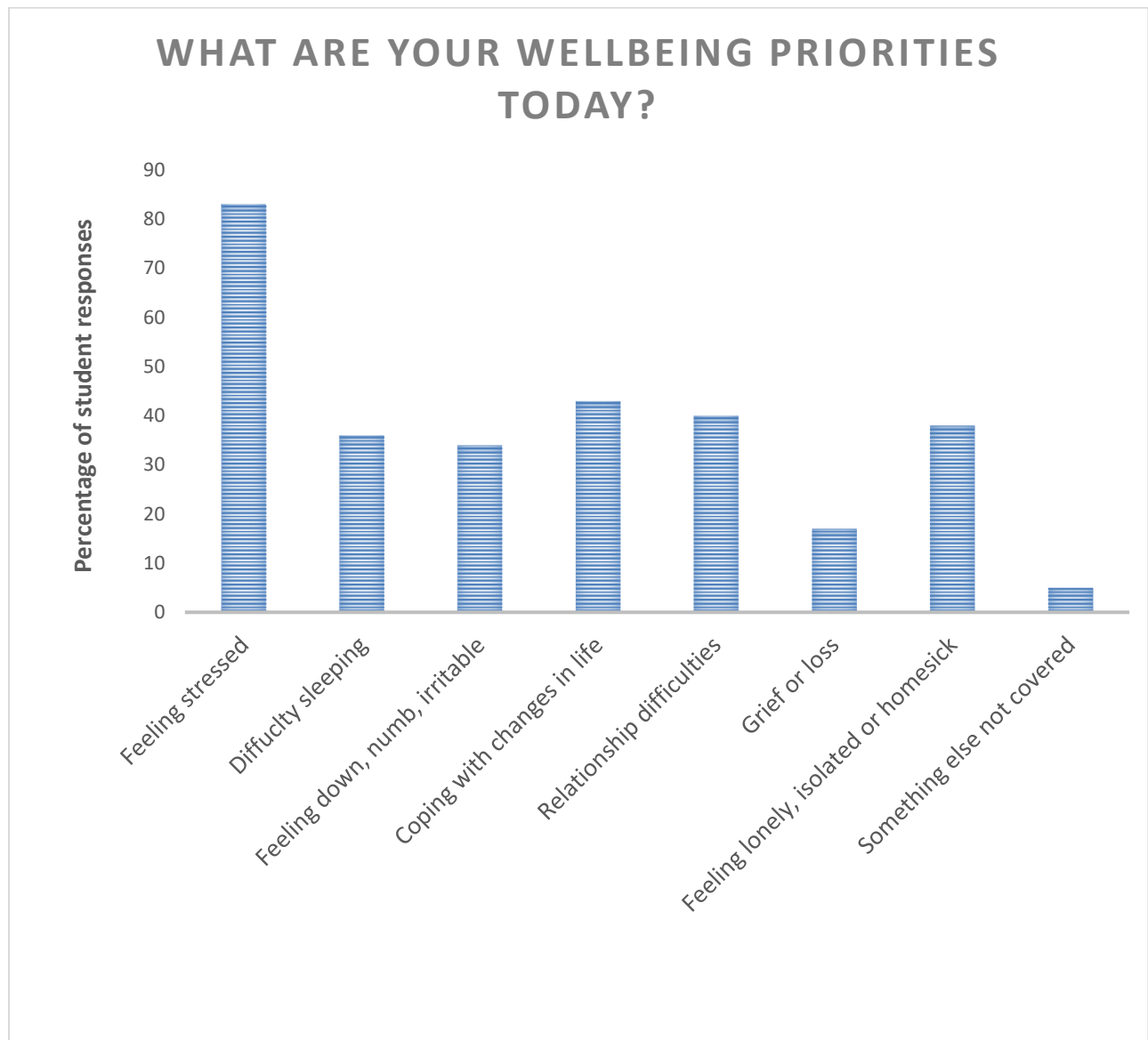
On a 5-point Likert scale measuring mental health and wellbeing (see Figure 3), students are asked to indicate how they are feeling at that point in time (overwhelmed, struggling, average, coping, good).

