**University music students: Mental health and the academic supervisor**

**Abstract**

*This study explores the perceptions of a sample of students from a UK university music department in relation to the role of the academic supervisor in supporting their mental health. The data reveals complex perceptions of the supervisory role concerning quality and boundaries, students’ expectations and awareness of the effects on supervisors of providing support, and views on responsibility for mental health. Issues of communication, roles, agency and departmental culture are identified as concerns worthy of further investigation and institutional support.*

**Keywords:** mental health, music students, higher music education

Student mental health is an increasing concern within higher education, frequently reported in the media in connection with student welfare, policy and provision (Shaw & Ward, 2014; Weale, 2018). Mental health has been defined as ‘a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community’ (WHO, 2014). Mental Health First Aid England proposes a continuum: individuals may experience good-to-poor mental health and diagnosed-to-non-diagnosed mental illness (MHFA, 2016).

In England, ‘one in four adults experiences at least one diagnosable mental health problem in any given year’ (NHS, 2016: 4), and ‘half of all mental health problems have been established by the age of 14, rising to 75 per cent by age 24’ (NHS, 2016: 5). The National Union of Students (NUS, 2015) found that 78% of 1093 student respondents experienced mental health issues, 80% reporting stress, 77% anxiety, 69% depression and 33% suicidal thoughts; while these issues are reported by more than a quarter of students (YouGov UK, 2018), many students remain undiagnosed. A study of full-time undergraduate UK students (14,057 respondents) shows a decline in self-reported ratings for ‘life satisfaction’, ‘life worthwhile’, ‘happiness’ and ‘low anxiety’ compared to previous years and lower scores for these than for the general population (Neves & Hillman, 2017).

Among music students, a study on depression and anxiety found that ‘nearly one quarter of [287] participants reported being negatively affected by their mental health’ (Wristen, 2013: 25); moreover, in common with the findings of Spahn, Richter and Zschocke (2002), many did not seek professional help. Music students may struggle to manage factors such as competition, perfectionism, music performance anxiety, dealing with feedback on their work, time management, playing-related physical problems and difficulties in detaching themselves from their studies (Wristen, 2013). They may also have concerns about their capacity to engage in a profession which has identified further demands including workload, poor working conditions, socio-economic pressure, anxiety about downtime, gender-related issues, and conflation of identity with being a musician (Gross & Musgrave, 2016). Gross and Musgrave’s study of 2211 professional musicians in the UK revealed that 71.1% had experienced anxiety and panic attacks, and 68.5% experienced depression; 54.8% thought there were gaps in provision of health support for musicians. Counselling, signposting and information, drop-in centres and phone lines, all specifically for musicians, were identified by participants as urgently needed.

Despite recent initiatives within higher education to promote awareness of and support for mental health (MWBHE, 2015; MHFA, 2016) it may be difficult for music students to engage in proactive behaviours concerning their health due to factors including anxiety about potential stigmatisation (Wristen, 2013) and workload commitments constraining availability to book and attend appointments. Students may find that service providers are unable to cope with demand, resulting in long waiting lists for both internal and external support. Therefore, in higher music education the academic supervisor and instrumental teacher can become key figures in supporting students with mental health issues; as identified by Hughes, Panjwani, Tulcidas & Byrom, ‘responding to student mental health problems appears to be an inevitable part of the role of an academic’ (2018: 3). However, despite the increasing focus on mental health in higher education, there is still under-representation of the student voice. This article focuses on students’ perceptions of the role of the academic supervisor in supporting their mental health, and investigates the views of music students at a UK university.

**Methodology**

The study received ethical approval from the relevant university ethics committee, and involved undergraduate and postgraduate music students at a UK Russell Group university. All music students received an emailed invitation to participate and could choose between completing an online survey created using Qualtrics Survey Software or undertaking a semi-structured interview with the author. It was emphasised prior to data collection that the researcher would not request information about personal mental health issues and that participants’ responses would be anonymous. Open questions were constructed to elicit students’ views on the role of the academic supervisor, institutional support and responsibility for mental health. The interview data will be reported in a subsequent publication; this article discusses the survey data, gathered from 65 respondents. The data were collated and coded by hand; an iterative process of content analysis enabled categorisation and detailed consideration of emergent themes derived from the data (Hsieh & Shannon, 2005). During the process of data analysis and write-up, researcher reflexivity was deployed to retain objectivity and to assist in achieving inclusion of all views presented by respondents. Within the following text, participant quotations are provided to ensure representation of the student voice; as there were no discernible differences between students from different years, their study year/programme details are not indicated.

