

ARTS STUDENTS' UNION PRESENTS

THE HEALTH CHECK

Arts Students' Union

arts-su.com

TABLE OF *CONTENTS*

PAGE	CHAPTER
2	Introduction
4	Executive summary
12	Methodology
13	Student health overview
21	NHS GP registration
28	Seeking support and interacting with healthcare services
37	Moving to London and navigating healthcare
47	Student views of UAL health and wellbeing services
59	Access to mental health support
67	Health during term time and assessment periods
77	Feedback, critiques, and their interaction with student health
84	Alcohol and drug usage in relation to student health
93	Sport, leisure and healthy lifestyles at UAL

PAGE	CHAPTER
99	Discrimination in healthcare
105	Trans and gender affirming healthcare
111	Student priorities around health interventions
116	Recommendations
134	Author

INTRODUCTION

Name: Maya*
Age: 20-years-old
Course: BA Fine Art: Sculpture
Campus: Camberwell College of Arts

*Name changed for anonymity

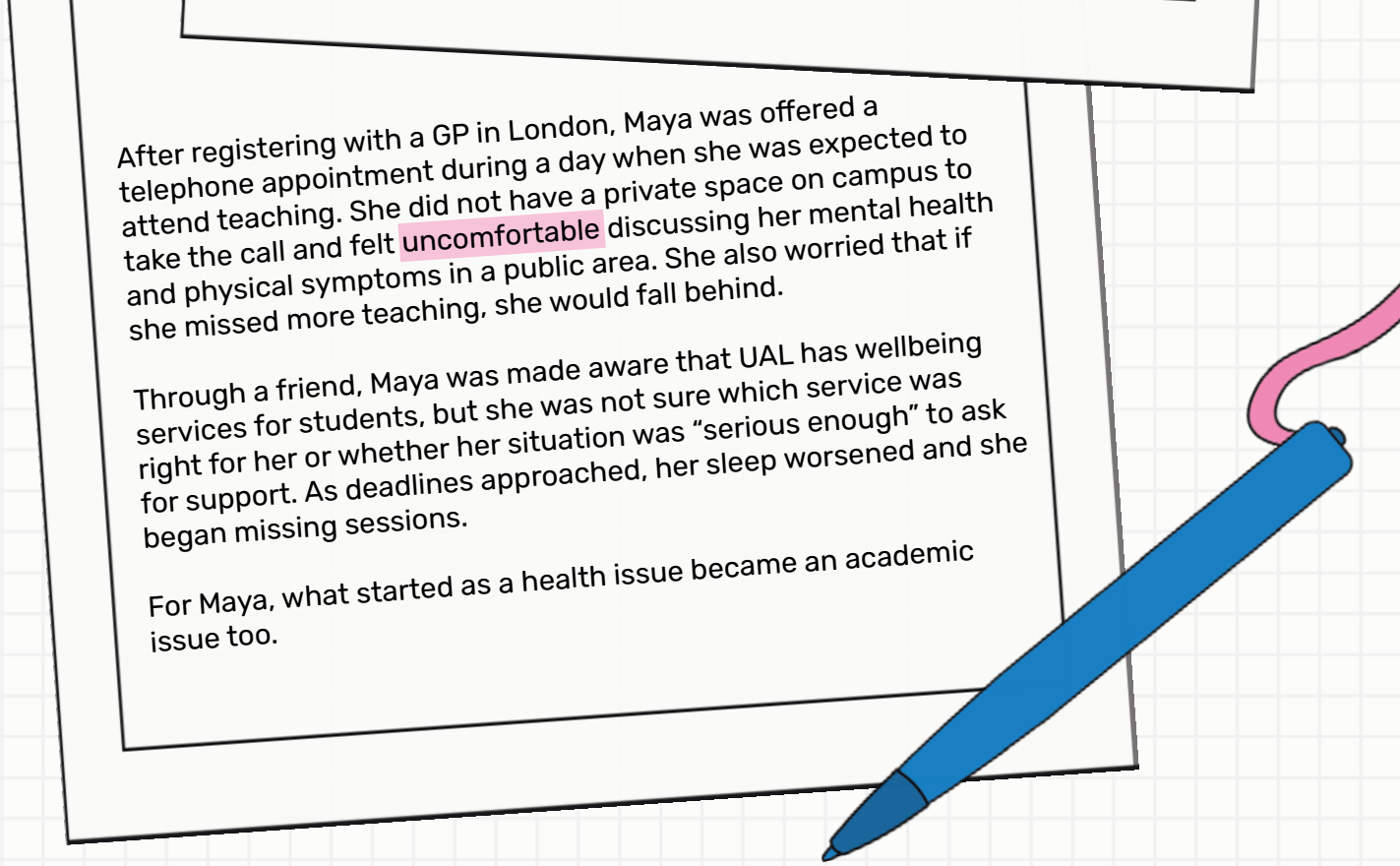
She moved to London from Manchester to start her course and is the first person in her family to study at university. Like many students, she arrived at UAL focused on settling into her course, making friends, finding her way around London, and keeping up with the pace of studio-based learning.

During her first term, Maya began to struggle with anxiety and disrupted sleep. Long studio days, mounting assessment deadlines, and the pressure to produce new creative work all started to affect her health.

At first, she tried to manage it herself. She searched online for advice, spoke to friends, and waited to see if things would improve.

When she eventually tried to get NHS support, the process was not straightforward to her. Maya was unsure whether she needed to register with a GP in London or whether she could continue using the GP she had at home. She found information online, but it was scattered across different websites and not always clear what applied to students.

By the time she realised she needed to register locally, her symptoms were already affecting her attendance and ability to complete work. Maya consulted an AI chatbot to help her make sense of the disparate information she was presented with online, but she wasn't sure if the information she received was trustworthy or accurate.



Maya's case study is a common story. Good student health underpins success at university.

For students to learn, create, participate and succeed, they need to be able to access appropriate healthcare, feel supported in their wellbeing, and live and study in environments that do not undermine their physical or mental health. As Maya's story illustrates, access to healthcare is shaped by many factors: knowledge, time, money, confidence, identity, trust and the support structures around students. When barriers to accessing healthcare accumulate, they can affect not only wellbeing, but also attendance, attainment, progression and belonging.

At University of the Arts London (UAL), where students are often navigating intense creative practice, studio culture, assessment pressure, and the demands of living in London, health and wellbeing cannot be treated as separate from the academic experience. They are the bedrock of the conditions that shape whether students are able to thrive.

This report explores UAL students' access to healthcare and the wider state of student health. It considers student health holistically, including topics such as students' experiences of university wellbeing services, NHS healthcare in London, GP registration, mental health support, trans healthcare, accommodation, sport and physical activity, social life, winter pressures, and creative burnout.

