

Community Action on Health

Student Health Needs Assessment: Perceptions of health and use of health services in Newcastle

March 2012



Community Action on Health is a charity working within Newcastle to tackle health inequalities through patient, carer and public involvement.

We are experts in innovative and practical involvement, working with patients, communities and harder to reach groups to gain the insight needed to design the best, most responsive and cost-effective services.

We have vast experience and expertise in gathering the views and opinions of patients, carers and the general public in relation to health services. For example:

- locating new GP surgeries
- services to include in new community health facilities
- visibility of existing health services
- changes to care pathways

We employ various quantitative and qualitative data collection techniques:

- Questionnaires – paper-based and online
- Participatory appraisals
- Drop-in events
- Face-to-face interviews
- Focus groups
- Informal group discussions

We also provide guidance on:

- how services can engage with patients, carers and the public
- developing patient-friendly services
- a patient-focussed approach to delivering health services

For more information about the services we can provide please contact Kieran Conaty on 0191 2263450 or email kieran@caoh.org.uk. Visit our website at: www.caoh.org.uk

Contents

Section 1: Introduction	1
1.1 Community Action on Health	1
1.2 Project context	1
1.3 The project	2
Section 2: Methodology	3
2.1 Qualitative techniques	3
Section 3: Findings	7
3.1 Participant profile	7
3.2 What does being healthy mean to you?	7
3.3 Achieving good health at university	10
3.4 What aspects of health are most important to you?	20
3.5 Alcohol and students	21
3.6 Use of health services	27
3.7 GP registration	29
3.8 Organisations supporting student health needs	33
3.9 Promotion of health services	37
3.10 Summary	38
Section 4: Recommendations	41
4.1 Awareness-raising	41
4.2 Practical changes	42
4.3 Culture change	43
Appendices	45

Section 1- Introduction

1.0 Introduction

1.1 Community Action on Health

Community Action on Health (CAOH) is an independent charity based in Newcastle upon Tyne. We are experts in innovative and practical involvement, working with patients, communities and harder to reach groups to gain the insight needed to design the best, most responsive and cost-effective services.

1.2 Project context

1.2.1 Higher education students in Newcastle

Twelve percent of Newcastle's population is aged between 18 and 24 years old and during term time higher education students from Newcastle University, Northumbria University and Newcastle College account for 70,000 people within this age group.

1.2.2 Students in Newcastle Forum

This significant proportion of the city's population was formally recognised in February 2011 with the establishment of the Students in Newcastle Forum, a working group which brings together representatives from Newcastle University, Northumbria University and Newcastle College with the City Council. Its remit is to address any issues and improve services for students living in the city including:

- Housing
- Community safety
- Licensing
- Transport
- Health

Following Forum meeting discussions around the health needs of students with Public Health at NHS North of Tyne, a student health needs assessment was planned.

1.2.3 Student health needs assessment

1.2.3.1 Aim

The aim of the student health needs assessment is to identify the health needs of further education students studying in Newcastle at Newcastle University, Northumbria University and Newcastle College.

1.2.3.2 Objectives

The overall objectives of the health needs assessment are to:

1. Describe the demographic profile of further education students studying within Newcastle
2. Describe the available evidence base on what is already known about the health needs of further education students and what public health interventions have been implemented and evaluated to benefit the health of the students
3. Undertake an asset mapping process to capture the current health activities being delivered within the three institutions
4. Working with key stakeholders to develop, pilot, disseminate and analyse an on line health related behaviour questionnaire to a representative group of students
5. Working in collaboration with CAOHS to develop, conduct and analyse focus groups with a selective sample of students to capture a more in-depth understanding of students perceptions of health and their use of health care services
6. Analyse all collated evidence in objectives 1 – 5 and develop recommendations to improve the health of further education students
7. All recommendations are to be shared with Newcastle Student Forum and disseminated to appropriate partnerships such as the Newcastle Alcohol Strategy Board to promote the need for recommendations to be adopted by established infrastructures
8. Consider the longer term implications of the universities joining the Healthy University International Network

1.3 The project

As discussed above, CAOHS was asked to assist NHS North of Tyne with the student health needs assessment and in particular, to gather students' perceptions of health and their use of health care services.

The key objectives of the project are to:

- Explore perceptions of being healthy and what aspects of health are important to students
- Understand any differences between being healthy at home and at university
- Identify any barriers to staying healthy whilst at university
- Gauge attitudes towards publicity around students and alcohol consumption
- Identify any information needs around safe and sensible drinking
- Explore the use of health services whilst at university
- Explore experiences of GP registration and identify any barriers to registering
- Identify activities to support the promotion of health services to students
- Identify any actions organisations could take to support students' health needs

Section 2 - Methodology

2.0 Methodology

To meet the objectives of the project, a number of distinct and complementary methodological processes were required.

2.1 Qualitative techniques

In order to gain a depth of understanding of people's beliefs and experiences of being healthy and using health services, a qualitative methodological approach was deemed to be the most appropriate, enabling the collection of meaningful data. Qualitative research is concerned with gaining an understanding of how people feel, their beliefs, reasoning and motivations and therefore fitted with the objectives of the research.

2.1.1 Focus groups

Group discussions or focus groups are commonly associated with collecting qualitative data and this technique was used to gain insight into students' views. A group setting with members sharing a common interest enables them to feel comfortable and able to give their views freely. In addition, interaction within the group may also produce other data, when for example a memory is triggered by someone else's comments.

2.1.1.1 Participants

Recruiting participants for the focus groups required a purposive sampling technique. The overall criterion was that they were students at either Newcastle University or Northumbria University. In addition, the following student groups were targeted:

- **Students living in halls of residence**
 - First year undergraduate students from the UK
 - First year undergraduate students from outside the UK

- **Students living in private rented accommodation**
 - Second or third year undergraduate students from the UK
 - Second or third year undergraduate students from outside the UK
 - Mature students (over 22 years old)

- **Students living at home**
 - First, second or third year undergraduate
 - Mature students 22 – 25 years old
 - Mature students over 25 years old

Finally, it was requested that the views of Chinese students in particular were represented in the research.

2.1.1.2 Recruitment

As students at both universities had examinations in January, focus groups were planned for February 2012. The City Library was chosen as the location for the focus groups as it is a neutral venue for students attending from both universities, it is an accessible, city centre location and in close proximity to both universities. Students were offered a £10 shopping voucher in recognition of the time they would be giving to the project.

Finally, if the times, location or the method of engagement was not convenient, interested students were invited to contact CAOHS via email or telephone to participate in a way that suited them.

In order to achieve the largest number of participants possible a detailed promotion and recruitment campaign was developed which ran from January to March 2012.

It was decided not to recruit participants face-to-face as past experience has shown that people feel pressure to sign-up to take part but subsequently do not attend on the day. In addition, students are inundated with flyers whilst on campus, therefore advertising in this way may have got lost in the 'noise'. This was subsequently affirmed by comments made by students during the research.

Instead, a poster inviting students to attend a focus group was produced and distributed to students electronically and the following communication channels were used:

All students

- Facebook – the invitation was posted on 17 Facebook pages associated with students at each of the universities and was viewed 1,769 times
- Gumtree – the invitation was posted under the student jobs section
- International Students Day – this event took place in the Civic Centre in October 2011 and brought together all new international students to the city. Forty students interested in taking part in future CAOHS work left their contact details and were emailed the invitation to take part in the research
- In order to ensure that the views of Chinese students were represented in the research a more targeted approach was also taken. Contact was made with the Newcastle Chinese Healthy Living Centre who introduced CAOHS staff to Newcastle University's President of Chinese Students and Scholars Association who in turn recruited students to a focus group

Newcastle University students

- Student Union – the invitation was advertised on the digital screens and website. Email invitations were sent to all students on the Student Union database
- Student Union Societies - Direct contact was made with selected student union societies and in particular those associated with international students. They were asked whether their members would like to take part in the research or

whether they could advertise the invitation. Several societies invited CAOH to attend their upcoming meetings although all fell outside the project timescales

Northumbria University students

- Pro Vice Chancellor and Director of Academic Services emailed the invitation to all schools within the University
- Invitation emailed to 9,000 students studying at Coach Lane Campus
- Invitation emailed to all students studying in the Business School
- Invitation emailed to all postgraduate students
- Invitation advertised in the School of Life Sciences reception area

2.1.1.3Format

In advance of the focus group participants were sent an information sheet explaining more about the project. They were asked to complete a consent form and were given the opportunity to ask questions before the discussion began. Participants were also reassured that the consultation was completely anonymous. Discussions were audio taped and transcribed at a later date.

Questions were developed in advance of the discussion, taking into account the objectives of the project. Participants were also given the opportunity to discuss any other issues they felt relevant to the subject matter.

2.1.1.4Interviews

As discussed in 2.1.1.2 above, attending one of the pre-arranged focus group was not convenient for some interested students; therefore several individual telephone interviews also took place.

Twenty-six people took part in the research via focus groups or interviews. A profile of all participants can be found in Appendix 1.

2.1.2 Participatory engagement

In order to ensure that the largest number of students were able to give their views, a participatory engagement technique was also employed. It involved CAOH staff facilitating interactive discussions with individuals who gave their views via eye-catching display boards, post-it notes and coloured stickers. To ensure consistency, the same questions were used as in the focus groups.

The technique was deemed appropriate for the following reasons:

- The views of a large number of students can be captured within a short period of time
- Students' views can be captured at the time instead of recruiting them to attend a focus group
- It enables the views of students who may not usually get involved with research to be gathered, producing a greater diversity of results

Students' Unions at both universities were chosen to carry out the engagement due to their high footfall. Display boards were positioned within Newcastle University Student Union on 14th and 15th March 2012 and within Northumbria University Student Union on 1st and 2nd March 2012.

120 people took part in the research in this way. A profile of all participants can be found in Appendix 1.

Section 3 - Findings

3.0 Findings

This section provides a summary of the findings of the focus group and participatory engagement work with Newcastle University and Northumbria University students.

3.1 Participant profile

As mentioned in Section 2, a total of 146 students took part in the research; 75 were studying at Newcastle University and the remaining 71 at Northumbria University. Eighty-seven students were female; one hundred identified themselves as White British and ages varied between 17 and over 60 years old.

Forty-one students are in their first year at university, 41 are in their second and 40 are in their third year. A further 15 students identified themselves as postgraduates. One quarter currently live in halls of residence, 58.2% live in private rented accommodation and 17.8% live at home.