**Respondents**

The survey respondents’ ages ranged between 20 and 58; of those who disclosed their year of study there were 16 undergraduate respondents; six in year 1; four in year 2 and six in year 3; 27 MA respondents (of whom 14 were studying taught programmes), and eight PhD students (three in their final year). 85% were studying full-time. Of the 55 who answered the question ‘have you experienced any mental health difficulties before you came to university?’ 50.91% stated yes; 49.09% stated no. These figures changed in response to the question ‘have you experienced any mental health difficulties at university?’ with 58.18% of the 55 who responded to this question stating yes; 41.82% stating no. Students were reassured that they did not need to state the nature of any difficulties and reminded that the survey responses were anonymous. While 14 students had spoken to their supervisor about the difficulties they experienced; 41 had not. 15 students had spoken to another member of academic staff; 40 had not.

**Findings**

The findings are thematically presented in relation to students’ perceptions of the role of the supervisor; students’ support preferences; students’ perceptions of the training undertaken by supervisors; support boundaries; perceptions of the effects of supporting students with mental health issues on supervisors; views on ideal support, and discussion of departmental culture and responsibilities.

***Student perceptions of the role of the academic supervisor***

Participants observed that higher education ‘is a time of disruption and change which can either trigger mental health issues for the first time or can exacerbate pre-existing ones’. It was noted that ‘many mental health issues only establish themselves in this age range (18-25)’ and ‘many people may not know that what they are experiencing is a diagnosable mental health issue’ and so may not know where to seek help. Furthermore, it was perceived that ‘quite often students with mental health issues are insecure and doubt whether or not they actually “need” this professional help’. These responses establish some of the complexities for higher education students, who may find it challenging to engage with professional health support; they may therefore seek advice from their academic supervisor, rather than other services.

Information given to new students promoted the role of the supervisor, and therefore students viewed their supervisor as the ‘main point of contact’ and ‘first port of call for almost all processes within a university’. Students felt that supervisors have a ‘sense of responsibility’ and the experience to help students, and viewed them as ‘friendly, informal and supportive academically and at a human level’. Furthermore, ‘supervisors are generally aware of life within the department, therefore can understand better and sympathise with students if their difficulties are caused/intensified by their musical work/environment’. This connection to context meant that ‘academic supervisors are more likely to understand how [students] are feeling and why they are struggling mentally at university than a mental health professional who isn’t part of their department’.

The ‘immediacy’ of support from an academic supervisor compared to delays in waiting for an appointment with a GP or other support was noted. The bi-termly structure of supervisions created a framework: ‘the academic supervisor is really the only person of support and authority who [students] see regularly, without voluntarily arranged appointments’. Several respondents indicated that their supervisor had emphasised that they should arrange further supervisions if they experienced any difficulties, describing them as ‘likely to understand the problems’, ‘easily approachable’, able to ‘actively listen and effectively signpost’, and treating students as ‘independent adults’. Therefore, ease of access and positive supervisor qualities facilitated the development of personal relationships in which students could discuss their concerns.

While one student felt that speaking to a supervisor ‘can be less scary than going straight to a medical or counselling source’ and ‘does not come with the pressure and the labels of booking a formal therapist appointment’, another thought that ‘most students are not aware of what the university can provide in terms of support’. Therefore, the supervisor was seen as the main source of support and information. This would include listening, understanding, reassuring, providing ‘comfort’, ‘possibly calming a situation down’, advising and helping students cope with pressure and deadlines, completing documents for mitigating circumstances, extensions to deadlines and leave of absence as well as providing information about other services and resources, both within the university and externally. However, it was noted that support needed to go beyond granting extensions to deadlines: ‘extra time doesn’t make a difference, it’s trying to make a plan to get focused and getting back on track’. Therefore, although short-term professional support may be available, the academic supervisor becomes a ‘crucial part of the equation’ as they can ‘assess whether the student’s work will suffer as a consequence of mental health challenges’ and should be able to help ‘to the point of ensuring that the student’s degree can continue (should they still wish it to)’.

The benefits of discussing issues with a supervisor might also extend beyond the immediate situation: ‘they would understand in future if my mental health affected my performance or behaviour’, and the supervisor could prepare other teaching staff to recognise a student’s condition and to consider how to support them. Using a supervisor as intermediary could be easier than speaking directly to another lecturer. These comments indicate knowledge of a supervisor’s ability to facilitate certain services to support academic work; further comments indicate the importance of knowledge of mental health issues and the value of emotional support, as students indicated that the supervisor’s role needed to go beyond facilitating academic procedure.