The report also examines whether particular groups of students face disproportionate barriers to accessing support, including international students, disabled students, trans students, students of colour, and students with long-term health conditions.

This research provides an opportunity to look beyond isolated services or one-off interventions. It invites UAL and Arts SU to work together to understand the systems, cultures and environments that shape student health. By listening directly to students, the report aims to identify where support is working well, where students are falling through gaps, and where practical changes could make the greatest difference.

Arts SU and UAL have a shared opportunity to use this research to make meaningful interventions that improve the overall health, wellbeing and educational experience of the students in our care.

EXECUTIVE SUMMARY

This report presents findings from The Health Check, Arts SU's research into UAL students' health, wellbeing and access to healthcare.

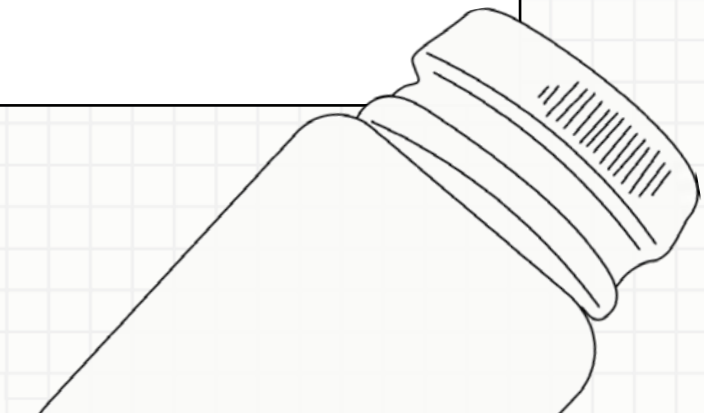
These survey findings are based on 513 responses received between 8 March and 17 April 2026.

The findings show that student health at UAL is shaped by the cost of living, assessment pressure, accommodation, creative workload, sport and leisure access, discrimination, confidence navigating systems, and the visibility and coordination of support.

The report therefore recommends a **holistic approach** to student health, with UAL and Arts SU working together to improve the conditions that allow students to study, create, participate and thrive.

Student health overview

- 58% of respondents rated their health as "good" or "very good", but 42% rated their health as "fair", "poor" or "very poor".
- 44% of respondents said they have a long-term health condition, disability or ongoing medical need.
- In the previous two weeks before taking the survey, respondents revealed:
  - 57% had felt anxious or on edge often or nearly every day.
  - 59% had felt overwhelmed by responsibilities often or nearly every day.
  - 50% had felt physically exhausted often or nearly every day.
  - 44% had felt low in mood often or nearly every day.
- More than four in five respondents said their physical or mental health had negatively affected their studies in the past 12 months.
- The most common impacts were reduced socialising with peers (54%), missed classes (53%), reduced attendance (46%) and reduced participation in extracurricular opportunities (42%).
- 24% had considered interrupting their studies because of their physical or mental health.



GP registration

- 72% of respondents had registered with an NHS GP in London since beginning their studies at UAL, while 25% had not.
- Among students not registered with a London GP, the most common reason was being registered with a GP back home outside London (55%).
- 30% of non-registered respondents were not sure how to register, and 22% had not registered because they had not needed to use a GP yet.
- Open text responses showed that some students remain registered outside London because of trust, continuity, commuting, long-term conditions, prescriptions or fear of disrupting existing care.
- The findings suggest that GP registration support should **avoid assuming students are simply uninformed**. Many are making decisions within complex practical, medical and emotional circumstances.

Seeking support and interacting with healthcare services

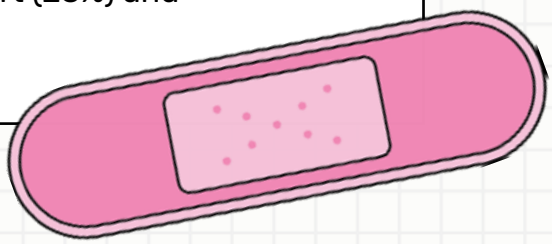
- When students have a health concern, they are most likely to go first to friends or family (25%) or a search engine such as Google (24%).
- 12% said they usually go first to an AI chatbot such as ChatGPT, while no respondents selected the UAL website or student services pages as their first source of health information.
- For NHS GP appointments in London, 31% of respondents reported waiting at least one week, being unable to get an appointment, or waiting three or more weeks.
- Only 17% agreed or strongly agreed that they were satisfied with remote GP consultations, while 36% disagreed or strongly disagreed.
- Students used a wide range of services in the past 12 months, including a GP in London (52%), pharmacies for medical advice (28%), NHS 111 (25%), online GP services (25%), A&E (20%) and dentists in London (18%).
- Open text responses showed mixed experiences: some students praised individual practitioners and pharmacists, while others described healthcare in London as slow, confusing, difficult to navigate and hard to fit around university life.

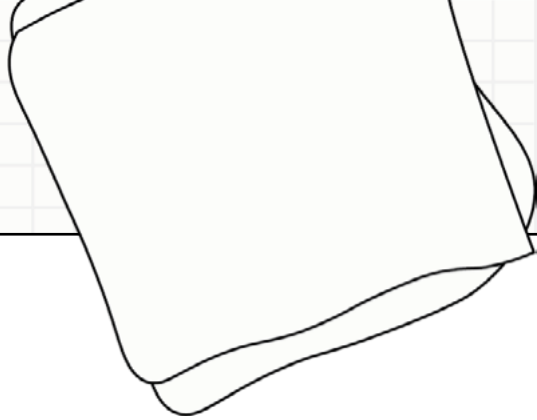
Moving to London and international student healthcare transition

- 67% of respondents had moved to London to study at UAL.
- Among students who moved to London, the most common difficulty was confusion about how the NHS works (39%).
- Other common issues included delays accessing medication (25%), financial barriers (24%), difficulty registering with a GP (22%) and interruption to ongoing treatment (16%).
- 40% said a step-by-step GP registration guide would have made the transition easier, while 34% wanted support from UAL during enrolment and 32% wanted health advice pre-arrival or pre-enrolment.
- 43% of respondents were not familiar with how NHS healthcare works before starting at UAL.
- International students reported confusion around the Immigration Health Surcharge, NHS processes, prescriptions, private healthcare and how to transfer care from overseas.
- International students were especially likely to say overseas care was easier, more affordable or preferred because of trust and continuity.