Thirty-three participants were international students, from Europe, Africa, the Middle East, Asia and North America. For a full breakdown of participants see Appendix 1.

3.2 What does being healthy mean to you?

- Being active
- Healthy diet
- Mental good health

Responses to this question were dominated by being physically fit and able, exercising and being active or having a healthy diet, a balanced diet and eating well. The third most commonly mentioned factor was having good mental health.

3.2.1 Being active

Nearly three quarters of students felt that being healthy was related to how physically fit they were or doing exercise or sport.

“Staying active, playing sports, that’s me being healthy”.

“Going to the gym and being fit and active”.

“If I’m busy I play less sport and then I feel unhealthy”.

“Being physically fit”.

“Yeah I mean I try to go to the gym at least three times a week just to relax and have my body fit”.

Newcastle University students, those aged under 25 years old, and UK resident students were more likely to cite this.

3.2.2 Healthy diet

When considering what it means to be healthy, nearly two thirds of students mentioned having a healthy or a balanced diet or eating 'five a day'.

“Eat right and then get your vitamins and everything like that”.

“Just the eating healthy aspect of it – just make sure that you’re getting fruit and veg and that you’re not eating rubbish all the time, as you are – that’s the main worry when you’re a student what your diet’s going to be like, so I suppose if I was thinking about being healthy, not as active as I should be, I wouldn’t really worry that, I’m more worried about making sure I’m eating, what my mum would like me to eat”.

“Eat an apple a day; that’s what’s healthy to me”.

“Good eating patterns, good diet”.

“Healthy means eating ‘five a day’, having a low fat diet”.

“Not eating processed, crappy food”.

Men, those aged 17 to 21 years of age, UK students or those living in private rented accommodation were more likely to relate being healthy to a healthy diet.

3.2.3 Mental good health

The third most common response when students were asked what being healthy meant to them was having good mental health. However, only 27 participants actually cited this and a number of focus group participants felt that mental health would not even be considered by students when thinking about being healthy.

“Physical, mental, emotional state of wellbeing”.

“Having good mental health with no stress”.

“On the mental side being able to do – to get through day to day functions without having to put too much emotional stress on yourself”.

“I think happiness is very important, mind and emotions are more important instead of the physical”.

“I’ve started meditating. Everyone laughs at me for it but it’s something that I was thinking about for years now - healthy in the mind, so meditation – that’s what it says it does and it actually does – thinking more positively, in a more positive way, keeps you healthier”.

“When you think about being healthy I don’t think most students would consider the health - the mental health around students, you wouldn’t say to someone ‘oh I’m concerned about your mental health’ or anything like that, they’d just be like everyone else’...just everyone gets on with it don’t they. Especially at exam time, you’d just be like ‘it’s just exam stress, get over it’ and everyone’s going through the same thing so no-one – well not that no one has sympathy but no one has time to have sympathy for you because they’re too busy stressing about their own course. And you’re in that environment we’re everybody’s at a heightened level of stress so you think your level of stress is normal – it’s a normal level of stress yeah”.

Students mentioning mental health were slightly more likely to be from Northumbria University, in their first year of study, aged 22 to 25 years old or international students.

3.2.4 Other factors

Stereotypically alcohol and recreational drug consumption are often associated with students. It is therefore interesting to note that drinking alcohol in moderation was only the fourth most frequently mentioned answer when students were asked what being healthy meant to them. Only 19 of the 146 participants mentioned alcohol including only two international students (drugs were only mentioned by two students). During focus group discussions, two participants suggested that this was because students simply did not consider drinking alcohol as being unhealthy.

“Alcohol’s not something that people really take into consideration when they’re thinking about their health, like especially students, because you’ll be doing really well, like eating really well and trying to make a conscious effort to do it and then you’ll just go out and drink like five trebles and that is so - like you don’t realise how unhealthy alcohol is”.

“And I think people won’t necessarily know it’s damaging their health because until they start getting fatter because of it and then I think that’s when students start to realise ‘oh actually I’m putting on weight because I’m drinking loads, maybe that’s not good for me’ whereas if they weren’t to put on any weight or have any noticeable effects, they’d just consider it fine”.

“Personally I wouldn’t say – quite badly probably, that it’s something I think about, in terms of being healthy, in terms of prioritising being active physically or eating well, but then no one really thinks about the fact that you could be doing sport eight times a day and you could eat your salad all the time and then drink an obscene amount on the weekend”.

Being free from ill health, general wellbeing and getting plenty of sleep were also mentioned by a minority of students and by female students more frequently than men for the latter.

“Free from disease, that’s what being healthy means to me...if my body’s working properly and it’s doing the job that I need it to do”.

“It means not being sick”.

“Having no diseases”.

“My general wellbeing and being able to function without any problem”.

“Getting plenty of rest and sleep”.

“Getting enough sleep and looking after yourself”.

3.3 Achieving good health at university

Participants were also asked whether they felt that they are able to achieve good health whilst at university and in particular what factors make it easy and what barriers there are to leading a healthy lifestyle.

3.3.1 Factors supporting good health

Twenty-one students directly stated that nothing helps them to be healthy whilst at university and participants in one of the focus groups discussed the relationship between being healthy and the year of study, suggesting that it is more difficult to lead a healthy lifestyle in first year due to the drinking culture and independence.

“I think it’s easier when you’ve got out of first year...

Yeah ‘cause you drink a lot in first year

...because you’re away from home and you’re like ‘oh I can have this because my mum wouldn’t let me do this’”.

However, participants did identify a number of factors which helped them to be healthy whilst at university, in particular:

- Sports facilities
- Walking
- Activities and societies

The availability of sports facilities at both of the universities, cited by one third of students (and slightly more so by those aged under 22 years of age), was the main factor that students felt supported them to be healthy whilst at university and several participants also mentioned the accessibility of the City Council’s sports facilities which were sometimes less busy than university services.

“In terms of being active, as a student Newcastle has got loads of sports and things and even like citywide, I just joined the city gym and that was 20 quid for a month which is a bargain and that’s in town. So I find that access to that kind of side of a healthy lifestyle is quite easy”.

“You get a student card which gives you cheap passes to council pools and facilities”.

“The sports centre is cheap and it is close to my halls of residence”.

“The university gym makes it easy to be healthy”.

“I think at university you’re exposed to – there’s quite an exposure to student services and student gym membership and you get the amenities all readily available for you, you don’t really have to hunt for them, they get advertised quite well for students”.

Almost one quarter of students (although a lesser proportion of international students) mentioned that being at university gave them the opportunity to walk more frequently and this was bore out in the focus groups when participants were asked whether their health differed between home and university.

“In terms of how active you are I would say when you go home for the holidays I’m not active at all, I don’t even try to attempt to do any clubs or sports or anything like that, I barely walk anywhere because you just get chauffeur driven, but when you’re up at uni you’re walking around campus all the time, just generally a lot more active than you are couch potato for three or four weeks”.

“At home I live so much further away from all my friends so at uni all my friends are within a 10 minute walk, maybe the furthest away is probably 20 minutes so like I can walk to all my friends’ houses like every single one of them and I can walk to work or to uni, like I walk everywhere so when I go home and I live a 20 minute drive away from my best friend’s house”.

“I do lots of walking. I also walk up the stairs instead of using the lifts”.

University societies and sports activities and teams were also identified in terms of supporting students to be healthy whilst at university. This was mentioned by 23 participants and noticeably more so by Newcastle University students.

“You have access to sport societies and being part of them is university life”.

“There’s lots of other sort of sporting activities and stuff you can do at uni”.

“You have societies you can join, such as the zumba or yoga - they are very cheap and easy”.

“You walk to university, there is a gym on campus and sport and other societies such as pole dancing - it’s a fun way to keep fit”.

Two participants also mentioned the fact that university gives them the opportunity to meet people with similar interests to theirs, which encourages them to take part in sports and social activities.

“Well, especially if you start university and stuff and then you decide you want to take up a sport and if you’ve got other people that are doing that same sport as you, you’re encouraged to go, you’re encouraged to do that kind of thing to be

social and that's got benefits in the fact that you feel like you're doing something, but it's fun so you don't really notice the fact that it's having a good impact on your lifestyle".

Other interesting comments made by focus group participants related to the information available around safe sex and also mental health support.

Several UK students at both universities mentioned the amount of sexual health information available to them although one Newcastle University student highlighted the mixed messages given to students.

"That's advertised a lot with us. You see them everywhere, in the SU and stuff. Advertising, getting tested and using condoms".

"I think most people know about the New Croft Centre".

"I know where to get a free chlamydia test for 16 to 25s, there's no excuse if you don't know about it because it's well enough advertised".

"I think students are becoming increasingly aware of their sexual health at the moment partly due to the publicity about it but maybe also because there's been such an increase - like more people are experiencing it so during fresher's and stuff when we've been giving out condoms and things like that we've had loads and loads of people".

"Yeah they advertise it but then we've got a student newspaper which this week has been promoting 'Ten Best Ways To Leave After A One Night Stand', and like I don't think - well not that - I don't think that - well it depends whether the health sort of agencies are trying to challenge promiscuous sex or trying to say 'if you're going to do it, do it safely' like there's never any mention of safe sex within all these articles".

Finally, Newcastle University students highlighted the increase in mental health support available to them and in particular to international students as a response to an incident on campus last year where a Chinese student committed suicide.

"A girl on my course jumped out the window...of our seminar room and we all, like, got - everyone on the course got sent to like this workshop thing...we've had like meetings about why obviously she did it but there's a big focus now on the pressure on international students".

"Well, I just mentioned the health including the mental health as well, but the university didn't pay much attention in the past but now they pay a lot of attention on this programme because some issues happened last year".

"Yeah they are paying more attention to the international students".

"Yeah they are trying to do more to improve and change the situation...accommodation programme you know...in China we don't have too

much party at nights so that's something to consider as well trying to make the university's accommodation much more comfortable for international students".

3.3.2 Barriers to achieving good health

Participants were also asked to identify any barriers to leading a healthy lifestyle whilst at university and the most frequently mentioned were:

- Food
- Drinking and socialising
- Time constraints

3.3.2.1 Food

Nearly two-thirds of participants mentioned food-related barriers and slightly more were students living in halls of residence. One third of students simply stated that their diet consisted mostly of fast food, with much of it consumed after drinking.

"Then there's the inevitable takeaway after alcohol and then the junk food the day after when you've got a hangover".