Students recognised that a supervisor ‘should be aware of any pre-existing conditions and at least attempt to recognise any potential neurotic tendencies’ and able to ‘assess the severity of the situation’. While one student felt that the interaction would not be therapeutic, it was a ‘safe place’ to discuss problems, with ‘some degree of emotional support’ and empathy offered by a supervisor. Students recognised the potential impact of the supervisor’s attitude:

It can make a huge difference for a supervisor just to be understanding, willing to listen, supportive etc. without overstepping boundaries or offering advice they’re perhaps not qualified to give; recommending that a student could seek help if they needed it and it’s okay to ask, and signposting to the right place, can go a long way towards validating someone who has been previously afraid to tell anyone what they’re experiencing.

These comments position the supervisor in a crucial role and also indicate expectations of a range of capacities: procedural competence for processes relating to academic work; communication skills; knowledge of mental health issues and diagnostic ability; knowledge of other services and support, and the personal capability to create a safe space in which to relate to students with empathy.

***Support from a supervisor or a stranger?***

When asked about their own preferences for talking to someone they knew or someone not previously known to them, more than half of the respondents thought they would prefer to talk to someone they knew, although several said this would depend on the issue, its causes and severity. A distinction was made between ‘knowing’ and ‘approachability’: ‘I would definitely find it easier talking to somebody I knew, but more importantly, somebody I felt I could approach. You may not necessarily “know” your supervisor’. This may have been why some students would talk to friends and family first, being ‘better able to predict how they will respond’. This could connect to issues of trust: ‘taking that first step is often extremely difficult and being able to do it with someone you trust probably makes it easier’. However, for some students, this was extremely challenging: ‘I find that I can’t even tell my supervisor that I’m not okay when they ask me, let alone my friends and family’, and ‘I don’t know how to bring up the topic myself much of the time’.

In deciding whether to talk to a supervisor, a student might consider many factors: they may not want to ‘face them in the department’ or they may want to maintain a ‘professional relationship’ with their supervisor. They might worry about feeling ‘judged and pressured’, and could fear ‘repercussions, however small’ and be concerned about how these might impact on the existing relationship. Students might feel embarrassed or ‘awkward’ and potentially ‘terrified of being pitied’; therefore they may not want to reveal their feelings. Additionally, they might not ‘know what qualifies for help’ so they may think it is not legitimate to ask a supervisor about their concerns. Furthermore, a student ‘might not talk completely openly’ if unsure of the supervisor’s capacity to help, although they might raise an issue to see what further support might be available to them. As negotiating these challenges seems fundamental to accessing support, it seems vital that supervisors have the capacity to help students initiate and build conversations in which they can articulate their feelings; this may include demonstrating not only willingness to help but also their knowledge of appropriate support and their ability to relate to the student.

***Supervisor training***

Students were asked whether they thought academic supervisors received any training in understanding mental health. A small number (4) were unsure; 14 of the 40 who answered this question felt that they had access to training though this may not be mandatory. The remainder thought that supervisors had no training, and therefore students ‘cannot expect them to be fully knowledgeable in complex mental health matters’. However, it was felt that ‘mental health should be at the forefront especially in a degree with performance elements and auditions so all the staff should have training on how to spot signs of mental health [issues] and how to talk to people with mental health [issues]’. Therefore, staff ‘should at least know what to look for’ and should possess awareness, even if this is not substantially medical or therapeutic. Variance of ability in relation to this aspect was noted: some lecturers are ‘better at handling mental health than others’. This may have resulted from lecturers’ own experiences, training, interest in this area, and their personalities. In fact, all staff in this department are required to attend compulsory mental health first aid training at the start of the academic year, provided by the university. However, at present, this is not officially communicated to students, and the visibility of the training may be worth consideration as part of a strategy to improve provision.

Despite generally indicating that they believed supervisors received no mental health training, the student perceptions of the role of the academic supervisor discussed previously suggest some tensions between expectations and perceptions of supervisory capability. If, as students indicate, a ‘duty of care’ towards students is viewed as an essential part of the supervisory role, then it may be worth considering how this is manifest and made visible to students, and whether existing training is sufficient to create capability to support students effectively. It may well also be useful to consider how the importance of training is communicated to staff, as some comments indicated a belief that mental health awareness and support may not have been emphasised within academic job descriptions, and therefore, academics may have varied views on the relative importance of different areas of their role which may impact on their attitudes to mental health training and student support.