UAL health and wellbeing services

- 84% of respondents were aware of UAL wellbeing or counselling services before taking the survey.
- 38% had used UAL health or wellbeing services since beginning their studies.
- Among service users, counselling was by far the most commonly accessed support (85%), compared with online wellbeing resources (17%), Health Advice (16%) and workshops, webinars or group sessions (12%).
- 55% of service users found UAL wellbeing and health support easy or very easy to access.
- 66% agreed or strongly agreed that they felt listened to and respected, and 64% agreed or strongly agreed that the support they received was helpful.
- Students praised individual staff and described UAL support as life changing, essential or a lifeline. However, others raised concerns about appointment availability, booking processes, short-term support, follow-up and clarity about what different services offer.
- Among students who had not accessed UAL wellbeing services, the most common reason was not being sure what they offer (37%), followed by not needing support (34%), not knowing how to access support (23%) and concerns about waiting times (20%)





Access to mental health support

- 44% of respondents had tried to access mental health support in the past 12 months.
- Among those who sought support, the most common routes were UAL counselling services (63%), GPs (49%), NHS talking therapies (26%) and private therapy (20%).
- Outcomes were mixed: 31% received support quickly, but 20% were placed on a waiting list, 9% stopped engaging due to delays, 8% were still waiting, and 12% said support did not meet their needs.
- The most common barriers were long waiting times (56%), scheduling conflicts (35%), cost (30%) and unclear referral processes (29%).
- The findings show that students are often willing to seek support, but struggle to access it in a way that is timely, affordable, and compatible with university life.

Health during term time and assessment periods

- In the previous three months before taking the survey, 58% had been unwell with a cold, flu or COVID-like illness, 56% experienced worsening mental health, and 20% struggled to afford heating or food.
- 62% of respondents said that during assessment periods they feel pressure to push beyond healthy limits.
- During assessment periods, students reported increased anxiety (77%), sleep reduction (73%), social withdrawal (50%), physical symptoms such as headaches or pain (45%) and reduced appetite (35%).
- Studio and workshop environments also affected health: 34% reported fatigue from long studio hours, 30% reported back or joint pain, and 30% reported headaches linked to screen or equipment use.
- Open text responses showed that students wanted better deadline spacing, more realistic workloads, clearer expectations, affordable food, rest, breaks, movement, better facilities and more supportive communication during assessment periods.
- Students' responses also show that assessment-period health is closely connected to basic needs. Many students described struggling to eat properly, stay hydrated, rest, recover, afford food, and maintain healthy routines during deadline periods. This strengthens the case for UAL to **support and expand Arts SU's existing Basic Needs work**, recognising that students need their core needs met to stay healthy, participate fully and thrive at university.

Feedback, critiques and wellbeing

- 60% agreed or strongly agreed that feedback and critique from tutors positively supports their wellbeing.
- 46% agreed or strongly agreed that feedback and critique from technicians positively supports their wellbeing, although a high proportion selected N/A.
- 57% agreed or strongly agreed that their course supports a healthy balance between creative ambition and personal wellbeing.
- However, 26% said they had experienced critique or feedback in ways that negatively affected their mental health.
- Students valued critique when it was specific, respectful, timely and constructive. Negative experiences were linked to harsh tone, public exposure, contradictory or vague feedback, late feedback close to deadlines, peer dynamics, disability-related needs and difficulty separating creative work from personal identity.
- The findings reinforce the importance of **consistently embedding UAL and Arts SU's inclusive crits guidance across courses**.

Alcohol, non-prescription drugs and student health

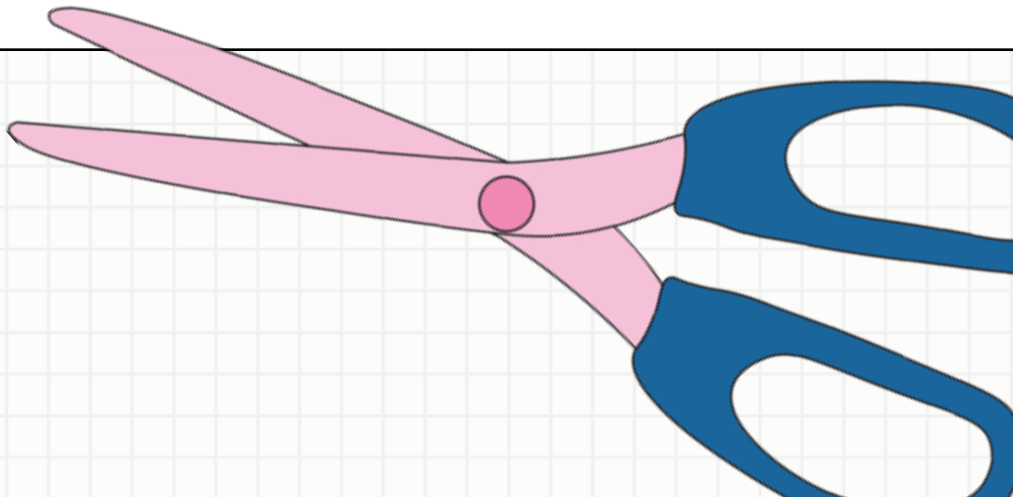
- Alcohol use varied widely. 28% of respondents said they never drink, 25% drink monthly or less, and 26% drink 2–4 times per month.
- During assessment periods, alcohol consumption was more likely to decrease (23%) than increase (8%).
- 69% of respondents said they had not used non-prescribed drugs in the past 12 months, while 27% reported some use.
- Drug use was most commonly reported in social contexts, including with friends in informal settings (20%) and at social events or parties (19%).
- The most common negative effects from alcohol or drug use were **mental health effects** such as anxiety or low mood (25%) and impact on sleep (23%).
- 45% said they would not want information or support about alcohol or drugs, but substantial minorities wanted guidance on mixing substances and medications (22%), safer use (21%), mental health support linked to substance use (20%) and confidential support (19%).
- The report takes a harm-reduction approach, recognising that students **need reliable, non-judgemental information and confidential support rather than fear, shame or discipline**.

Sport, leisure and healthy lifestyles

- 36% of respondents engaged in sport or structured physical activity weekly or more, but 48% said they rarely or never do.
- The main barriers were time (58%), cost (54%), travel distance (38%), lack of availability of spaces on campus (37%) and confidence (34%).
- The clearest open text theme was demand for a UAL gym or dedicated sports facilities. Students repeatedly asked for a gym, sports hall, campus-based exercise spaces, subsidised gym memberships, swimming access and partnerships with local leisure centres.
- Students linked sport and exercise directly to mental health, belonging, confidence, stress management and physical wellbeing.
- This is one of the **strongest findings** in the report: students see affordable sport and leisure access as a **health intervention, not simply a recreational extra**.