The availability of healthy food on campus was a particular issue for both sets of university students equally. Newcastle University has a Starbucks and Subway on campus but it was felt that both universities sell a disproportionate amount of unhealthy food, although as described by one Northumbria University student, advertisements do not necessarily reflect this. Where there is a healthy choice on offer, it is always more expensive than the unhealthier foods.

"Our main, sort of, area that we eat at the university, we've been there today, Castles Restaurant it's called. It's not owned by the university, they have other people that come in and run it, so I understand, but all the way across the top of the restaurant there are pictures of fruit like strawberries, kiwis, do you ever see strawberries and kiwis there? No you get chips, you get jacket potatoes and cheese, and you get curries and..."

"Our university canteens haven't got a good healthy range of stuff it's all really stodgy stuff and if you get something healthy, it's always much more expensive".

"When you think of the SU as well all that's on their menu is like burgers, pizzas and chips. There's like nothing – salad or anything".

"But we've got a restaurant in the language block and that's all healthy food but then if you buy a healthy main meal that's seven or eight pounds for a – just a dinner".

In addition, Chinese students mentioned a lack of food to cater for their tastes as barrier to good health, resulting in them eating most meals in China Town which can be more expensive and unhealthy.

“I don’t know other international students but for Chinese students, I think most of the Chinese students, the majority of the Chinese students, they prefer Chinese food or they’re - whatever for breakfast, lunch or dinner but here we just got any bread, potato, like bread, potato, bread...not any choice”.

“The rice in Bistro, the restaurant, is awful”.

“Most of the Chinese they all prefer Chinese food so we go to Chinatown... Such as every day I just eat with my friends outside...that’s one reason my food is not that healthy”.

Cooking for one person was also seen as a barrier. Students are unable to cook or do not have the inclination to cook a meal just for themselves and instead turn to more unhealthy convenience food.

“And like I can’t cook, so I buy super noodles and stuff do you know what I mean? So then I’m eating unhealthy but I would like to eat like a chicken dinner”.

“I have to cook my own food but I can’t cook so I eat unhealthily”.

“I’m the typical case, because I live alone, I don’t want to cook by myself because you know, you cook by yourself and wash any dishes and for me, I don’t want my dinner to be just one dish, I want a proper choice”.

“Having to cook for yourself means you eat tinned stuff or microwave meals”.

“You have to cook for yourself, so you end up getting takeaways”.

Conversely, several female focus group participants discussed the benefits of cooking together, pooling money and making an effort to cook a healthy meal for housemates.

“But I think a lot of people make excuses for only eating pizzas and crisps and stuff like that, it’s so easy, especially – it’s very dependent as well on what kind of flat you get put in with and who you eat with and stuff”.

“And yeah it does definitely depend on your peer group as well because there’s a lot of people – I really like vegetables full stop anyway but I know some of my friends didn’t really but then we started cooking together so it was kind of a case of well ‘do I just eat that food that’s been made for me or do I kick up a fuss and eat something that’s really unhealthy?’”

“Generally you all kind of discuss what you want to eat and it won’t – I wouldn’t expect – like I would be a bit annoyed if my housemate made me kievns and chips for dinner, like that’s such a kids meal and I’d gone to the effort of making like a really nice lasagne from scratch and then they’d just stuck something in the oven you’d be like ‘come on, I made the effort for you, I’d like you to make the effort for me’”.

“Because as a group we’ve been trying to...cook healthy meals, like we did the shopping today at Grainger Market and we literally got meals for the rest of the week for twenty quid”.

“I think it is completely based on who you live with because your friends are getting take outs or whatever then you just join them”.

Finally, having the time to cook healthy food or to sit down and eat a healthy meal was also mentioned and for Chinese students not having a designated lunch break was an issue.

“No because of the – you’re never having a normal day in the fact that you could be up at 9 one day and not come home until 11 so you’re eating out, you’re always eating out, so you haven’t really got the chance to eat proper food, you just on the go which I hate, I don’t like eating on the go. And I feel that that can – that’s not good”.

“The long days mean you will end up having fast food”.

“The workload makes it difficult to eat healthy”.

“You have time constraints; you don’t have time to prepare food for the next day”.

“I notice that the lunchtime here is very short because I have some classes at noon so there’s not enough time for us to have lunch. For the students we normally [in China] finish class at half eleven, not 12 o’clock, and afternoon classes start from 2.30pm”.

3.3.2.2 Drinking and socialising

A culture of students socialising focused primarily on drinking alcohol was the second most common response when students were asked what prevents them from being healthy whilst at university. This was mentioned by over two-fifths of students but strikingly fewer international students and also fewer students living at home. Younger students were most likely to mention this barrier.

This culture is reinforced by the promotion of and access to cheap drinks on and off campus and is perpetuated by the number of pubs and clubs in the city, many of whom target students with drinks promotions and noticeably during Fresher’s Fairs. In fact, Newcastle’s reputation as a ‘party city’ actually attracts students to the city’s universities with participants of two focus groups stating that they or some of their friends had chosen to go to university in Newcastle because of this reputation.

Culture

“I think the association with uni now is too involved with going to uni and sleeping around and drinking and that – the emphasis isn’t on getting your education”.

“There is an overwhelming social scene, it’s massive jump from A level to university – a bit of a culture shock”.

“I think it’s quite heavily engrained the drinking aspect of it and you don’t even think ‘oh this is going to be really bad for me’ before you start maybe on a night out, you just get on with it because you do just assume from day one that ‘right it’s only three years, I can live with it’ kind of thing”.

“It’s always a social thing and I think particularly for a fresher...I think you’ve kind of got that culture here where it’s like ‘let’s get wasted’”.

“There’s too much emphasis on going out, like they should advertise other stuff to do.

There’s nothing else to do in Newcastle or it’s not promoted

There probably is loads of things that you could do but it’s not promoted to students”

Peer pressure

“It’s a social thing drinking though isn’t it, being part of the group “.

“There is such a pressure. Like we got out with teams on a Wednesday, like we go on sports night and everyone gets shots and if you don’t want it or if you don’t feel like drinking everyone’s like ‘oh come on, drink it’ blah blah blah...”

“You can’t not drink on a night out ‘cause everyone will say that you’re boring”.

Promotions

“There are lots of drinks offers in the Student Union and also in town for students”.

“I think the drinking promotions as well don’t necessarily sort of promote a healthy sort of living aspect because, you know, you can go to a place like ‘Sinners’ and get a treble for £2.50 or something so you don’t think anything of it”.

“I go to buy a single and it’s like ‘oh well it’s 50p less for a treble’. Yeah so you might as well have a treble”.

“Even just casual drinking, because if you want to go to nicer bars and just like have drinks it’s more expensive whereas going to treble bars and having a drunk drink...”

“Sometimes I’ve been out and it’s like ‘can I get a Diet Coke?’ ‘Oh that’s £1.80’ but it’s £1.50 to get it with vodka..[I’m] spending more money not drinking!”

Party city

“Newcastle is one of the greatest cities just to get drunk because it’s so cheap”.

“In somewhere like Newcastle it’s quite difficult to be sensible and health conscious on a night out”.

“When I looked at unis, I know I came here because I knew the nightlife would be good. Maybe the course I did might have been better at Staffordshire but there was no way I was going to Staffordshire Uni!
Yeah that’s same as me, I wasn’t going to come to anywhere but Newcastle Uni. No way”.

3.3.2.3 Time constraints

Related to the food discussion above, constraints on students time generally, was identified as the third most common barrier to leading a healthy lifestyle whilst at university and more so for men or those aged over 25 years old. A lack of time due to university work pressures result in unhealthy eating, being less active, a lack of sleep and increased stress.

“It’s difficult to find time to eat between lectures”.

“Because of time constraints it is difficult to exercise”.

“If my timetable is heavy it can make me not go to the gym”.

“The workload, you have no time to eat healthy and get enough sleep”.

“The stress of my course and having lots of deadlines”.

“I have a really strict supervisor and the workload they give me is really stressful”.

“I always find time to eat healthily, but mental health – I’ve got two children and I’m rushing from Darlington every day to come up to uni and fitting in my work, it gets me to the point where I do – I have had breakdowns of like ‘argh’ [laughs] not serious ones, I haven’t had to go and admit myself but I’ve got to the point where I’ve had my mobile phone in my hand and I’ve smashed it off the floor because I’ve had like so much work to be in, the kids need to go there, this needs to be done in the house and it’s just got to the point where I’m just ‘argh’ and I get pushed – so mental health goes as soon as you start university”.

3.3.2.4 International students

Focus group discussions also revealed several barriers specific to international students. For all participants, integrating with UK students was difficult, particularly because, as discussed above, socialising is inherently linked to drinking alcohol.

“I am from Spain and I lived all my life in Brussels so it’s really different and I was really shocked and some of the English girls were like ‘what’s the point of going out if you’re not drunk’ or like the typical comment like ‘I don’t remember anything of last night’ and like ‘oh my God look I had to go get stitches’ or ‘oh what a great night’ and I’m like ‘are you really kidding me?’ Okay, obviously I’m not going to lie, I’ve been like really happy and stuff but not to the point where I don’t know what I’m doing, like that for me that’s not having fun”.

“It’s totally like – I’m sorry for the English people. I was really shocked and I’m not going to lie, in fresher’s year...I didn’t know my limits and everything and because everyone was doing the same thing I just did it and I was quite shocked and then in second year I would be like ‘oh okay, no now you know you don’t have to be like them’ but it’s so easy to do – follow everyone and I’ve been in that situation so...”

“My little sister when she came to visit me once... it was just like 9 o’clock and she was just seeing people on the floor everywhere and she was like ‘XXX, is this your uni? What’s going wrong here?’”

“- I mean they’d never drink actually just in the club for a cocktail or whatever, beer, so this was going out and then I came here and different, different society you know and just - okay I’ve got used to it but...”

“The pressure is more coming from loneliness, the - no friends, cannot really get into the British culture”

“I just think that alcohol is a very important part of the English – British culture just like with the football sort of...I remember the first few months over here I always go out with my friend to get always into a pub or a club, always drank, but I saw no Asian or Chinese students, I am the only one in the pub or the club”.

“Like my friend, a girl, tells me she is living in student accommodation with local students and she said the fastest way to get to join them...alcohol!”

UK students also acknowledged these pressures.

“It’s like a massive culture – Newcastle especially, a massive culture shock to people who have come from countries where alcohol’s not rammed down your throat and it’s very different culture”.

“And like socialising as well you might not feel like part of a group and I think that is a massive emotional, sort of...”

“It’s easier for us to make friends than an international student I would have thought”.