***Support boundaries***

Students were asked whether it was possible to define the boundaries of support that might be offered by a supervisor. Confidentiality represented one boundary: supervisors needed ‘a limit to how much they share with other members of staff’, including teaching colleagues as well as health professionals during the process of onward referral.

The confidentiality boundary also extends to staff contact with a student’s family. One respondent felt that ‘mentally ill students need the parent/teacher/student relationship so everyone is aware of the situation’ and hoped that ‘more parents would support their children if they were made aware of the full situation which is often difficult for them to explain’. However, university policy dictates that staff will not contact a student’s family; this can protect a student from potential negative consequences of parents’ reactions to hearing of difficulties. Therefore, the wider context of relationships could impact on the necessity and extent of supervisor involvement; it was thought that some students ‘do not have supportive families and it therefore naturally becomes in the hands of the supervisor as they are seen as the next responsible “adult”’.

Student perceptions of the supervisory role will influence the extent to which they understand the potential for support. A supervisor may be viewed by a student as someone who is ‘constantly there’ who will not ‘disappoint’; student preferences may mean that ‘the only support they wish to have may be their supervisor’. In these cases it was felt that ‘the only limit is the supervisor themselves really, the information and support they are aware of, and the time they wish to devote to resolve/discuss issues’; however, ‘if the support needed goes beyond office hours then the supervisor shouldn’t be expected to do that’. These factors indicate the potential for ill-defined and fluctuating boundaries and also connect to communication of departmental policy on supervision: ‘students/departments need to make clear and understand the limits (roughly) so not to overuse the supervisors’.

Another boundary was identified through a distinction between academic and psychological support: ‘Academic supervisors should not pretend to be mental health specialists’; ‘if they are out of their depth that could be quite dangerous’. It was observed that:

Supervisors should not be ‘helping’ as in trying to give advice when they don’t have proper training in boundaries and dealing with vulnerable adults etc., but [should be] supportive, responsible, prepared to talk (or more importantly listen) about difficult things and signpost.

Furthermore:

Supervisors with vulnerable students have a critical responsibility to remain appropriate and professional because if they were to inadvertently abuse their power and overstep a line too far they could damage that student’s ability to trust/have faith in other authority/teacher figures in future.

This highlights the importance of training, and the need for clarification of the supervisory role: ‘while the academic supervisor can be an excellent first point of call and a listening ear’ they ‘should not be advertised as a solution’, and support should be ‘non-therapeutic’. A comparison was made between supervisory support for academic work and for mental health:

If you approached them with an academic problem, say, struggling with an essay, they can look at the situation and recommend what to do next, but they don’t shoulder your burden and start writing your essay. A similar boundary should be made, whilst still remaining sympathetic.

This suggests that the focus of supervision should be on ‘what the department can do to help the individual rather than discussing any problems an individual might have in a lot of depth’. Therefore, it may be useful to consider how to create awareness for both staff and students of the value of boundaries and greater definition of the academic role.

A further boundary relates to the need for academics to remain impartial: ‘the supervisor should not be affected by [their] knowledge of the problem to be more lenient in terms of assessing the assignments’. However, most respondents seemed uncertain as to how boundaries might be delineated: ‘if training is implicated, perhaps this will help define the boundaries as there isn’t a correct answer’. Many responses suggested that the boundaries would be defined by the supervisor-student relationship; one respondent felt that ‘the limits might be put by the student; depends on how they want to be helped’. Although ‘supervisors should be clear on the appropriate level of support they can offer’ this could differ ‘on a case by case basis’ as ‘no two supervisors are the same and the needs of no two students are the same. If defined boundaries are going to be implemented this will satisfy exactly no one’. Therefore, ‘it is hard to define the boundaries as every situation is so different’.

These findings indicate the potential for some tensions in this area, particularly relating to expectations, responsibilities and the remit of the supervisory role. These findings resonate with those of Hughes, Panjwani, Tulcidas and Byrom (2018), who found that academics in their study expressed ‘a conflict between the limits of their defined role and the natural responsibility they felt for supporting a student in distress’ (2018: 6). Achieving appropriate support may need further consideration in terms of definition of role boundaries, particularly as this involves sensitive and critical personal issues in a context in which students can also be acutely aware of parity.

***Student awareness of the effects of supporting students with mental health issues on academic supervisors***

Only two respondents thought that supervisors were unlikely to experience effects from supporting students with mental health issues. One of these felt that ‘they should not be in a position of counselling so it should not affect them’, while the other stated: ‘I cannot think of anything negative when it is within the limits’.