Discrimination in healthcare

- 29% of respondents said they had avoided seeking healthcare because they were worried about being treated unfairly.
- Among those students, the most common concerns were gender (56%), mental health stigma (47%), race or ethnicity (26%), disability (21%), weight (15%), sexual orientation (12%), trans status (11%) and immigration status (11%).
- Open text responses described fears and experiences of being dismissed, disbelieved, stereotyped, misdiagnosed, mocked, blamed or treated without care.
- Gendered dismissal, reproductive health, period pain, mental health stigma, racism, disability, weight stigma, trans healthcare and language barriers were recurring themes.
- The findings show that discrimination and fear of unfair treatment are meaningful barriers to healthcare access, and can lead students to delay care, avoid services or rely on alternative routes.

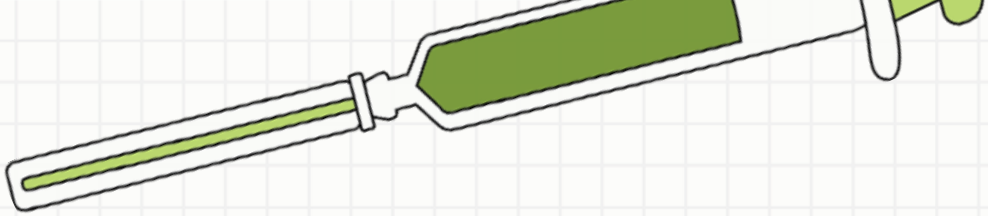


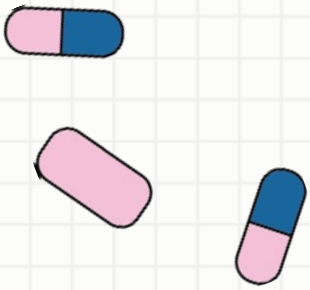
Trans and gender-affirming healthcare

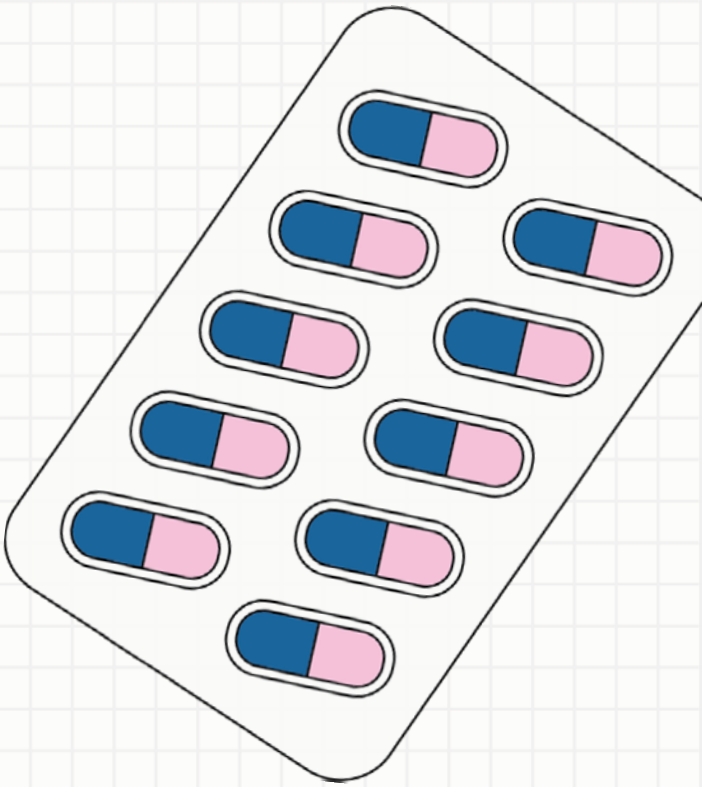
- This section was based on a small number of responses and should be **interpreted carefully**, but the findings are important because trans and gender-diverse students are a smaller and marginalised group whose experiences can be hidden in larger datasets.
- Among respondents for whom this section was relevant, 53% had sought trans-related healthcare in London since studying at UAL.
- 42% agreed that they feel safe accessing healthcare as a trans or gender-diverse person in London, but 37% disagreed or strongly disagreed. No respondents strongly agreed.
- The most common barriers were cost of private care (79%), long waiting times (74%), misgendering or disrespect (58%), lack of provider knowledge (42%) and fear of discrimination (42%).
- Students asked for shared knowledge of safe providers, clearer information about NHS and private pathways, support transferring care from other countries, community spaces, helplines, drop-ins and financial support.
- Arts SU's previous Gender Expression Fund provides a strong model for practical support, but the findings suggest this would **need sustainable UAL funding to have a longer-term impact**.

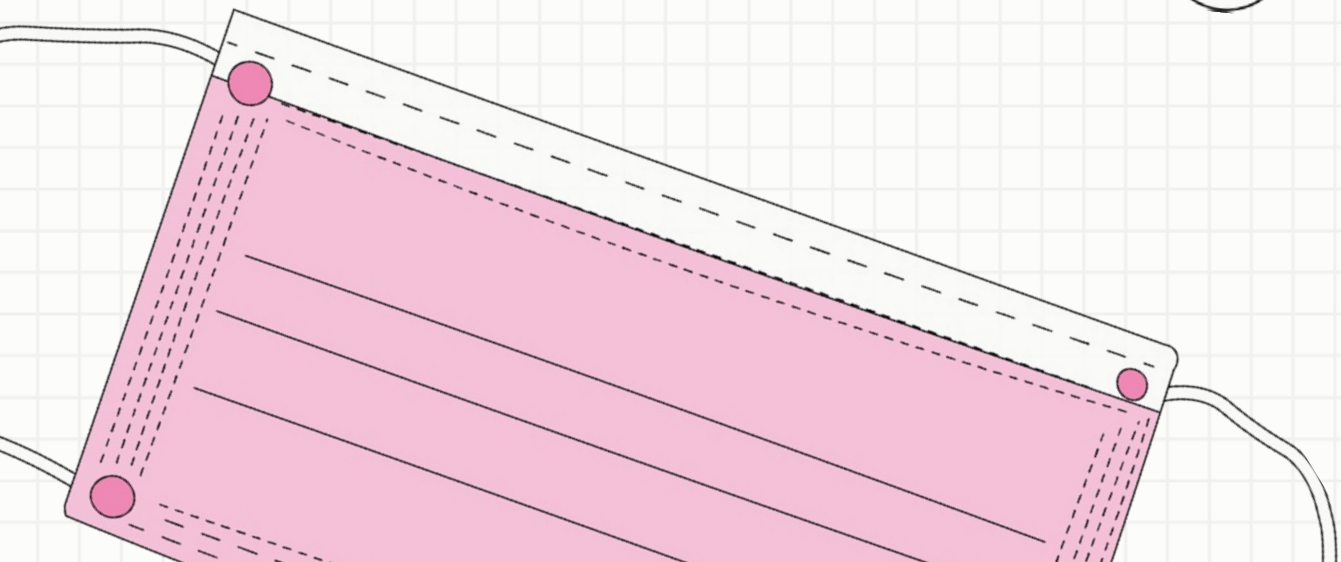
Student priorities for change and student health

- When asked to select the three changes that would most improve student access to healthcare at UAL, the strongest priority was more affordable sport and leisure access, selected by 61%.
- This was followed by faster mental health triage (34%), better communication about services (32%), clear GP registration guidance (31%), assessment period wellbeing reforms (26%) and dedicated healthcare navigation support (24%).
- Only 6% selected "nothing", suggesting that most respondents could identify practical changes that would improve student health.
- The final findings confirm that students want UAL and Arts SU to approach health holistically, with sport, assessment, communication, mental health, basic needs and healthcare navigation all understood as part of the student health landscape.