Aside from alcohol, for Chinese students the total culture shock of coming to a different continent was difficult.

“I heard that many international students they really have depression because they have to adapt to new culture it is a new – but at first they arrive here and everything it’s new to you and they will feel depressed, depressed, depressed...”

“For many Asian students it’s even a dream of great things in their lives and after I came here, I just remembered first day I arrived here I saw a friend, I said to her my roommate ‘I want to go back’ because I didn’t know where to go, I didn’t know anything... I didn’t know where to go, no internet, was no internet, it’s really a mess...If your level of adaptation is not that high then the whole year will be a mess for you”.

“Like many people I miss my family...sometimes I really feel loneliness and cannot fall asleep... maybe I worry about my studies or future careers because I am far away from my culture”

The language barrier was also an issue for some.

“It’s the language barrier as well, if you’re trying to do an assignment it’s going to be ten times harder if you’re not fluent...even in lectures as well, like we’ve got an international student in ours and he’s really bad at English and the lectures being taught and everything, he doesn’t understand it”

“They don’t have too much time to get used to the new environment so probably they need more friends and quite a lot of students are not confident in speaking”

“Especially for the non-English speaking student I think, because to be honest if you asked me to join any society, I think I will say ‘yes’ but it’s difficult for me to really join with them because sometimes - just like culture gaps maybe, you’re just talking about something, I need to transfer my mind and yeah I understand I want to talk with you but you guys just move to another topic, yeah, that’s a reason...”

Several participants also mentioned a lack of understanding of the NHS and in particular registering with a General Practitioner (GP); see section 3.7 below for more discussion around this.

“So until now I’ve not tried to avoid going to the doctor here, but I tend to just like go more at home or just - because I feel like... ‘cause I’m not from the UK, like from the NHS and stuff, I’ve always thought about, a bit ‘oh my God, I’m not from the NHS’ and it’s a bit complicated of how everything works”.

3.3.3 Differences in health at university and at home

Focus group participants who lived away from home were also asked whether their health differed between being at university and at home.

There was a general agreement that it was easier to be healthy at home due mainly to having access to better quality food and eating more regularly. However several people felt that this was a hindrance as they ate more. Some students also acknowledged that they exercised less whilst at home. Interestingly only two students mentioned the fact that they consumed less alcohol whilst at home adding weight to the suggestion by some that some students simply do not consider alcohol consumption when thinking about their health.

“My mum’s more likely to buy better – more vegetables all the time, always have fruit there for us to pick on – it’d just generally be better food and I don’t know – I think food wise I eat better at home definitely but exercise wise I think I do better here because it’s more like, I don’t know, because I’ve got dancing definitely that I go to”.

“It’s just the quality of the food I think so I don’t eat more or less at home than here but it’s better stuff so my parents buy all organic stuff and whereas we’re buying Tesco value stuff here and I’ve lived on pancakes for four days, not just because it was...I remember living on pancakes because literally I had no money left until the next pay cheque for my part time job so I was literally just like ‘okay; look in the cupboards every day ‘what can I make out of this?’”

“You know, at home before I came to uni my whole life was generally a bit more healthy and then in the holiday time it definitely gets a lot better when you go home, proper cooked meals and stuff but in terms of how active you are I would say when you go home for the holidays I’m not active at all, I don’t even try to attempt to do any clubs or sports or anything like that, I barely walk anywhere because you just get chauffeur driven, but when you’re up at uni you’re walking around campus all the time, just generally a lot more active than you are couch potato for three or four weeks”.

“I think I’m worse because my mum tries to podge me up”.

3.4 What aspects of health are most important to you?

Having discussed what being healthy meant to them and the barriers and opportunities to stay healthy whilst at university, participants were asked what aspects of health were most important to them. These answers mirrored the responses given when students were asked what being healthy meant to them. Being active or exercising and having a healthy diet were by far the most frequently mentioned and again this was followed by mental health, mentioned by a minority of people.

Being active or exercising was mentioned by half of all participants, but noticeably more men than women and students living at home. Eating healthily was important to

over one third of students and typically mature students and those living at home mentioned this more frequently. Finally, just over one-in-ten students felt that having good mental health was most important to them.

3.5 Alcohol and students

The second section of the project was around alcohol consumption within the student community and as discussed above, despite students not necessarily considering drinking in moderation in terms of being healthy, the drinking culture at university was identified as a barrier to achieving good health.

3.5.1 Media portrayal

There is a vast amount of publicity around students and alcohol consumption and participants were asked how this portrayal in the media made them feel. They were shown four recent newspaper headlines to illustrate the point:

- 'Drunkorexia' fears for students as they skip meals in favour of alcohol
- Student dies after vodka binge bet
- Beware the chundergraduates! Oxford students to be given compulsory alcohol lectures after Freshers' Week event gets VERY messy
- New low for Binge Britain: Students race each other to Accident & Emergency (A & E) in lethal drinking game

3.5.1.1 Agree with portrayal

About two-fifths of participants felt that the portrayal of students and alcohol in the media was fair and half of these did not offer any other comments about it. In addition, approximately one sixth of participants said they were not bothered about how the media portrayed students.

“They don't bother me. I've seen people in A & E because of drinking. They aren't exaggerated”.

“These kind of headlines are true as I hear about these things. But I'm not bothered by it as it isn't me”.

“It doesn't bother me that much it's only three years of my life. I'd put myself in that category though, it's fairly realistic”.

“It's realistic, believe me!”

“I think it's realistic personally, that's what students are like!”

3.5.1.2 Stereotyping

One quarter of participants felt that the press simply stereotyped students and that it was a minority of people who were represented by the stories. Chinese focus group participants stated that the majority of their peer group rarely drank alcohol and that “the problem we have is because this is all British people”.

“Lazy students who just drink all the time, yeah, I think people think that”.

“I think it’s – it’s a shame when say students get - I don’t know they get branded with something when it probably is only like a percentage and the rest...”

“I’m a mature student, so that was - I was doing that years ago I don’t have time for that now!”

“It only applies to a minority but we all get tarred with the same brush”.

“I just think - yeah these things do happen but it’s not every student that’s doing them. We’re basically getting judged on the very few that - actually the ones that die, the ones that go to hospital, the ones that play stupid games like this and I think if you asked most students what they thought of these they’d be like ‘well I don’t do that’. It’s kind of – I know it happens with everything, like people generalise and just put you in a box and yeah students do like to go out a lot more than others but not every single person is out there to get absolutely wasted, they just want to spend time with their friends”.

3.5.1.3 Exaggerated

Participants also commented that the articles were exaggerated or sensationalist.

“But I think that sort of blows it out of proportion a bit; it’s not generally that bad”.

“These headlines are over exaggerated and are an over reaction”.

“Because I study media like I understand that the press does sensationalise things and especially when there’s not a lot going on in the world you’ll suddenly see all these stories about students and stuff. And also you’ve got to look at whose writing these stories and often they’ll interview loads of residents or like anti-student people but then you don’t hear from any students. Like one thing that we’ve been talking about in Newcastle specifically is that you hear a lot of bad things about students but you very rarely see anything in the press about students being good and stuff like that so I think there is just a thing in this country especially to badmouth students and scapegoat”.

“These headlines are very biased. It just isn't the case. They just want the most catchy headlines”.

3.5.1.4 Unfairly targeted

It was also felt that students are unfairly targeted when it comes observations about excessive drinking. Many people drink alcohol to excess but participants felt that students were “easy targets” as they were a visible group in society.

“But the thing is it’s culture nowadays it’s not just students, it’s definitely not”.

“I work in a ski company and we’ve just taken the Royal Marines out to a ski resort for two weeks and they behave in exactly the same way”.

“There’s no difference between student nights out and weekend nights out. The locals are just the same”.

“It’s the age group, not just students per se”.

“It’s quite easy to talk about this stuff as well because there is a group of people and they’re called students. Like there obviously is a group of people that are called ‘working professionals’ that are the same age as these guys, probably doing the same thing but just in their own homes and not in a place of learning”.

“I’m not personally offended by them because I don’t think that they’re a fair representation of the entire student body. I think that you’re going to get idiots anywhere who will inevitably – who will drink themselves into stupor or – they have different reasons for being at university. So for me, you could pick up – I think you could pick 100 students and you could pick 100 people from the street who aren’t at university and place them in a university kind of environment and I think that when you’re living with people your own age and your – it’s the first time you’re away from your parents and under – away from real restrictions and I think that you’re going to have a proportion in both groups of people who are going to act like idiots”.

3.5.2 Information and support

Participants were asked how much notice they took of alcohol campaigns and whether they felt they had enough information about safe and sensible drinking.

3.5.2.1 Campaigns

The majority of participants did not take much notice of any safe and sensible drinking campaigns largely because they felt that they knew their own limits or they were unrealistic. One participant also commented that they did not take notice of them because “if it was really that bad then they would have banned it wouldn’t they, they would have said ‘no you’re not allowed it’”.

“I feel that I am capable of gauging how much I drink therefore I don’t take much notice”.

“No I don’t take much notice but I know what is safe for me”.

“I've seen the campaigns on TV but I take little to no notice”.

“None. When I go out I will drink. Campaigns aren't that realistic”.

“There was something on posters in halls. The suggestions are often unrealistic e.g. drinking water in between pints”.

“I take notice of information about spiking but not about safe limit”.

“I read the information but I don't abide by it. It is too hard to resist. The guidelines are idealistic. I just stick to my personal limits”.

3.5.2.2 Information and support needs

There was an overwhelming message from participants that they had enough and possibly too much information about safe and sensible drinking. Moreover, one Spanish student made the observation that it was not the amount of information but that “in Britain drinks offers are the issue”.

“I've got too much. I'm sick of hearing about it”.

“Sometimes the government gives too much information”.

“The more information you get the more you ignore it. They don't make you change your habits”.

Most felt that the information was readily available but that ultimately, it was up to the individual whether they adhered to it or not.

“They can give me all the information in the world and I would probably still choose to drink”.

“No matter how much information is available it's up to individuals to take notice”.

“Guidelines are just that and it's ultimately up to the individual. If binge drinking makes people mentally content then what is the harm?”

“Yeah, like the peer pressure and the whole thing about drinking is just like superior to the information so we do get the information but then people are like ‘oh yeah I know’ and stuff but then because it's just like following the masses and follow what everyone's doing so I just think we do have access to enough information but it's just whether...”

“They've [the university] got posters and stuff up in our flat to tell us what...”