Positive views included the proposal that a supervisor would have a better understanding of a student; the relationship might be strengthened through greater ‘trust’ and commitment, and supervisors may obtain ‘satisfaction’ through seeing students ‘succeed and feel less helpless’. Furthermore, a supervisor ‘could alter their behaviour to help students’, though no indications were given as to how this might manifest.

These views contrasted with the majority of responses which focused on the more demanding repercussions for the supervisor; these largely mirror responses from academics in the study by Hughes et al. (2018) who identified considerable impact on academics as a result of supporting students. Academically, as previously noted, there may be assessment implications relating to impartiality; this might also connect to the perception that the demands of the situation may mean that a supervisor could ‘possibly resent’ a student. Supporting students with mental health issues could exacerbate an ‘already heavy workload’, causing a ‘great deal of strain on the supervisor’s health and wellbeing’ and adding ‘pressure on their work and home life’. It was observed that ‘it makes a difference when you are not just looking out for someone and their work ethic/results/progress, but their overall mental health as well’. In some cases the perception of the impact on supervisors might mean a student may feel they cannot ask for support: ‘it’s probably quite stressful and worrying for them [staff], which is why many students don’t bring up the topic in the first place as they don’t want to burden anyone else’.

It was observed that ‘serious mental health issues can be distressing to witness’, not least because ‘seeing someone in distress should trigger similar feelings due to the emotional contagion aspects of empathy’. Therefore, it was noted that supervisors could feel ‘worried’, ‘stressed’, ‘dragged down’ and ‘overwhelmed’ by ‘a huge burden of emotional labour’, particularly if they feel solely responsible. One respondent observed that ‘sometimes I question whether I am a terribly under-qualified therapist or a friend and I have no doubt that supervisors have the same thoughts’. Perceptions of responsibility could lead to difficulties regarding vigilance: ‘when someone has overdosed or regularly self-harms, you cannot stop yourself from wondering what they are doing or if they are okay and your brain naturally jumps to the worst conclusions that you have to fight’. A supervisor might not only be concerned about a student but might also become ‘very aware of the effect this is having on the mentally ill student’s friends’ and may feel a ‘natural instinct to protect’ them. Therefore, the area of their concern widens.

Additionally, student issues may reflect ones personally experienced by a supervisor, and ‘knowing the causes if those are issues the supervisor is aware of in their own life may be distressing’. While it was suggested that ‘supervisors should be wary of such negative effects of their important pastoral work, and have suitable strategies in place to combat them as necessary’, other responses indicated that ‘they might have to deal with some difficult cases that they are not necessarily trained to handle’. Ideally, supervisors ‘should be trained in mental health support so they can know how to offer support without affecting their own mental wellbeing’. It was also suggested that they ‘should have the option to receive support for vicarious trauma the same way counsellors do’ as it was thought that supervisors do not receive support. Therefore, it may be helpful to ensure that staff are encouraged to make time to address their own mental health concerns, and for the institution to ensure that staff are aware of frameworks both within the workplace and externally to enable them to discuss issues which are affecting them, and for departments to review and revise staff support provision on an ongoing basis.

***Student views on ideal support provision***

Views on ideal support reflected different levels of awareness of existing services and potentially students’ own struggles to receive professional support. While peers, parents and a ‘special mentor’ were mentioned as potential sources of support, most respondents stated that the university should provide support; this would be complemented through external services such as GPs and NHS mental health experts for medication, free counselling and psychotherapy.

Within the university, three main areas were highlighted. The potential for ‘regular meetings with a university-trained professional’ through the university’s formal support service was recognised; however, one student noted that ‘waiting lists are way too long, the service is clearly underfunded and/or under-resourced and/or understaffed’. Additionally, it was felt that the service was ‘too formal and includes too many box-ticking systems’ which could lead to ‘constantly feeling like you’re being assessed’. Nevertheless, the service offers ‘workshops on perfectionism and anxiety which a lot of music students go to’ and it was suggested that bespoke sessions for music students could also be provided.

The supervisor was the most frequently-mentioned ideal source of support, with recognition of their capacity to facilitate academic processes and refer students to other services. These could include college welfare teams: ‘many cases of low level mental health issues can be handled by college staff very effectively’. However, one student felt that college services were less accessible to those living off-campus; therefore, supervisors could reinforce communication of support structures to students in their second and third undergraduate years, as well as to new/continuing postgraduates and those in writing-up years, one of whom articulated ‘substantial anxiety’ and limited ‘recognition and support’ in relation to PhD write-up stress. Despite indicating other sources of support, the importance of supervisory oversight was highlighted: ‘a really important part of a supervisor’s potential role is perhaps to keep an eye out to make sure students don’t slip through the net somewhere along this chain of referrals (if required) and end up not getting the support they need’. Oversight could also be essential in cases where ‘sometimes the students will be so busy with work that they ignore their problems and they manifest in other ways’; supervisors are well-placed to recognise what is normal or unusual for a student, particularly within a performance-focused department in which staff work with students in ensemble rehearsal and performance contexts in addition to lectures, seminars and supervisions and can therefore see a student’s engagement in different contexts.