Key recommendations

The recommendations throughout the report should be read as a connected programme of work. This is a summary of some of the recommendations, but you can find the full recommendations at the end of each chapter, and a full list at the end of this report.

Develop a **funded UAL sports and physical activity facilities** plan, with a clear commitment to exploring a university gym or dedicated recreational exercise spaces. This is the **strongest student priority** in the report and should be treated as a **major strategic ask**. Students repeatedly identified the lack of affordable, accessible sports facilities as a barrier to health, wellbeing and belonging. The plan should be phased, beginning with better use of existing UAL spaces, pop-up or small-scale fitness provision, and a review of activity space availability and opening hours, while working towards longer-term dedicated gym or recreational exercise facilities.

Fund local partnerships with gyms, pools, leisure centres and nearby facilities while longer-term UAL sports facilities are developed. This should include genuinely affordable or free access near each college, recognising UAL's multi-campus geography. Arts SU's previous gym access provision through a partnership with London School of Economics Students' Union shows that students engage with this type of offer, but also that single site, time-limited access can be difficult for students with work, study, caring or travel constraints. Future partnerships should therefore be local and sustainably funded.

Build on **Arts SU's Basic Needs work** during assessment periods. UAL should provide sustainable support for Arts SU's Basic Needs Project and expand practical assessment-period interventions such as free or affordable food, healthy snacks, hydration promotion, hygiene products, quiet decompression spaces, "take a break" prompts and low-pressure study breaks. This recognises that students cannot stay healthy, engage fully or thrive academically if their core needs around food, rest, hygiene, hydration and recovery are not being met.

Improve **mental health triage and interim support**. Students need clearer routes into support, faster initial triage, support while waiting, and pathways that recognise cost barriers and scheduling conflicts.
Make healthcare navigation clearer and more visible. UAL and Arts SU should improve GP registration guidance, health information online, NHS navigation, digital health literacy, and support for remote consultations on campus.

Support students with **long-term conditions, prescriptions and international healthcare transition**. This should include guidance on continuity of care, overseas prescriptions, medication transfer, Immigration Health Surcharge expectations, and healthcare arrangements across borders.

Strengthen **UAL health and wellbeing service communication, access and follow-up**. Students value UAL support, but need clearer information about what services offer, how to access them, what happens next, and how support is coordinated.

Reform **assessment-period wellbeing**. UAL should review deadline clustering, workload, recovery time, studio expectations and assessment-period basic needs, including building on Arts SU's Inside The Kiln work on burnout and decompression interventions.

Embed inclusive critique and feedback practice consistently. UAL should continue implementing inclusive crits guidance so that critique remains challenging and developmental without becoming emotionally unsafe.

Co-create a **harm-reduction strategy for alcohol and non-prescription drug use**. This should be developed between UAL, Arts SU, students and relevant external organisations, and should focus on confidential support, safer use, medication interactions, alcohol-free social life and event safety.

Work with healthcare partners to **respond to discrimination and mistrust in healthcare**. UAL and Arts SU should develop appointment advocacy resources, inclusive signposting and use anonymised student evidence in conversations with local health partners.

Establish **sustainable support for trans and gender-diverse students**. UAL should work with Arts SU to create a recurring gender affirmation support scheme, develop trans-specific healthcare navigation, and support trans student community-building and peer knowledge-sharing.




METHODOLOGY

This report is based on findings from an online survey conducted by Arts Students' Union to understand UAL students' access to healthcare and the wider state of student health. The survey was comprised of a mixture of quantitative and qualitative questions.

The survey explored students' experiences of NHS healthcare in London, UAL wellbeing services, GP registration, mental health support, trans healthcare, sport and physical activity, social spaces, assessment pressure and other factors affecting student wellbeing.

The survey was open to current UAL students and was promoted through Arts SU communications, mailing lists, course reps, social media, and relevant university and SU teams, including Arts SU's Research Insiders programme.

The survey questions were reviewed by UAL's Counselling and Student Health Advice team before publication, in the spirit of a partnership approach of working.

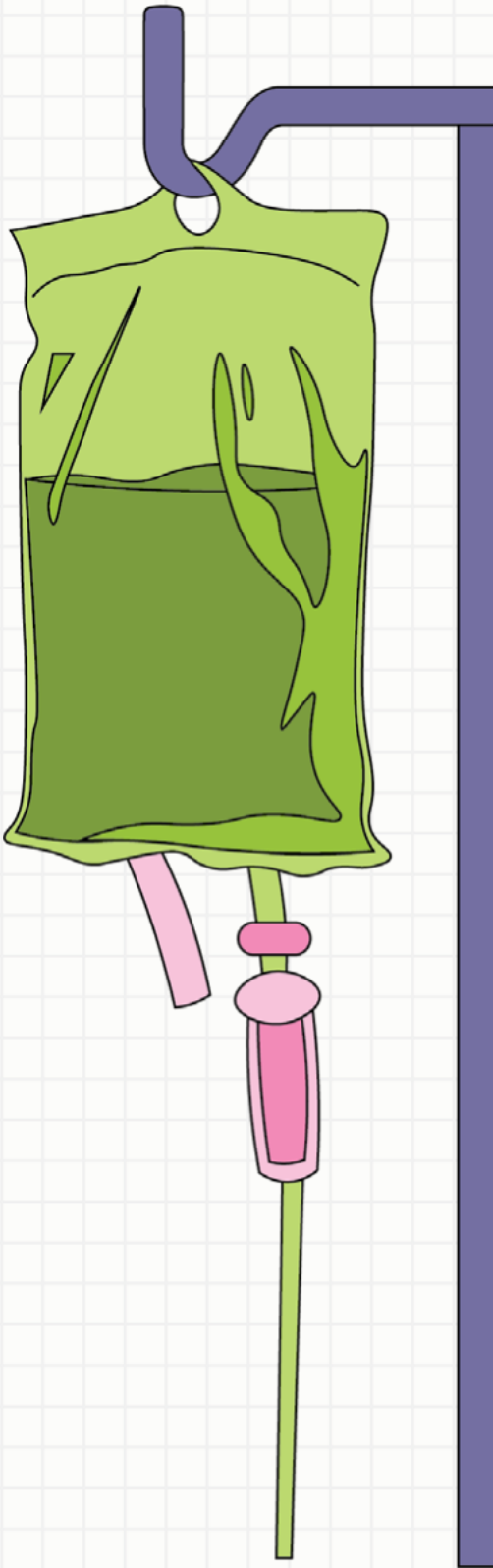
Participation was voluntary, and students were able to skip any question they did not wish to answer. The survey was anonymous; students who wished to enter the prize draw were directed to a separate form so that contact details could not be linked to survey responses.