Focus group participants also discussed whether the information resonated with them; the fact that the effects of excessive drinking on the body are not usually seen for

many years, coupled with the short period of time students are at university diluted the safe and sensible drinking messages.

“I think most of the effects that you see from drink is stuff that’s very far in the future to do with your liver and everything like that and I think it’s very easy to kind of brush it aside and go ‘ahh I’m not damaging myself”.

“Somebody told me some statistics about long term liver damage over a kind of - you know 10 to 15 years in the future, that we’re all going to get liver damage in our 30s and 40s rather than 50s and 60s so that’s quite a shocking statistic...it’s really hard for them to actually hit home because when you kind of go ‘oh you going to get it when you’re forty instead of fifty’ you’re like ‘I’m having a great life’ so...it’s so far in the future that it’s just not hitting home”.

“Psychologically I can’t relate binge drinking to the health risks when I’m older. I don’t take any notice of people high up telling me what to do. It’s become normal, like wallpaper”.

“With students as well, we’re students we’ll be like ‘oh yeah we’re drinking loads’ but it’s only while I’m a student – it’s only around three years and I don’t think a single one of us could think that we would have effects with drinking later on. It would just never cross your mind that you would get ill from it”.

“People are aware of the information. Lots of people have the attitude that the excessive drinking will stop after university so it is a chance to drink a lot for a short part of your life and then stop”.

One student also felt that they were given mixed messages; on the one hand they were told not to drink too much but on the other they had easy access to cheap alcohol.

“It’s a vicious circle though people like the government are going ‘don’t drink this’ you go over the road ‘come in here, three trebles for a fiver’ I know it’s all down to choice but if you don’t have a lot of money or you want to go out, like casual drinks...”

The minority of students (one in ten) who did want more or different information or support suggested:

- Units – information more readily available or presented in a different way

“I’d like to know what is the safe limit for women and men”.

“I don’t know anything about units”.

“But like the units I do agree, I don’t really understand what units are and it doesn’t really play into my head ‘ooh I’ve had two, I can only have another one’ or something, I would never...”

Yeah I think like students think in terms of double and trebles, not in terms of units, it's too official".

"But if it was about units I don't know – I still don't know whether it would get through to me unless they did it in some sort of – a different way".

"I would like information about the units of alcohol per drink. It would be good to do this in a catchy way, maybe a music video or catchy song".

- Campaigns with shock tactics

"It would be good to have more shock tactics about how vulnerable being drunk can make you, especially female"

"I think the reasons why you'd probably drink sensibly, which is really horrible to say, but if something happened to your friend, or you know someone that something bad's happened to, or you know, something's gone terribly wrong after drinking so much you kind of think 'oh that's not good'".

"If you were going to communicate anything to try and reduce the amount of drinking it would have to be shock statistic that wasn't - you know not a negative one - it's always x many hospitalisations from alcohol blah blah blah, that's not a shock statistic that's just 'oh you're having a go at us again'. It's not really getting down to the individual to say to them 'this is the impact you're having'. If someone sat me down and literally said to me 'if you do that every week for the rest of the term, this is how much your liver is going to be calcified'".

- Information provided by the university

"I think there's definitely enough information in general... my problem with the information is I do think that it's not – it's quite easy to turn a blind eye to it, if it's – in the format that it's presented in, so if it's on a screen perhaps in the doctors, if you're in a waiting room and it's on the screen, how many units somebody should drink a week, or if it's on a leaflet, it's quite easy to – you have to voluntarily submit yourself to reading it to take it in at all. Whereas if it was presented in a way, I mean you've given me an example of Oxford having lectures, it sounds ridiculous but if it was presented in that way maybe people might take it on a little bit more".

"University should have a dedicated lesson on citizenship and the problems of drinking".

"Should maybe have a leaflet in halls or on the university website explaining the effects of alcohol over time".

"I'd like to know the damage that £2 trebles can do to you. People should be told this at the start of term".

3.6 Use of health services

The third section of the research enquired about students' use of health services whilst at university. Almost half of participants stated that they had not used any services; two thirds of male students compared to one third of female students and similarly two thirds of international students compared to just over one third of UK students. Furthermore, noticeably fewer students aged under 22 years old had used any health services and this was also the case for four out of five students living at home. Focus group participants of this latter group who lived in North Tyneside, Gateshead and Sunderland said that they only use their local services and one student admitted that they did not know where any health services were in the city and if they became ill would "be relying on my friends from uni to sort me out, I wouldn't know anything".

3.6.1 Pharmacy

Only two participants mentioned using pharmacies as a first port of call before although it is highly likely that many more had. This perhaps suggests that students do not class pharmacies as 'health services' as such.

3.6.2 NHS Direct

Only three students mentioned using NHS Direct via their online symptom checker or telephone.

3.6.3 GP practice

Unsurprisingly, GP practices were the most commonly used health service amongst students with almost one third of participants having used them at some stage whilst at university. Again this was more likely to be women, and also those aged 22 to 25 years of age. Students from Newcastle University had used GP services more often than their Northumbria counterparts as had students living in private rented accommodation and those from the UK.

3.6.4 Walk-in Centres/Minor Injuries Unit (MIU)

About one fifth of participants had used at least one of the walk-in centres or the Minor Injuries Unit based at the RVI. Again this group were more likely to be female, aged 22 to 25 years old, and UK based students.

Three focus group participants discussed their reasons for using the services.

"I like going there [the MIU] because it's a lot smaller and you do generally get seen quite quickly...and it feels like they're really personal there...I've been there for a lot of basketball stuff, so a lot of like sprained ankles, loads of various sports injuries... I would go to the doctor if I had like tonsillitis or needed a new pill or something like that, the kind of more admin type illnesses... but if it was like a physical – like a cut or something I would think to go to the minor injuries... they're so quick, it's just literally you're there – and I didn't have to queue at all, it was like seen to, great, bye".

“Once I have used the walk in centre because - it must have been over summer where I’d registered back home again and hadn’t had time to register up here again so it was like ‘what do I do?’”

“My first week of uni I smashed my finger into eleven pieces and they operated on me in Leeds and I came back up and I had to go to my GP because it still wasn’t right...and they just sent me over there [MIU] because they were like ‘that’s too serious, can’t deal with it’ and to be fair the hand place in the middle of the day on a weekday was brilliant. Not really a queue, I was seen straight away, I was obviously one of the more serious cases and then they put me then into the RVI physio on my finger and stuff and that’s when we found out that he had stitched through a tendon so I couldn’t move my finger”.

“The walk in centre’s good though... they’re such a good idea”.

3.6.5 A & E

Almost one sixth of participants had used A & E during their time at university although no one group more than another. However, discussions with Chinese students during the focus groups revealed a tendency for this group to use A & E as a first port of call when they need to seek medical attention.

“Sometimes me and my friends just go to GP in Boots as well and some just go to RVI emergency departments...they like to see the doctors that day”.

If they are unable to get an appointment on the day or within a few days they will go to A & E “because in China we just go to the medical – the hospital...for anything” and they continued this “habit” in the UK.

Other students had used the service mainly for sports related injuries, injuries and illnesses out of hours or alcohol related ill health. This latter reason was also discussed by participants of one focus group who felt that A & E staff automatically assumed that students presenting at A & E had an alcohol related illness.

“My housemate’s allergic to nuts and he nearly died because we got a takeaway curry and he started having anaphylactic shock because he thought it was okay and then obviously we got to A & E and they were quite like ‘students, again’ and I’ve been with people who have had like drunk accidents and I think the staff – obviously the staff see it all the time, so if I was them I would get really annoyed but...”

“I went to A & E because I passed out in an exam because I was so nervous and then I had to go to A & E and I was like – I had to be supervised and everything in case I did it again and I went to reception and they were just like talking to each other and having a little chinwag and I was just stood there and I was like ‘are you kidding? What if I passed out again right now?’”

“My friend – a door opened in her face and she broke her nose and we went to hospital and it was like me and my two friends and we were like sober but because it was like later at night when we went and stuff and three of the staff and everyone I think they just thought we were like stupid drunk students and made us wait for ages and everyone just seemed really annoyed that we were there.

They’ve really got a problem with you even before you’ve walked in the door haven’t they?”

“But I think that some people as soon as you open your mouth and they realise that you’re obviously not from here and that you are a student their attitude towards you changes”.

3.7 GP registration

In addition to what health services they had used, participants were also asked whether they had registered with a GP since being at university.

3.7.1 Registered

Eighty-two (56.2%) participants had registered with a GP since being at university. Some Newcastle University students recalled the registration process when they first started university.

“And I only registered for a GP because it was at the registration where I picked my smart card up. Because it was there, if it hadn’t been there I would have been like ‘I can have my GP at home’

But they’ve stopped doing that now, I think that’s really bad, they stopped doing it.

Yeah they don’t do it now because they think that students should have the choice – but then students just don’t register”.

“There’s a point at which in fresher’s week all Newcastle University new students have to walk through this area and you join a queue and you pick up your smart card which is your student card for life basically – all university life, and you have your picture taken and then you leave. And that’s the one point that all 6,000 new freshers every year have to pass and then just while you’re waiting in the queue there were rooms off to the side with like, sign up for GPs and stuff in there. But it wasn’t very good...they were just fighting over students like they just try and persuade you to sign up with them, it was really unprofessional, they were being really catty in the room, it was a really awkward atmosphere and I remember walking in and I’m – I’d done a gap year I was a pretty headstrong fresher, and I walked in and just said ‘look don’t sell yourself, I’ll read the information and I’ll make an informed decision thank you very much”.

“Yeah when you register your card you get the option – it was so bizarre, we went into a room with three different medical practices and whichever one

cornered you first that's the one you signed up for. I didn't really know how to sign up, what to do, and they gave me loads of freebies so I thought 'yeah I'll sign up for these guys then'. Didn't really know how the process worked”.

Although they had registered, the experiences of two international students exposed a lack of understanding of the process.

“I had no idea about the workings of how the GP registration worked so when I started in halls, it was all there on the tables and there was someone there just fill out your form and then a few weeks later you go to a card, purple card thing and that was the one that I registered in halls and then went to one on Osborne Road when I moved to Jesmond but I just sort of went there and they were like 'oh you've got to register with the surgery' and I was like 'I'm so ill, here's my card', so I had no idea what was happening with GP registrations, I don't know if that means I'm not registered at [the original surgery] anymore...”

3.7.2 Not registered

Of those who had not registered, over half were registered at home because they lived locally. A further 10 were still registered at their home address outside the North East. Of the remainder, eight did not know how or where to register; all were first years, six were international students and four lived in halls of residence.