Figure 3

Student Responses to Mental Health and Wellbeing Scale

The questionnaire results were congruent with the analysis of the mental health and wellbeing scale, with 45 students stating they were overwhelmed and 35 reporting they were struggling to cope with changes in their life. These changes ranged from transitioning into university life, adjusting to new social environments, or handling significant life events that disrupted their usual routines (Orygen, 2020; Sanci et al., 2022). These findings are also reflective of the literature on change (Campbell et al., 2022), with 38% of the students reporting feeling lonely, isolated, or homesick. This percentage of students reporting feeling lonely isolated or homesick represents a critical area for intervention, as these feelings can lead to more severe mental health issues if not addressed. In addition, grief or loss was another critical issue, affecting 17% of the students. This category encompassed mourning the death of a loved one, as well as coping with other forms of loss, such as the end of significant relationships or life changes.

Relationship difficulties and/or interpersonal struggles were a common concern, cited by 40% of students. These difficulties included issues with partners, online interactions, friendships, and family dynamics. Such interpersonal challenges were identified as significantly impacting mental health, contributing to feelings of stress and emotional instability.

Following evaluation of the student's discussion, needs, and priorities, the identified recommendations, supports, and direct referrals may be as follows (see Figure 4):

- Supportive chat (social, mental health and wellbeing, academic, interpersonal)
- Social interaction—activities in The Living Room space

- Develop a wellbeing action plan

- Information about mental health and wellbeing

- Invitation to chat with mental health professional on site

- Connecting to other support services

- Psychological Counselling Services

- The Health Service

- Student Success

- Access and Inclusion

- Student Hub

- International Café

- The Student Guild

- Invitation to return to The Living Room to check in on wellbeing

- Resources: pamphlets, handouts

- Something else not covered above

Figure 4

*Recommendations Identified for Students Post-evaluation*

Based on conversations and responses outlined in the questionnaire, peers, together with students, collaboratively determined the most suitable recommendations aligned with the students'

challenges and reasons for seeking support. As most students' needs were multifactorial, they typically received more than one recommendation to address their concerns. The majority of students (*n* = 78) considered a supportive peer chat to be the most valuable recommendation, closely followed by connections to internal and external support services (*n* = 70). Tangible resources, such as pamphlets and handouts, were also considered helpful (*n* = 44). Students frequently expressed that peer conversations provided a sense of validation and feeling heard, effectively addressing social, mental health, wellbeing, academic, and interpersonal concerns. These interactions were instrumental in helping students access relevant resources to meet their needs at that time.