The survey was open from 8 March to 17 April 2026.

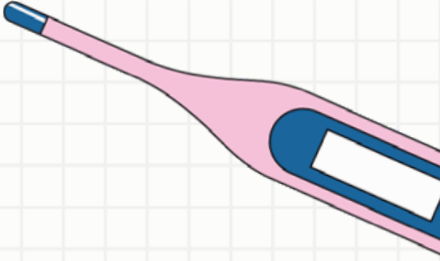
In total, the survey received 513 responses, with a 4% margin of error at a 95% confidence interval, in line with standard social research practice.

The survey captures a wide range of experiences across healthcare access, academic life, housing, social connection and wellbeing, allowing Arts SU and UAL to consider student health holistically.

The findings provide a strong evidence base for identifying barriers, shaping recommendations, and prioritising interventions that could improve the health and wellbeing of students across UAL.



STUDENT HEALTH OVERVIEW

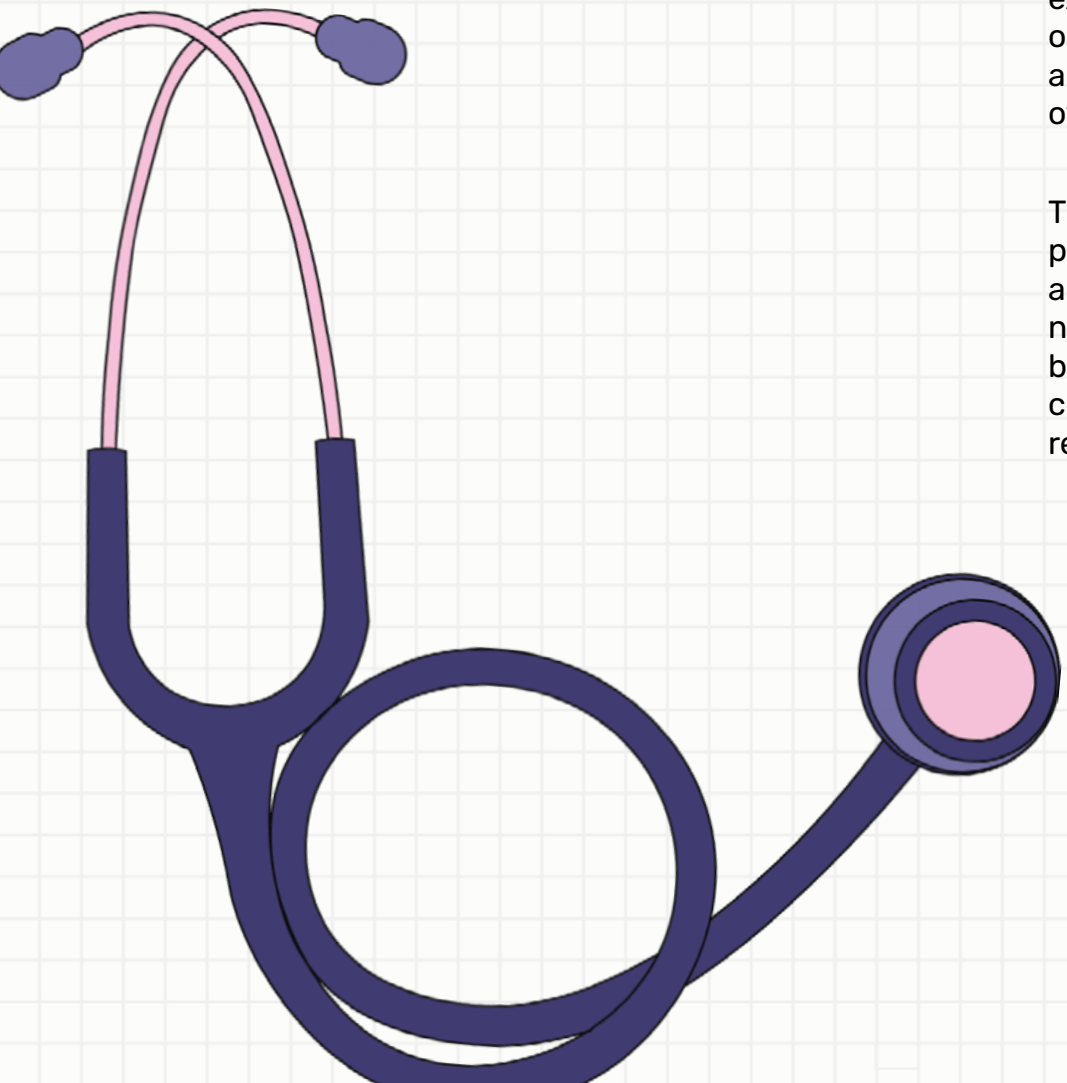


The opening section of the survey asked students to reflect on their general health. It asked respondents whether they have a long-term health condition, disability or ongoing medical need, and how they had been feeling over the previous two weeks. These questions provide a baseline for the report, helping to establish an immediate snapshot of the overall health context in which students are studying, creating, participating in university life and accessing support.

It is important to remember the data for this research was collected between 8 March to 17 April 2026, meaning **respondents will have exited the winter period of term 1** (often one of the periods with the highest propensity towards student illness) when completing the survey.

Overall, the findings suggest that while a majority of respondents describe their general health positively, a substantial minority are experiencing poorer health, ongoing health needs, and high levels of anxiety, overwhelm and exhaustion.

The data points to a student population where health and wellbeing concerns are not marginal or occasional, but are part of the everyday context of study for many respondents.



Student self-assessment of their health



Diagram 1: In general, how would you rate your health?

When asked “In general, how would you rate your health?”, just over half of respondents gave a positive answer. 12.3% rated their health as “very good” and 46% rated it as “good”, meaning 58.3% of respondents described their health positively overall.