“No. I haven't got round to it but I definitely need to. I don't know where they are”.

“No, I don't know how to do it. I would like to know how to register”.

“I haven't registered. I didn't think I could as I'm not from this country”.

One student felt that because they were only going to be in Newcastle for one year they would not need GP services and were familiar with the NHS walk-in centres in the city. Moreover, they felt more comfortable seeing a doctor who knew their medical history.

“I've not been in the situation where I've really needed to go because I was really ill so when I go home for holidays and stuff I just try to book appointments with my GP to get my – fully check-up everything's okay... but also I think it's not like too complicated and stuff but I have like a disability so I have like all my history and things and then in terms of going to a doctor, for me, who doesn't know me or doesn't know anything and trying to explain to them everything and get them to actually understand it and everything is not like - my reports and stuff they're in French so they don't understand for me to translate for them it's just like more – I just feel more comfortable going with people that know all like my operations and everything...”

Another two Chinese students when asked, initially said that they were never ill and therefore did not have a need to register, however further discussions revealed that they did not know whether it was free, how to register or in fact why they should

register; they questioned why they should register if they could see a doctor at a walk-in centre.

“Is GP free? To see the doctor?”

“I would like to go and register but I don't know - do I just go to Boots [Newcastle Medical Centre] and say that I would like to register?”

In addition, they had heard from friends that it was difficult to get same day or next day appointments and another reason not to register was because they felt that their language skills prohibited them from being able to describe their illness accurately. Participants then asked whether they could ask for an interpreter at a GP practice and how to do it.

Further discussions with Chinese students also revealed a reluctance to use GP services because they preferred medicine they were familiar with in China. Participants said it was “very common” for Chinese students when ill, to ask their peers for any medication they had related to their illness rather than making an appointment with their GP and it was standard practice for parents to pack their cases with “a box of some medicines like for the headache, for the cough, for the cold, or yeah...some...”. The medication includes both herbal and “western” medication.

It was suggested that this behaviour was a reflection of practises at home, to reassure their parents or because they could not understand what the medication did or how to take it and did not want to “take risk to try a new medicine”.

“Maybe it's a habit for us to get used to the Chinese medicine so our parents may worry about if you study overseas”.

“I think it's part of Chinese culture, not only - you got sick you've got something to share to tell your family and friends first, it's what we do in China...”

“Because here you know some pain names we cannot understand, we don't know, but the medicine from China we can easily read about the introductions, we know...”

A final reason for not registering was that, for Chinese students there was an expectation that they would get medication every time they presented at their GP surgery and would not be satisfied with simple advice.

“I think it's kind of a waste of time...because you spend a long time to wait for the doctor right? And when you get in you say what your problem because I accompanied my friend once, he had a cold and we went – spent one hour there and he just came in for five minutes and just get out, I said 'how did the doctor said', he said 'he just suggested me to drink more water, take care, get rest' that's it”.

“I think if the Chinese students go to a doctor, they expect to have a test about your body or something wrong, and then take some medicine.

If you go to the hospital, you 100%, you get something back.
It's different; in China because of the profits of selling the medicine”.

3.7.3 Advantages to registering

Just over half of students identified some advantages to registering with a GP whilst at university. The overwhelming response was having access to local treatment so that students did not have to travel home to see a doctor. Four international students also commented on the fact that healthcare is free.

“It means you're more likely to go a doctor if you do have any problems, because you think 'oh well I can ring up and get that sorted' whereas if I had a GP at home I would be like 'urgh, just leave it, I'm probably fine, when I go back home next I'll check it out'. If it's not that urgent you just think 'ugh'”.

“It was free to get a vaccine here that would have been expensive at home”.

3.7.4 Disadvantages to registering

Almost one third of participants identified disadvantages to registering with a GP whilst at university and having to register as a temporary patient when returning home was the most frequently mentioned.

“When I went home you have to register as a temporary thing and it's just really complicated and I was just like 'hmmm, I have to fill out a form every time I go'”.

“The only disadvantage that I've had is that whenever I've gone home for summers, I've had to sign in as a...guest patient in my local GP which I've been in since I was – well as long as I can remember and that was a disadvantage in that I didn't get an appointment for a number of days even though I quite badly needed one”.

Furthermore, students are not aware of how the system works when moving GP practices.

“Well I was a bit unsure about what sort of happens with my old doctor when I go home, because I'm not quite sure what happens there but...”

“But when I went home for Christmas and I needed something they were like 'can't see you' I went to – because I'd registered up here and I needed something at Christmas they were like 'you're not our problem'”.

“It's not really made clear to you how that whole system works. It needs to be explained that once you sign up for a new GP that actually all your records have been moved over...because some people might actually just think – because I thought I was just like with another one and that I was allowed to have two”.

Several people also mentioned difficulties in getting timely appointments.

“Appointment times tend to be during lecture time”.

“You have to wait a long time to get an appointment“.

“I feel like it’s even harder to get an appointment up here because I feel like there’s another million students with these people, so it’s just kind of like, there’s no chance of getting an appointment, ever, even if you ring up before 8 o’clock”.

Not being able to see your family doctor who knows your medical history was also a disadvantage for a few students.

“There aren't any advantages. My own GP at home knows my history”.

“Losing my amazing doctor at home...I've changed over to a surgery now who I don't think cares about me. Like I really don't, I do think I'm just a number. I think every time I go in there I feel like I'm a hassle to them, it's just the way the doctors speak to you when you're just kind of...”

“Being registered here, the fact that your GP won't really know you, I've had my GP at home for, you know, since you were a baby and they kind of know who you are a little bit whereas here you're just another student”.

3.8 Organisations supporting student health needs

Just over half of participants offered suggestions for things that organisations could do to support students' health needs and there were five most frequently mentioned:

- Provision of information about GP services
- Provision of information about all NHS health services
- Provision of health services on campus
- Provision of healthy food
- Provision of mental health information and support

3.8.1 Provision of information about GP services

Students requested information about:

- How to register with a GP practice and what happens to your old doctor and medical record
- Where all of the GP practices are located
- What services each GP practice offers

“I signed up for Heaton doctors and I didn't have a clue where that was and it cost me seven quid in a taxi to get there, taxi driver couldn't even find it”.

“I'm not sure but when I arrived to uni I didn't really have much guidance on where to go and what sort of GP to sign up for or anything like that so...more

information on that would have been useful because I didn't really know where to look".

They also wanted information all year round, not just during Fresher's Week and did not want it to be provided by each GP practice individually because they wanted it to be "completely unbiased" and not to feel like "they want me as their number". The Primary Care Trust and also the City Council were preferred to provide the information.

"I think maybe a more coherent approach, because at the moment it's really confusing, like you said you didn't know where to go and there's just loads of different GPs with different names - some are called surgeries, some are called medical groups, what's a medical group? What's a surgery? Like, the only thing you recognise is 'well I know what a pharmacy is, I get that, I know what that's going to do for me', but when it comes to doctors it doesn't say in big letters on the outside 'doctors' you know, so then you just kind of like 'well what's the difference between a medical group and a doctor, or a surgery or a...'"

In terms of the format of this information, a booklet was suggested. When considering how the information was disseminated, students outside of first year or not living in halls of residence could receive it through their door whereas those starting university should be provided with information and a registration form in advance of arriving in the city when they are more likely to read it and the information should also be available at the Freshers' Fairs.

"It's something that should be explained surely before they even come to university, I think the university should explain that when you come you're going to have to register with a GP
Just a letter in the pack that goes out with all the other stuff from the university...
Yeah and the parents will see as well and maybe think - maybe your parents wouldn't think 'have you registered with a GP?' So if they saw it they would encourage you, like 'let's just go and do it'".

"Someone from like higher authority like Primary Care Trust or something to come along and say 'well these are your options' and just literally have a fact sheet about each one... no GPs in the room, no awkward atmosphere and then you fill in the forms and they just say 'right go down to that GP and hand it in' and then you're registered, that would be the best way to do it".

For Chinese students this information should be available in Mandarin if possible and should also include instructions about using interpreters.

In addition to this information, participants also requested information about the HC1 form and support to complete it.

"I think as well like, more information, like you know that form that you can fill in to get help with your medical costs? Like I've been asked 'do you want that form?' Like, 'no because I don't know what it's about' and I don't know if I'm eligible and maybe more information about that side of things because I've had

people from the NHS thrust it to me and I'm just like 'I don't want this, I don't know what it is'".

"I did it for the last two years but I thought I would do this year but there's no point - like the last three months I spent like 50 quid on medication from the doctors and like I've just it's been out of my pocket because that form is just too much hassle".

3.8.2 Provision of information about all NHS health services

Both UK based and international students requested information about the different health services available in the city however for international students there was also a need for general information about how the National Health Service works.

"Make us more aware of what is available in the city. I have no idea where to go for things".

"Maybe like have someone come into uni to talk to people about what services are available".

"During fresher's week there should be a talk about where the local hospitals are etc. and where A&E is. They should also give information about how to get free prescriptions".

"There should also be more support to show you where to go in emergencies".

"The university and the NHS could provide more information about how the NHS system works".

"The whole process is different, the detail the university didn't tell us how to do an emergency, didn't tell us..."

"When we first come into UK we are coming, I think most Chinese people come here for study right so we arrive in Newcastle and the first organisation we contact is the university so it's really important that we have some brochures to find out about health and registering GP".

In terms of disseminating information to Chinese students this should be available in their welcome pack, at the Freshers' Fair and distributed via the Chinese Students Society who offered to translate the English information.

3.8.3 Provision of health services on campus

It was suggested by some that there should be a "health service presence on campus for students" and in particular a GP practice on site or a walk-in centre or sexual health service.

"There should be a GP surgery on campus".

“There should be sexual health services and a walk in centre on campus”.

3.8.4 Provision of healthy food

It was felt that both universities could provide “more healthy eating options” and promote it more visibly, although this was mentioned slightly more frequently by Newcastle University students.

“The university should review the price of their healthy food on campus. In Habita a salad costs more than a burger”.

“The university should promote more healthy eating on campus. There should be more”.

“There should also be healthy equivalents to things like Subway on campus”.

“If you had - in fresher’s week like people going into halls and talking to them about it, doing demonstrations out the front of here like ‘how to literally make a stir fry in two minutes’”.

3.8.5 Provision of mental health information and support

Again students at both universities mentioned this but slightly more Northumbria University students requested mental health and in particular stress-related information and support or as highlighted below, greater promotion of these services although this should be done in a sensitive way.