While one respondent believed that ‘the music department does far more than many other departments’, others suggested that extensions of university support could create roles for a ‘mental health support person’ or ‘assigned members of staff to be the first point of contact’ in each department: ‘One unrealistic idea could be to have a few music welfare students and staff, who are trained to talk to the students about mental health, and able to sympathise with music department life’. Locating this support from within the department was advocated: ‘having someone to talk to who understands the actual real time demands of your course would be really helpful’. Students indicated that this role could be fulfilled by a ‘pastoral supervisor, equipped with suitable counselling/therapy qualifications’ who would ‘understand the issues specifically facing music students’ and would ‘liaise with supervisors, lecturers and other health care professionals to ensure that the wellbeing of the student is the first priority’. This person could possibly also ‘fulfil some other teaching role’ particularly for Year 1 undergraduate students, enabling ‘all students to have the opportunity to spend some time with them, and therefore get to know who they are, and learn that the “pastoral supervisor” is someone that they can trust, and speak to in confidence’. The location of this role was also considered:

Music students don’t tend to get out of the department much; for many, music is the only thing they do so it is important that there is someone in the department where people feel comfortable. I believe this is why many music students would not go to the [student union] for advice and support. They are not comfortable outside of the department because they never have to leave it!

Further suggestions for support included greater provision of information, which could include a mental health awareness day and a mental health guidebook, ‘full coverage of all support services available at the university during induction, and widely displayed advertisements for national services, e.g. Samaritans, 111, Nightline, etc.’. This information should ‘encourage awareness of warning signs’ as ‘most people are unfamiliar with the symptoms they may be experiencing (tiredness/anxiety/full head/bad thoughts/worries that they’re losing it)’. It was felt that ‘many people are not properly equipped to self-assess the state of their mental health … the student themselves should have some self-awareness, and be able to recognise their own mood changes, or neurosis development’. Awareness could be facilitated through ‘guest talks by mental health professionals who can explain the many different types of support available’. Additionally, ‘there could be workshops or discussion groups to talk about mental health problems in general’ which might include mindfulness and other techniques. These suggestions indicate that while the supervisor has a central role in supporting mental health, additional support would be welcomed.

***Departmental culture and responsibility***

In addition to academic workload demands, mental health could be ‘related to the lifestyle of a music student – high intensity, high pressure’; therefore, ‘being a music student can affect your mental health negatively; for example, self-esteem and (performance) anxiety’. It was also suggested that ‘performing well tends to have a higher priority than treating the underlying condition’. Furthermore, one respondent felt that ‘due to the very competitive nature of the department, many music students struggle with severe insecurities about their academic and musical abilities which can be incredibly difficult to deal with’. Elaboration of this point was provided by another respondent:

One of the major problems in the department … is that a small number of people receive a great deal of performance opportunities and praise because of how they performed in one or two auditions, which can leave a lot of other students feeling left out and inferior, causing severe insecurities and subsequently these people don’t want to perform as much or perform with a lack of confidence, and so these issues get worse and it becomes a vicious cycle … if there was a way for there to be more high-quality non-auditioned groups or a system to ensure that the best performance opportunities within the department would be shared more evenly across the students, it would make for a generally happier and healthier department.

While competition is frequently encountered within the professional life of a performing musician, this comment indicates a need for further reflection on parity of opportunities as well as attitudes towards competition, particularly in a context where not all students are preparing to be professional performers. Music departments could usefully investigate how students experience competition and whether decisions made by staff in regard to opportunity need greater consideration. It may be the case that staff assumptions about students’ prior experience impact on awareness and attitudes regarding students’ capacity for adopting positive attitudes towards competition and opportunity; not all students will have followed a route in which performance exams, competitive music festivals and other competitions are standard rites of passage. Therefore, students may need further support. The indication of insecurities also links to another comment which expressed the idea that staff could demonstrate greater concern for those students who have support plans, ensuring that there is ‘non-stigmatisation’. No further detail was given, but the presence of the comment suggests some issues relating to this may have been experienced or observed by this respondent which could be investigated.