Figure 5

Services and Areas Specified for Recommendation or Direct Referral
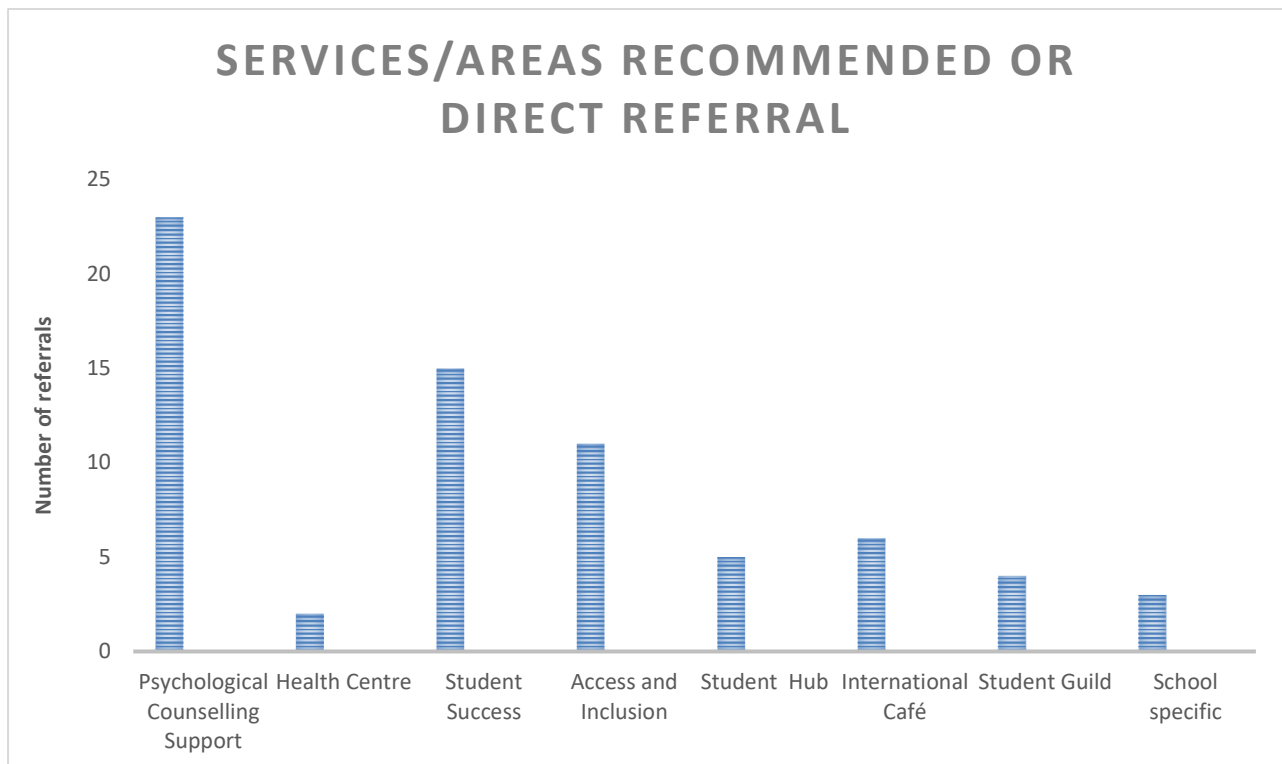
As shown in Figure 5, psychological counselling support was the most recommended service, both internal and external to the university, as it played a crucial role in connecting students with further mental health resources. Student success was the next most recommended service, as it links to the support provided through psychological counselling. Based on the conversations held, additional strategies were often identified to address complex needs and provide holistic support. Access and Inclusion was the next most recommended service, being integral to addressing complex needs and ensuring that all students have equitable opportunities to succeed. By incorporating Access and Inclusion into the recommendation support framework, the university can provide a more comprehensive and effective approach to enhancing student wellbeing and achievement.

Discussion

The preliminary data and subsequent discussion are linked to the broader analysis of service outcomes and effectiveness.

Supporting student wellbeing does not imply that students will be free from stress or challenging periods. This research and its initial findings have identified the landscape of university students'

mental health and highlight the need for peer-led, low-barrier mental health support services like TLR that are accessible and can address a wide range of wellbeing concerns. The data also highlighted positive and proactive help-seeking behaviours among the 110 surveyed students accessing TLR. However, as TLR is a new service, there is no comparative data available at this stage. Informal anecdotal evidence from peer conversations, not reflected in the questionnaire, suggests that approximately seven out of 10 students had not previously received or sought other forms of support. This preliminary finding highlights the potential of TLR to engage students who may have otherwise gone without help. It is evident from the results that students frequently prioritise certain areas of wellbeing at the time of seeking assistance. When presenting at TLR, their priorities were often found to be more complex and intertwined with other layers of complexity or issues.

Mental health and wellbeing concerns: Feeling overwhelmed and/or struggling

It is widely acknowledged that mental health conditions are frequently influenced by other psychosocial issues. A study on university students found that academic stressors were linked to increased distress (Sharp & Theiler, 2018). Research has also indicated that university life can be challenging, with academic pressures, financial burdens, and personal expectations leading to stress and uncertainty, which can adversely impact wellbeing for many students (Liu et al., 2018). Noteworthy on the questionnaire's mental health and wellbeing scale, were the elevated levels of anxiety and worry. This research aligns with reports from the Australian Institute of Health and Welfare (AIHW) that, between late 2020 and late 2022, 17% of Australians aged 16–85 years reported experiencing high or remarkably elevated levels of psychological distress (2024a), congruent with reasons for presentation to TLR.