“There should be a place on campus that you can drop in with mental health problems.

There is!

Where? Well they never shout about it”.

“But would it not be better if there was a website where you knew that there was a website that you could go to without having to walk in to somewhere that was like the mental health room – would that not be like – if they put a thing on back of a toilet door saying ‘feeling stressed? This is the website’ or something like that? Rather than be like going somewhere like the therapist room?”

“Mental health could be better promoted. It takes four weeks to see someone at university, longer at the GP. There should be more support”.

“There could be more info from the NHS and university about stress management”.

“I’d like to know how to access mental health services. In China there are good psychological services on campus for all students and it is free. If a student is suffering with stress, the lecturers are notified that that person needs a break or extra support”.

For Chinese students it was also suggested that adjusting to a completely different culture and living in an English-speaking country made them more susceptible to stress and therefore support specifically for this group was required.

“Because some students just come here to do various masters, they don’t have too much time to get used to the new environment so probably they need more friends and quite a lot of students are not confident in speaking or something so they need to encourage them and it’s very good for some programme to happen and they need help so probably yeah we are considering to do seminar or activity...”

3.9 Promotion of health services

Participants were finally asked when, where and how to promote health services to students; almost three quarters gave suggestions.

3.9.1 When

Freshers’ Week was felt to be the best time to promote health services although some participants warned that “it’s an overload at Freshers’ of everything you need to pick up...you just get bombarded”. Therefore it was suggested that there was also information available throughout their university careers.

“I think definitely for handing it to freshers on a plate when they arrive, like at registration where everybody has to pass through within a five day period or something”.

“Or pre-arrival in the form of leaflets or packs or booklets and things or in halls”.

“Yeah something that’s there for the full time you’re at uni not just something you need – like a form or a leaflet that you got in Freshers that they need to keep”.

Several people also suggested including information about health services in the course induction lectures or in fact having a mandatory health lecture for first years.

“During course inductions students should be told where A &E etc. is”.

“There should be a compulsory lecture about these issues. If students have a choice they will just not turn up”.

“Information should be given at the beginning or end of normal lectures for five or 10 minutes so that people definitely attend”.

3.9.2 How

Posters advertising health services were mentioned most frequently followed by emails to students' university accounts although they warned that the email title should be very eye-catching or it would be deleted without being read.

The next most popular suggestion was information available on the internet either on the university websites or in the case of Newcastle University, on the Students' Union website or at Northumbria within Blackboard. University Facebook pages were also suggested as a way to advertise services.

Advertising on the plasma screens at both universities was also suggested followed by health organisations having presence on campus in the form of a staffed stall in the Students' Unions.

Finally, leaflets or flyers were also seen as a way to promote health services to students although some warned of flyer fatigue.

3.9.3 Where

In addition to the university campuses, students specifically mentioned the Students' Union and halls of residence as locations to promote health services.

3.10 Summary

The majority of participants felt that being healthy meant being active, having a healthy diet and having good mental health and these were mirrored when students were asked what aspects of health were most important to them. Surprisingly, alcohol consumption was rarely mentioned when students considered what being healthy meant and it was suggested that they did not think it had an impact on their health.

Most students could identify at least one thing that helped them achieve good health whilst at university. In particular, the availability and access to sports facilities, having a lifestyle that involved lots of walking and accessing university societies and sports activities was mentioned.

The most commonly mentioned barrier to students achieving good health was food related. Eating unhealthy food which was exacerbated by a lack of healthy food on campus and for Chinese students a lack of healthy food to suit them was mentioned. Also, cooking for one and having time to eat healthily were seen as barriers. The drinking culture associated with being a university student was another barrier to achieving good health and this was reinforced by the promotion of cheap drinks on campus and access to the pubs and clubs of the 'party city'. Lacking time to lead a healthy lifestyle was also mentioned. International students identified their own barriers, in particular, integrating with UK students and alcohol, getting used to a new culture entirely, not speaking English as their first language and not understanding how the NHS works.

When considering the media portrayal of students drinking excessively, about two-fifths of participants said that this was a fair representation. However, others felt that students were being stereotyped, the stories were exaggerated or sensationalised by the media or simply that students were an easy target and other groups in society behaved in the same way.

Students overwhelmingly agreed that they had enough information and support around safe and sensible drinking although some acknowledged that the effects of drinking were difficult for students to comprehend as they were only noticeable many years later. Moreover, some students were of the opinion that drinking excessively was acceptable if they were only doing it for three years. The minority of students who requested more support wanted information on units, campaigns using shock tactics and information provided by the universities.

In terms of the health services students have used, GP practices were unsurprisingly the most commonly used, followed by walk-in centres and A & E. Although not identified as heavy users of A & E in this research, Chinese students discussed others using this facility as a first port of call when ill because hospitals are the only place to go in China. Some students also mentioned negative experiences whilst in A & E due to the attitude of staff towards them.

Over half of participants had registered with a GP practice whilst at university and most agreed that the main advantage was having access to a doctor nearby. The majority of those that had not registered lived locally and had chosen to remain with their family GP. Others, all first years and the majority international students, did not know how or where to register. Chinese focus group participants also identified other barriers to registering:

- Not knowing why they should register
- Not knowing whether it was free
- Not knowing whether they could and how to use interpreters
- A belief they could not get timely appointments
- A preference for Chinese medicine they brought from home
- A belief it was a waste of time unless they were guaranteed medication

Students also identified disadvantages to registering and in particular, having to register as a temporary patient when they went home and in fact some students did not know what registering meant. Getting timely appointments and not being able to see your family doctor were also mentioned.

In order to support their health needs, students requested:

- Information about GP services
- Information about all NHS health services
- Health services on campus
- Healthy food
- Mental health information and support

To promote health services effectively to students, it was suggested that Fresher's Week was targeted and also having a specific mandatory lecture or incorporating the information into students' lectures. Posters, followed by emails to university accounts, information on university websites and Facebook, plasma screens, a staffed promotional stall and flyers or leaflets were suggested as a way to do this. Promotion should take place on campus, in the Students Union and in halls of residence.

Section 4: Recommendations

4.0 Recommendations

It is suggested that NHS North of Tyne, Newcastle and Northumbria Universities and Newcastle City Council take time to analyse the findings of this research together with the other elements of the project and in particular the quantitative survey of health related behaviour, in order to develop robust and effective plans to support students' health needs. However, from the findings of this piece of research, some recommendations can be made.

4.1 Awareness-raising

- Although students generally said that they had enough information about safe and sensible drinking, they did not necessarily recognise the health impacts of excessive drinking. NHS North of Tyne and the Universities should consider an awareness-raising campaign around students thinking about the long term effects, even if this behaviour is only over a three year period.
- The Universities should consider a promotional campaign which highlights the services and activities available to students to help them lead a healthy lifestyle whilst at university. For example, sports facilities and teams, healthy food outlets, societies and mental health support.
- A healthy eating campaign could be developed around pooling resources and not cooking alone. This could be accompanied by healthy recipes.
- Alongside the Universities, the City Council could develop a promotional campaign around 'other things to do in Newcastle' apart from drinking alcohol, directed at students.
- Students should be more aware of the health services available to them, including NHS Direct and where they are and what they should be used for. For international students, information about how the NHS operates generally should also be included. For Chinese students, additional information on how to use A & E appropriately should also be considered.

This could be done by providing the information in welcome packs sent to students before they arrive at university. In addition, Freshers' Week should be targeted and a mandatory lecture at the beginning of each university year should be considered. This could also include information on how the university can help them lead a healthy lifestyle. Information should also be made available in Mandarin.

In order to disseminate any of the information discussed above, posters, emails to university accounts, University websites, plasma screens and leaflets should be considered. Campuses and halls of residence in particular should be targeted.

4.2 Practical changes

- Consider providing more healthy food options on campus, taking into account the needs of international students.
- Think about reducing the number of bars and pubs that promote themselves on campus and in particular during Freshers' Week.
- The City Council should consider prohibiting the sale of trebles or increasing their costs to reflect the amount of alcohol in them and ensure that soft drinks are cheaper to buy than alcoholic drinks.
- Consider providing additional mental health information and support particularly for Northumbria University students and international students who need additional support to integrate with other students. The information should cover where to go for support and how to manage stress.
- International students should also be provided with additional information in advance of arriving in the country about what to expect culturally and how things work. Consider assigning a second year student to new arrivals to 'show them the ropes'.
- Consider having a GP surgery, walk-in centre or sexual health provision on campus.
- In terms of actually registering with a GP it was felt that all students should be given information about this. Information should include where the GP practices are located in the city and what services they each provide. It should also include what actually happens during registration, how patients are no longer registered with their previous GP and medical records are transferred over and the need to register as a temporary patient if they need treatment when away from the city. Students also requested information about the HC1 form – what they are for and how to complete them.

This information should be provided in one booklet (although it should also be available electronically to all students), developed by NHS North of Tyne or the Council. This could again be provided in the welcome pack before students arrive; there should also be a stall at Freshers' Fairs, staffed by NHS North of Tyne representatives and not GP practice staff.

Finally, for Chinese students in particular, information on why they should register should be provided, as well as how the appointment system works, how to book interpreters, why they may not be given medication at each appointment and why it is unsafe to self-diagnose and use medicines they have brought into the country.

4.3 Culture change

Although outside of the scope of this project, consideration should also be given to addressing the culture around going to university and socialising through alcohol.