Additionally, staff attitudes relating to ‘encouragement and enthusiasm’ were identified:

I would like a lot more positive feedback. I often feel like I am continuously scrabbling for approval and no matter how hard I work, often the feedback is ‘you got 68, here is what you should have done to get a first’, rather than ‘You got 68! WOHOO! Well done! You are amazing! Keep going! Keep doing the things that you are doing, if you tweak these things next time you might be able to do even better but WELL DONE!’ It can sometimes seem like the department is supportive if you are doing well rather than if you are trying hard (including performance). This has definitely had a negative impact on my mental health and my enjoyment of music.

This comment suggests that student perceptions of departmental culture are also influenced through feedback, and again connects to the role of the supervisor in providing encouragement. Marking criteria and feedback guidance urge staff to assess the work they are seeing in isolation, not in relation to previous work, and therefore feedback cannot indicate the marker’s awareness of a student’s development. Longitudinal developmental oversight can, however, be provided by the supervisor, and is an aspect worthy of further consideration in relation to supervision.

In addition to promoting awareness of mental health through information and support sessions, further ideas included ‘general activities to show students there are other things to do (to relax) than always doing something musical and high intensity!’ and events ‘to help students relax and not have to worry about studying or practising for a bit, like food/film/playing fun easy music together/singing/petting dogs’.

While the responsibility for students’ mental health was almost unanimously identified by students as their own, responses gave clear indications that students believed that the department, as well as the university and family, should take some responsibility for promoting and supporting mental health. As a student’s mental health might be ‘defined by their ability to cope with the workload’, as well as influenced by potentially ‘feeling marginalised or isolated in a not very diverse department’, supervisors have a responsibility to consider how they can mitigate against these factors, and staff have a responsibility to consider how to promote a positive department culture which facilities positive mental health.

**Discussion**

The views detailed above, while expressed only by students within one UK university music department, are likely to be indicative of more widespread issues among music students, both at university and conservatoire, and additionally resonate with views of postgraduate research students expressed in Metcalfe, Wilson & Levacque (2018). Higher education brings challenges including engaging with a new environment, changes in support, concerns about managing study, and assessment requirements (MWBHE, 2015). Academic supervision may be the only structured and regular support available to some students. This can result in complex demands for supervisors and, as revealed above, there is potential for variance in their capacity to support students.

HSE identified six main sources of stress in the workplace: demands, control, support, relationships, role, and change (HSE, 2017). The findings presented above suggest that these areas present similar concerns for music students as well as for academics. Demands consist of the challenges of negotiating pressure, a competitive environment, deadlines, high-intensity activities, self-esteem, insecurities, performance anxiety and general anxiety. While workload hours were not discussed by these respondents it is likely that academic study, instrumental practice and rehearsal schedules as well as part-time employment and/or volunteering activities create substantial demands.

Higher education, viewed above as ‘a time of disruption and change’, is likely to impact on control. Some students participating in this research reported feeling a lack of control concerning departmental opportunities, and may be highly sensitive to parity and ability. They are also aware that they cannot control the outcomes of disclosing sensitive information to a supervisor; neither do students have control over support provision. In situations which are already stressful, the limited extent of control could lead to increased stress and anxiety.

Students report concerns relating to their ability to understand their mental health, which suggests that factors beyond their full control have an impact on their capacity to deal with change. Change is endemic within higher education; for example, underpinning programme structure and requiring students to adapt and adjust to different lecturers and varied peer cohorts, and engagement in other contexts such as student societies and accommodation may also require negotiation of frequent changes. The supervisor can become one of the only constants within this context, and may be seen by students as one of the few people who understands this situation. While instrumental teachers may also become significant sources of emotional support for students (Gaunt, 2008), the peripatetic nature of their university employment means that they possess less knowledge of departmental structures than academic staff, and have little procedural influence; therefore, academic staff have capacity beyond that of instrumental teachers to negotiate support for students, and could potentially be perceived as better able to relate to difficulties exacerbated by academic study. Nevertheless, it is also valuable to propose that any institutional provision does include instrumental teaching staff in relation to training and information concerning support for mental health, particularly as these staff do see students more frequently during the course of the academic year than other staff, and have a greater amount of one-to-one contact hours with students. It is also important to consider provision for the mental health of these teachers, as well as for academic staff.