Mental health conditions, such as depression and anxiety, are substantial components of overall disability and morbidity (AIHW, 2024a). Congruent with this study, other research has noted that elevated levels of anxiety impact academic performance and can lead to various adverse effects, including depression, deteriorating health, and an increased risk of suicide (Grillon et al., 2017; Keyes et al., 2012; Mohamad et al., 2021). The AIHW (2024a) identified that 58% of students under 65 years experienced difficulties with their education due to their mental health conditions, highlighting the significant impact such conditions can have on individuals' everyday activities. These can manifest as panic attacks, excessive worry, and avoidance behaviours and have a significant impact on students' retention and success. When students face stressors, this study has found, they may experience heightened mental health challenges. A known risk factor for suicidal behaviour, anxiety has been highlighted in numerous studies involving young people. With the rising prevalence of mental health issues, suicidal thoughts, and anxiety rates globally, it is increasingly difficult to overlook the contributing factors for university students (Hocaoglu, 2015; Mohamad et al., 2021). As such, employing a range of low-level risk assessment questions embedded within the questionnaire and peer discussion framework facilitates the identification of biopsychosocial factors influencing students' health and wellbeing. These assessments enable the peers and staff with mental health expertise to address the unique challenges faced by students, ensuring a holistic and responsive strategy to enhance their overall health and academic success (Cole & Reid, 2024).

Lack of social connections, isolation, and loneliness

Comparable to TLR, mental health care models and research highlight the significance of early intervention, thorough assessment, and integrated care in enhancing mental health outcomes and overall wellbeing (Patterson & Moxham, 2016). Early intervention through peer-led discussion and holistic individualised supports may help alleviate acute symptoms and prevent long-term consequences of isolation and loneliness. Loneliness and social isolation are strongly associated

with poor mental health (Campbell et al., 2022; Zheng et al., 2023). The transition to, and first year of, university are crucial for developing friendships. Thomas et al. (2020) found that a sense of community and higher levels of social capital significantly reduce loneliness during this period. This is particularly evident in students new to Australia and university (Orygen, 2020), and findings regarding the experiences of international students within the TLR study will be reported in due course. Pedler et al. (2021) suggested that students who experience a greater sense of community, belonging, and overall wellbeing during their university years are more likely to exhibit enhanced self-confidence, increased motivation, greater engagement, and improved academic achievement. This study's findings correlate with the greater body of research. Campbell et al. (2022) and Harandi et al. (2017) reported that a sense of belonging, and a robust support network were closely linked to mental wellbeing. Therefore, addressing loneliness and increasing social support for students could be effective intervention strategies targeting modifiable risk factors (Sheldon et al., 2021).

Students who may already be feeling anxious, isolated, or alone may not avail themselves to supports beyond the service. What has been identified in TLR is it is not enough to just "recommend and send" a student on their way after peer discussions. Accessing supportive environments like TLR facilitates opportunities for students to build meaningful connections, engage in community activities, and develop a sense of belonging within the university setting. As has been reported, social capital facilitates the creation of social networks, which buffer against stressors and enhance positive affect, engagement, and flourishing (Campbell et al., 2022).

Low-barrier services aim to bolster self-esteem, alleviate psychological distress, and enhance overall subjective wellbeing (Kavanagh et al., 2023). By promoting social engagement and peer support, these initiatives contribute positively to students' mental health and overall quality of life. The provision of comprehensive health and wellbeing information within spaces like TLR empowers students with essential resources and knowledge to prioritise self-care, mental health awareness, and holistic wellbeing. This integrated approach acknowledges the importance of proactive help-seeking behaviours and community-based support services in fostering a positive university experience and promoting student success.

Academic concerns and challenges

Research has shown mental health challenges are linked to lower academic performance (Hysenbegasi et al., 2005) and higher dropout rates (Megivern et al., 2003). TLR data highlight a critical link between mental health challenges and academic stressors among students. As has been presented in the above literature, the transition to higher education often brings about unique stressors related to academic demands, social integration, and personal development.