However, a significant minority reported more mixed or negative experiences of health. 28.4% rated their health as “fair”, while 11.4% rated it as “poor” and 1.9% as “very poor.” Taken together, 13.3% of respondents rated their health as poor or very poor, and 41.7% rated their health as fair, poor or very poor.

This shows that although most students do not describe themselves as being in poor health, a large proportion are not experiencing strong or stable health either. The “fair” category is particularly significant.

Students in this group may not be in crisis or actively seeking medical support, but they may still be managing stress, fatigue, minor or recurring illness, mental health difficulties, or underlying conditions that affect their ability to engage fully with their studies.

For UAL and Arts SU, this suggests the need to **think beyond crisis intervention.** A narrow focus on students with acute needs risks missing a much larger group whose health may be precarious, inconsistent or vulnerable to worsening during periods of pressure (such as assessment deadlines, winter illness, housing difficulties or financial stress). Preventative support, early signposting, and low-level interventions may therefore be just as important as support for students already in crisis.

Long-term health conditions, disability and ongoing medical need

43.7% of respondents said they have a long-term health condition, disability or ongoing medical need, while 56.3% said they do not.

This indicates that a large proportion of respondents are studying while managing an ongoing health-related need. This may include physical health conditions, mental health conditions, disabilities, neurodivergence, learning differences, chronic pain, chronic fatigue, or other forms of ongoing healthcare or support need.

While this figure should be interpreted in the context of a self-selecting survey on health, it is nevertheless highly significant for understanding the student experience at UAL. It suggests that health, disability and ongoing medical need are not marginal issues affecting only a small minority of students, but are central to the everyday realities of a substantial proportion of the student body.

It is also important to recognise that this figure may not capture the full scale of need. Some students may not identify with the terms “disabled” or “long-term health condition”, even where they experience barriers to learning and participation. Others may have conditions that are undiagnosed, informally recognised, or still being investigated. This may be particularly relevant in relation to neurodivergence and specific learning differences such as dyslexia, ADHD or autism, where students may self-identify or self-diagnose before, or instead of, receiving a formal diagnosis. In some cases, students may be aware that they need adjustments or support but may not have the documentation required to access formal disability services.

The finding reinforces the importance of designing university systems with disabled students and students with long-term conditions in mind from the outset, rather than treating support as an exception or add-on. For many students, **health management is part of their everyday academic life**.

Student health in the last two weeks

Respondents were then asked how often in the previous two weeks to taking the survey they had experienced the following:

- Feeling anxious or on edge
- Low in mood
- Overwhelmed by responsibility
- Physically exhausted
- Physically unwell

The weighted average scores range from 1 (never) to 5 (nearly every day).

IN THE PAST 2 WEEKS, HOW OFTEN HAVE YOU FELT...

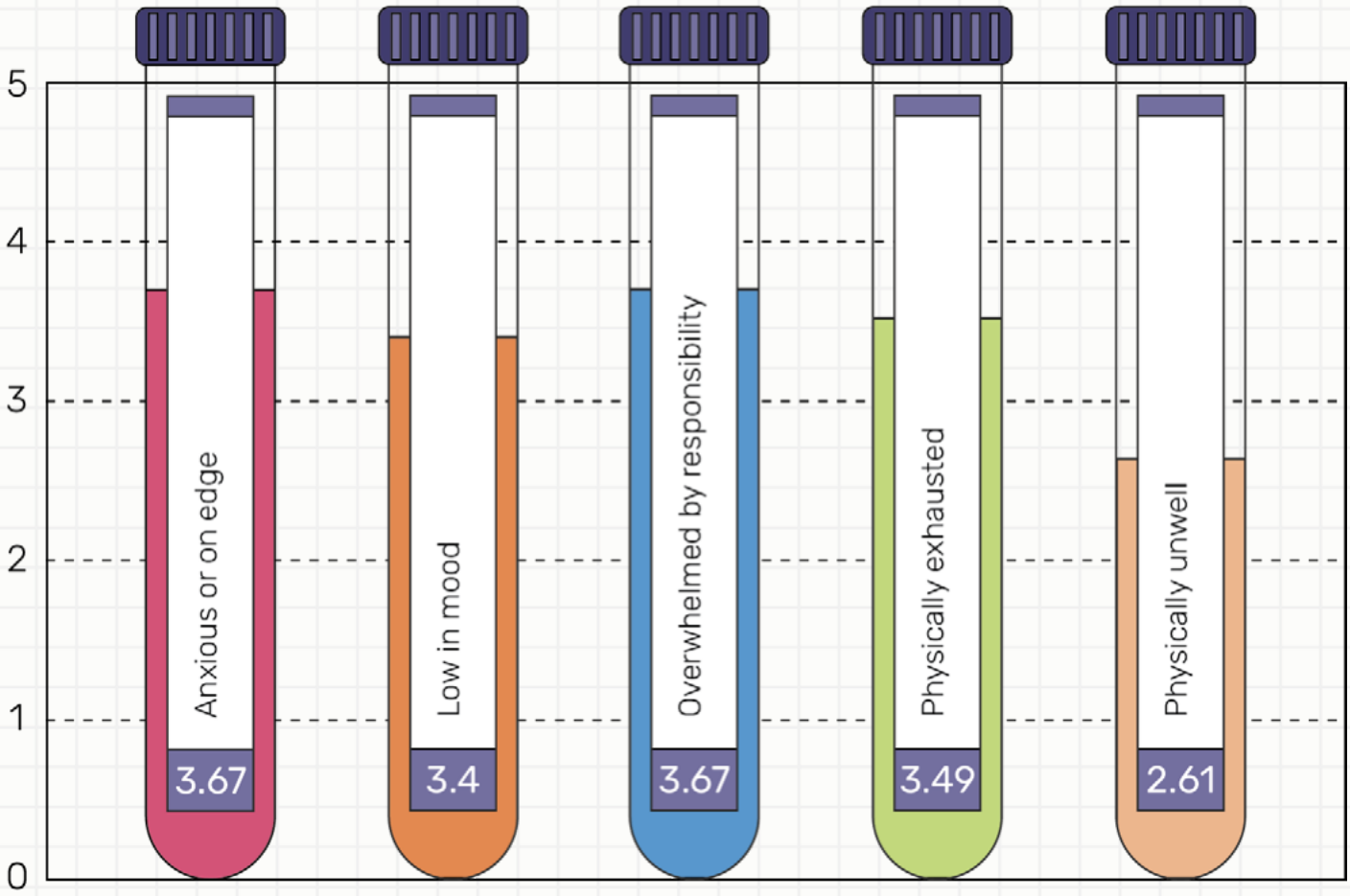


Diagram 2: In the past 2 weeks, how often have you felt...