In terms of relationships, ‘knowing’, ‘approachability’ and ‘trust’ are identified above as key factors affecting students’ communication with supervisors; these could affect the extent to which students feel validated within the relationship, and, of course, are also vital in relation to instrumental tuition. Research on music learning indicates the importance of educators’ capacities to engage emotional skills and positive psychology to develop learner engagement, wellbeing and enjoyment (Campayo-Muñoz & Cabedo-Mas, 2017; Patston & Waters, 2015). Student comments suggest that a caring supervisor will respond with empathy and compassion. However, they may find it difficult to detach from the student’s situation, and may continue to engage in supporting a student even if the student receives professional support, particularly to check that support is indeed ongoing. These factors contribute to the challenges in boundary-setting, and in boundary-maintaining, and in an environment where students and staff will see each other during lectures, seminars, tutorials, rehearsals, ensemble performances and as audience members, it becomes more difficult for supervisors to define and maintain boundaries than it is perhaps for lecturers in other disciplines, or for the professional healthcare practitioner who will only see the student in a specific, defined and time-limited context. Although a boundaried structure can be a highly effective framework for therapy, boundaries cannot be so tightly constructed and achieved in the context of a music department. This has significant implications for academic staff, who are very much less supported than healthcare professionals, as they receive no ongoing individual or group supervision as part of their employment, and may not have received this within their training. While a university might encourage academic staff to consult an internal or external counselling service if needed, this is likely to make the demands on supervisors less visible to the department and to the institution, and therefore may remove the discussion of support, boundaries, care and workload out of the precise context in which it needs to be articulated. This has worrying implications for the mental health of the supervisor, for departmental culture, and for the debate on mental health, which will not benefit from being sequestered.

Institutional support structures frequently operate using a platform such as a counselling service which connects to support linked to student accommodation (college-based), health services, student societies (offered by peer students), and to faith services (offered by chaplains). Communication from these services can appear to operate in a disjointed counterpoint, repeating, overlaying, truncating or extending information, with the result that it can be easier to ignore than to engage with. It may appear to students that there is little coherency in the design of support provision, and negotiating potential discrepancies within this confusion may be overwhelming, particularly for those who are struggling. Therefore, suggestions of in-department support seem logical, particularly as music students are likely to be engaged in programmes rather different in nature from other subjects, in which a variety of skills, particularly performance, may be not only operate at different levels of competence but are also highly visible to peers, which can contribute to comparison and competition.

Promoting ‘self-agency’ and ‘resilience’ (MWBHE, 2015: 9) may positively help students negotiate the demands of grappling with aspects influenced by control, support and change in relation to their studies and their personal development. According to Mind (2017), ‘resilience is not just your ability to bounce back, but also your capacity to adapt in the face of challenging circumstances, whilst maintaining a stable mental wellbeing’. This can be developed through lifestyle considerations, physical wellbeing and support. It seems pertinent to suggest that this has implications for ongoing discussion of the extent of departmental remit; while provision needs to be in place to support those with mental health issues, music departments could fruitfully consider how they create a culture of wellbeing, and how prominent their attitudes to positive mental health are to students.

Provision of more support as well as information about mental health issues, institutional and external support services could enhance positive development of factors identified by these respondents: self-esteem, anxiety and performance anxiety, the delivery and reception of feedback, parity and opportunity. This could also be influenced by student perceptions of their own role and responsibilities, particularly in terms of agency in finding support and in connecting with departmental and university culture, which further relates to their ability to influence and cope with change. This research has made some contribution to enhancing students’ perceptions that their department has concern for their mental health; however, students need to be involved in discussion about how they would ideally like to be supported, which may facilitate provision which has relevance to students’ needs, which is conveyed through clear communication, and which engages staff, students and instrumental teachers in a positive culture. This is particularly complex in a context where students’ area of study may influence their perception of music: it may become less of a stimulating or restorative art (MacDonald, 2013) and instead present sources of stress, further complexified by the relationships between performance, scholarship, competitive cultures and opportunity. The interrelationship of these aspects in relation to mental health warrants further research. For staff, it is likely that greater support both within training and during employment may be beneficial in developing understanding of mental health, and in supporting wellbeing; furthermore, enhanced support for students with the potential for in-department and external services may create structures where students have choice, and timely access to support; all developments which will enhance departmental culture and benefit everyone.

**Conclusion**

This small-scale study has investigated views of a sample of music students at one UK university. While the sample size is small, the findings indicate tensions between support provision and demand, supervisory capacity and ability to meet students’ needs, boundaries, staff training, student awareness of the effects on their supervisors when providing support, departmental and institutional developmental needs. Additional comments from respondents expressing gratitude and relief that this research was taking place suggest that the student voice deserves greater representation in the ongoing discussions of mental health and wellbeing. Issues of communication, roles, agency and departmental culture are identified as concerns worthy of further investigation and institutional support.

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