Appendices

Appendix 1 – Participant profile

All participants

Gender

	Frequency	Percentage (%)
Female	87	59.6
Male	59	40.4
Total	146	100.0

Age

	Frequency	Percentage (%)
17	1	0.7
18	12	8.2
19	23	15.8
20	31	21.2
21	23	15.8
22	24	16.4
23	6	4.1
24	5	3.4
25	5	3.4
26	5	3.4
28	1	0.7
29	2	1.4
30	2	1.4
37	1	0.7
38	1	0.7
39	1	0.7
47	1	0.7
50	1	0.7
60+	1	0.7
Total	146	100.0

Ethnic background

	Frequency	Percentage (%)
White British	100	68.5
White Irish	1	0.7
Any other White background	1	0.7
Any other white background - Albanian	1	0.7
Any other white background - American	2	1.4
Any other white background - Germany	1	0.7
Any other White background - Lithuanian	2	1.4
Any other white background - Netherlands	1	0.7
Any other white background - Russian	2	1.4
Any other White background - Spanish	3	2.1
Mixed White and Black Caribbean	3	2.1
Mixed White and Black African	0	0.0
Mixed White and Asian	1	0.7
Any other Mixed background	3	2.1
Asian or Asian British - Indian	2	1.4
Asian or Asian British - Pakistani	2	1.4
Asian or Asian British - Bangladeshi	0	0.0
Any other Asian background	5	3.4
Black or Black British – Caribbean	1	0.7
Black or Black British - African	5	3.4
Any other Black background	0	0.0
Chinese	9	6.2
Any other ethnic group	1	0.7
Total	146	100.0

University

	Frequency	Percentage (%)
Newcastle	75	51.4
Northumbria	71	48.6
Total	146	100.0

School

	Frequency	Percentage (%)
Agriculture, Food & Rural Development	2	1.4
Arts & Cultures	7	4.8
Arts & Social Sciences	17	11.6
Biology	6	4.1
Biomedical Sciences	5	3.4
Built & Natural Environment	8	5.5
Chemical Engineering & Advanced Materials	3	2.1
Chemistry	7	4.8
Computing Science	3	2.1
Computing, Engineering & Information Services	10	6.8
Electrical, Electronic & Computer Engineering	1	0.7
Geography, Politics & Sociology	9	6.2
Health, Community & Education Studies	3	2.1
Historical Studies	1	0.7
Law	3	2.1
Life Sciences	19	13.0
Mathematics & Statistics	4	2.7
Mechanical & Systems Engineering	2	1.4
Medicine	1	0.7
Modern Languages	5	3.4
Newcastle Business School	8	5.5
Newcastle University Business School	10	6.8
Science, Agriculture & Engineering	3	2.1
No response	9	6.2
Total	146	100.0

Year of study

	Frequency	Percentage (%)
1 st	41	28.1
2 nd	41	28.1
3 rd	40	27.4
4 th	8	5.5
5 th	1	0.7
Postgraduate	15	10.3
Total	146	100.0

Accommodation

	Frequency	Percentage (%)
Halls of residence	35	24.0
Private rented	85	58.2
Living at home	26	17.8
Total	146	100.0

Location of participants living at home

	Frequency	Percentage (%)
Blaydon	1	3.8
Byker	1	3.8
Consett	1	3.8
Cowgate	1	3.8
Darlington	1	3.8
Denton Burn	1	3.8
Dinnington	2	7.7
Gateshead	1	3.8
Gosforth	1	3.8
Lynemouth	1	3.8
Morpeth	1	3.8
North Shields	1	3.8
Northumberland	2	7.7
Sandyford	1	3.8
South East Durham	1	3.8
South Shields	1	3.8
Stanley	1	3.8
Sunderland	2	7.7
Wallsend	3	11.5
Whitburn, South Tyneside	1	3.8
Wide Open	1	3.8
Total	26	100.0

International students

	Frequency	Percentage (%)
Yes	33	22.6
No	113	77.4
Total	146	100.0

International students' home country

	Frequency	Percentage (%)
Africa	1	3.0
Albanian	1	3.0
Cayman Islands	1	3.0
China	8	24.2
Germany	1	3.0
India	1	3.0
Indonesia	1	3.0
Iran	1	3.0
Kenya	1	3.0
Lithuania	2	6.1
Netherlands	1	3.0
Nigeria	1	3.0
Pakistan	1	3.0
Qatar	1	3.0
Russia	2	6.1
Spain	3	9.1
Uganda	1	3.0
USA	2	6.1
Vietnam	3	9.1
Total	33	100.0

Focus group and telephone interview participants

Gender

	Frequency	Percentage (%)
Female	22	84.6
Male	4	15.4
Total	26	100.0

Age

	Frequency	Percentage (%)
19	2	7.7
20	4	15.4
21	4	15.4
22	8	30.8
24	3	11.5
25	1	3.8
26	1	3.8
28	1	3.8
29	1	3.8
30	1	3.8
Total	26	100.0

Ethnic background

	Frequency	Percentage (%)
White British	16	61.5
White Irish	1	3.8
Any other White background	0	0.0
Any other White background - Lithuanian	1	3.8
Any other White background - Spanish	1	3.8
Mixed White and Black Caribbean	0	0.0
Mixed White and Black African	0	0.0
Mixed White and Asian	0	0.0
Any other Mixed background	0	0.0
Asian or Asian British - Indian	0	0.0
Asian or Asian British - Pakistani	0	0.0
Asian or Asian British - Bangladeshi	0	0.0
Any other Asian background	0	0.0
Black or Black British – Caribbean	1	3.8
Black or Black British - African	0	0.0
Any other Black background	0	0.0
Chinese	6	23.1
Any other ethnic group	0	0.0
Total	26	100.0

University

	Frequency	Percentage (%)
Newcastle	15	57.7
Northumbria	11	42.3
Total	26	100.0

School

	Frequency	Percentage (%)
Agriculture, Food & Rural Development	1	3.8
Arts & Cultures	2	7.7
Arts & Social Sciences	1	3.8
Biology	2	7.7
Built & Natural Environment	2	7.7
Chemical Engineering & Advanced Materials	1	3.8
Geography, Politics & Sociology	2	7.7
Health, Community & Education Studies	1	3.8
Law	2	7.7
Life Sciences	3	11.5
Mathematics & Statistics	1	3.8
Newcastle University Business School	3	11.5
No response	5	19.2
Total	26	100.0

Year of study

	Frequency	Percentage (%)
1 st	3	11.5
2 nd	2	7.7
3 rd	15	57.7
Postgraduate	6	23.1
Total	26	100.0

Accommodation

	Frequency	Percentage (%)
Halls of residence	4	15.4
Private rented	19	73.1
Living at home	3	11.5
Total	26	100.0

Location of participants living at home

	Frequency	Percentage (%)
Darlington	1	33.3
Wallsend	1	33.3
Whitburn, South Tyneside	1	33.3
Total	3	100.0

International students

	Frequency	Percentage (%)
Yes	8	30.8
No	18	69.3
Total	26	100.0

International students' home country

	Frequency	Percentage (%)
China	6	75.0
Lithuania	1	12.5
Spain	1	12.5
Total	8	100.0

Participatory engagement participants

Gender

	Frequency	Percentage (%)
Female	65	54.2
Male	55	45.8
Total	120	100.0

Age

	Frequency	Percentage (%)
17	1	0.8
18	12	10.0
19	21	17.5
20	27	22.5
21	19	15.8
22	16	13.3
23	6	5.0
24	2	1.7
25	4	3.3
26	4	3.3
29	1	0.8
30	1	0.8
37	1	0.8
38	1	0.8
39	1	0.8
47	1	0.8
50	1	0.8
60+	1	0.8
Total	120	100.0

Ethnic background

	Frequency	Percentage (%)
White British	84	70.0
White Irish	0	0.0
Any other White background	1	0.8
Any other White background - Albanian	1	0.8
Any other White background - American	2	1.7
Any other White background - German	1	0.8
Any other White background - Lithuanian	1	0.8
Any other White background - Netherlands	1	0.8
Any other White background - Russian	2	1.7
Any other White background - Spanish	2	1.7
Mixed White and Black Caribbean	3	2.5
Mixed White and Black African	0	0.0
Mixed White and Asian	1	0.8
Any other Mixed background	3	2.5
Asian or Asian British - Indian	0	0.0
Asian or Asian British - Pakistani	2	1.7
Asian or Asian British - Bangladeshi	2	1.7
Any other Asian background	5	4.2
Black or Black British – Caribbean	0	0.0
Black or Black British - African	5	4.2
Any other Black background	0	0.0
Chinese	3	2.5
Any other ethnic group - Caribbean	1	0.8
Total	120	100.0

University

	Frequency	Percentage (%)
Newcastle	60	50.0
Northumbria	60	50.0
Total	120	100.0

School

	Frequency	Percentage (%)
Agriculture, Food & Rural Development	1	0.8
Arts & Cultures	5	4.2
Arts & Social Sciences	16	13.3
Biology	4	3.3
Biomedical Sciences	5	4.2
Built & Natural Environment	6	5.0
Chemical Engineering & Advanced Materials	2	1.7
Chemistry	7	5.8
Computing Science	3	2.5
Computing, Engineering & Information Services	10	8.3
Electrical, Electronic & Computer Engineering	1	0.8
Geography, Politics & Sociology	7	5.8
Health, Community & Education Studies	2	1.7
Historical Studies	1	0.8
Law	1	0.8
Life Sciences	16	13.3
Mathematics & Statistics	3	2.5
Mechanical & Systems Engineering	2	1.7
Medicine	1	0.8
Modern Languages	5	4.2
Newcastle Business School	8	6.7
Newcastle University Business School	7	5.8
Science, Agriculture & Engineering	3	2.5
No response	4	3.3
Total	120	100.0

Year of study

	Frequency	Percentage (%)
1 st	38	31.7
2 nd	39	32.5
3 rd	25	20.8
4 th	8	6.7
5 th	1	0.8
Postgraduate	9	7.5
Total	120	100.0

Accommodation

	Frequency	Percentage (%)
Halls of residence	31	25.8
Private rented	66	55.0
Living at home	23	19.2
Total	120	100.0

Location of participants living at home

	Frequency	Percentage (%)
Blaydon	1	0.8
Byker	1	0.8
Consett	1	0.8
Cowgate	1	0.8
Denton Burn	1	0.8
Dinnington	2	1.7
Gateshead	1	0.8
Gosforth	1	0.8
Lynemouth	1	0.8
Morpeth	1	0.8
North Shields	1	0.8
Northumberland	2	1.7
Sandyford	1	0.8
South East Durham	1	0.8
South Shields	1	0.8
Stanley	1	0.8
Sunderland	2	1.7
Wallsend	2	1.7
Wide Open	1	0.8
Total	23	100.0

International students

	Frequency	Percentage (%)
Yes	25	20.8
No	95	79.2
Total	120	100.0

International students' home country

	Frequency	Percentage (%)
Africa	1	4.0
Albanian	1	4.0
Cayman Islands	1	4.0
China	2	8.0
Germany	1	4.0
Indian	1	4.0
Indonesia	1	4.0
Iran	1	4.0
Kenya	1	4.0
Lithuania	1	4.0
Netherlands	1	4.0
Nigeria	1	4.0
Pakistan	1	4.0
Qatar	1	4.0
Russia	2	8.0
Spain	2	8.0
Uganda	1	4.0
USA	2	8.0
Vietnam	3	12.0
Total	25	100