The preliminary findings are comparable to those reported in other studies, with the prevalence of academic concerns impacting on studies. Mojtabai et al. (2015) have shown that mental health issues impact academic performance and graduation rates in higher education; just as wellbeing is essential for students' daily success, it is crucial for completing their degrees (National Academies of Sciences, Engineering, and Medicine, 2021). The pressures of higher education, including academic workload, deadlines, and performance expectations, can significantly impact students' mental health (Campbell et al., 2022). The emerging findings of this study are supported by McAlpine (2021), who found that 83% of students reported their academic performance was negatively impacted by their mental health. Similarly, these findings align with Ibrahim et al. (2013), who reported that depression symptoms affected 10.4% to 80.5% of students, often hindering their ability to function and meet academic expectations. However, contrary to Broglia et al. (2018), TLR addresses a growing demand, and can identify and potentially adjust modifiable risk factors that would ordinarily prevent students from accessing services and resources.

Limitations

Acknowledging the advantages of TLR in peer-led mental health services is incomplete without recognising the research's limitations:

- These are emerging data on the management of student mental health, including the first published ECU TLR data. This initial review enabled TLR to explore variations in how university students utilise the new mental health service but may not be generalisable across the broader student cohort, including off-campus students.

- Only findings for the variables that were measured can be reported. Consequently, causation must not be assumed in suggesting that these are the sole factors related to mental health.

Recommendations

- **Mental health practitioners**: Practitioners can extend their roles in university settings by providing a range of services beyond traditional healthcare delivery. In TLR, the role of a mental health practitioner involves fostering a collaborative relationship with students to enhance self-determination. This approach highlights the importance of empowerment; autonomy; and the core principles of health, wellbeing, and behavioural change (Terry et al., 2024). Collaborating with other campus resources supports student wellbeing and alleviates pressures on other services, such as psychological and counselling services.

- **Accessible services to reduce stigma:** Importantly, this study's initial findings highlight the importance of destigmatising help-seeking behaviours, making low-barrier mental health services accessible for students. Despite some progress toward mental health awareness, stigma still poses a challenge for some individuals seeking mental health support. Studies have shown that individuals may delay or avoid seeking treatment due to fear of judgment or discrimination; by providing easy access to services and reducing stigma, low-barrier settings can reach those who might otherwise avoid seeking help (Ahad et al., 2023; Clement et al., 2015).

- **Service evaluation:** It is essential to make changes and additions to data collection instruments to capture comprehensive and nuanced information about student mental health. Ongoing service evaluation may include adding questions that delve deeper into specific mental health challenges prevalent among students, such as stressors related to academics, social pressures, and access to support services. This data refinement allows universities to tailor their mental health strategies more effectively and respond to the changing needs of those who utilise the services.

- **Clear processes and procedures for assessing risk and triage services:** Integrating suicide prevention models within low-barrier mental health settings has proven beneficial in university environments by ensuring timely and appropriate responses to crises. TLR's alignment with university triage and escalation processes streamlines access to broader supports, enabling swift assessments and interventions. Incorporating structured peer support can further enhance the efficiency of existing services, improving coordination between mental health professionals, campus security, and emergency services, thereby enhancing overall student safety and support (Mantzios, 2019).

Conclusion

This study enhances our understanding of mental health concerns among university students, highlighting the importance of early intervention and peer-led support. Emerging findings emphasise the need for robust support systems, exemplified by initiatives like TLR, to address

mental health concerns and improve student wellbeing. Given the significant impact of mental ill-health and psychosocial challenges on academic performance and overall wellbeing, this research emphasises the necessity for comprehensive prevention, intervention, and accessible support services. By prioritising mental health awareness and implementing evidence-based practices, universities can create supportive environments that foster student success. TLR demonstrates a promising model for primary mental health care, promoting student resilience through low-barrier services. Continued expansion and enhancement of such initiatives are crucial for a positive and supportive campus environment.

Declaration of interest

The authors declare that they have no conflict of interest.

Acknowledgments

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Please cite this paper as:

Cole, A. L., Navin, F., & Reid, D. (2024). Exploring university student mental health and wellbeing through a low-barrier peer-led service: Emerging insights from The Living Room. *Journal of the Australian and New Zealand Student Services Association*. Advance online publication. https://doi.org/10.30688/janzssa.2025-1-01