Feeling anxious or on edge

Respondents reported high levels of anxiety in the previous two weeks. 34.1% said they had felt anxious or on edge “often”, and 23.2% said “nearly every day.” This means that 57.3% of respondents had felt anxious or on edge often or nearly every day.

Only a small proportion reported little or no anxiety: 2.4% said “never” and 8.5% said “rarely.” A further 31.8% said “sometimes.” The weighted average score for this item was 3.67, indicating that responses sat between “sometimes” and “often”, leaning closer to “often”.

This is one of the clearest indicators in the opening section that **anxiety is a widespread feature of student life** for respondents. The data does not tell us the cause of this anxiety on its own, but later sections of the survey can help connect it to factors such as assessment pressure, healthcare access, and social belonging.

This finding supports the case for treating anxiety not only as an individual mental health issue, but as a broader institutional concern. If more than half of respondents are experiencing anxiety often or nearly every day, then student wellbeing cannot sit only within counselling or crisis support.

It also needs to be addressed through academic practice, workload expectations, assessment design, and the accessibility of early support.

Feeling low in mood

Students were also asked how often they had felt low in mood over the previous two weeks. 27.4% reported feeling low in mood often, and 16.5% reported feeling low nearly every day. Combined, this means 43.9% of respondents had felt low in mood often or nearly every day.

A further 37.6% said they had felt low in mood sometimes, meaning that only a minority reported rarely or never feeling this way. 16.9% said rarely and 1.7% said never. The weighted average was 3.40, placing the overall response between “sometimes” and “often.”

This finding suggests that low mood is also a significant issue across the respondent group, although slightly less frequent than anxiety or feeling overwhelmed.

It is important **not to over-medicalise this result**: feeling low can reflect a range of experiences, including stress, loneliness, burnout, financial pressure, illness, discrimination or dissatisfaction with study conditions. However, the scale of the response indicates that many students are **regularly struggling with mood and emotional wellbeing**.

This has implications for how support is designed and communicated. Students experiencing low mood may not always identify themselves as needing “mental health support”, particularly if they feel their difficulties are not severe enough or if they are unsure what services are for.

This points to the value of low-barrier support, peer connection, proactive signposting, and clear messaging that students do not need to be in crisis to seek help.

Feeling overwhelmed by responsibility

32.9% of respondents said they had felt overwhelmed often, and 25.9% said nearly every day. Together, this means 58.8% of respondents had felt overwhelmed by responsibilities often or nearly every day.

Only 1.3% said they had never felt overwhelmed, and 15.1% said rarely. A further 24.8% said sometimes. The weighted average was 3.67, the same as the score for feeling anxious or on edge.

This **connects health and wellbeing to workload, responsibility and pressure**. Feeling overwhelmed may relate to academic demands, employment, caring responsibilities, commuting, financial stress, health management, accommodation issues, creative practice, or social pressures. For arts students, it may also relate to the intensity of project-based work, the emotional investment involved in creative practice, and the pressure to produce visible or public-facing outputs.

This finding also connects closely with Arts SU's recent report Inside the Kiln: Student Experiences of Creative Burnout at University of the Arts London. This research describes how creative burnout can involve a loss of creative capacity, motivation, confidence and ability to generate ideas. It identifies specific features of creative education that can intensify burnout, including the pressure to produce originality on demand, the personal and identity-based nature of creative work, public critique, deadline clustering, overlapping projects, unclear assessment expectations, and constraints around space, materials and access to facilities.

Seen alongside this research, the high proportion of students in this survey who report feeling overwhelmed often or nearly every day suggests that **many respondents are operating close to capacity**. For creative students, this may mean not only struggling with workload in a general sense, but also finding it harder to sustain the experimentation, reflection, risk-taking and recovery that creative learning requires.

This has direct implications for attainment, progression and retention. Students who feel overwhelmed may find it harder to plan work, attend consistently, engage creatively, access support, or recover between deadlines. They may also simplify ideas, avoid experimentation, or focus on completing work rather than developing it meaningfully. This strengthens the case for examining assessment clustering, course workload, expectations around independent study, clarity of briefs and criteria, and the availability of support during peak pressure points.

For UAL, this finding suggests that **improving student wellbeing requires attention to the structures that produce or intensify overwhelm, not only the services that respond once students are struggling**. In a creative arts context, this means recognising creative burnout as both a wellbeing issue and an educational issue. Supporting students to work sustainably should be understood as part of enabling high-quality creative learning, rather than as separate from academic standards or creative ambition.

Feeling physically exhausted

Physical exhaustion was also commonly reported amongst respondents. 30.1% of respondents said they had felt physically exhausted often, and 19.7% said nearly every day. This means that 49.8% of respondents had felt physically exhausted often or nearly every day in the previous two weeks.

A further 32.8% reported feeling physically exhausted sometimes, while 14.6% said rarely and 2.8% said never. The weighted average was 3.49, again placing responses between “sometimes” and “often.”

This finding articulates how student health concerns are not only emotional or psychological. Physical exhaustion may be linked to poor sleep, commuting, shift work in an employed position, long hours in studios or workshops, digital and screen-based work, illness, disability, caring responsibilities, inadequate housing conditions or assessment pressure.

It may also reflect the physical demands of creative education, including making, installing, rehearsing, carrying materials, working with equipment, or spending long periods in specialist spaces.

The scale of physical exhaustion among respondents suggests that UAL and Arts SU should **consider how student wellbeing is affected by the organisation of study, space and time**.

Questions about deadline intensity, access to rest, campus facilities, food, travel, and studio culture are therefore directly relevant to health. Physical exhaustion can also compound mental health difficulties, reduce participation in sport or social activity, and make it harder for students to access healthcare when they need it.

Feeling physically unwell

Compared with anxiety, low mood, overwhelm and exhaustion, respondents were less likely to report feeling physically unwell frequently. 13.8% said they had felt physically unwell often, and 5.3% said nearly every day, meaning 19.1% felt physically unwell often or nearly every day.

By contrast, 13.0% said never, 37.5% said rarely, and 30.4% said sometimes. The weighted average was 2.61, indicating that responses sat between “rarely” and “sometimes.”

This suggests that while frequent physical illness was less common than emotional distress or exhaustion, it was still experienced by a meaningful minority of respondents. Around **one in five students reporting frequent physical illness** is significant, particularly when considered alongside the high proportion reporting physical exhaustion and the large number of respondents with long-term health conditions, disabilities or ongoing medical needs.

This figure should also be interpreted in relation to the timing of the survey. Responses were collected between 8 March and 17 April 2026, **outside the main winter period when colds, flu and other seasonal illnesses may be more common**. As a result, students may have been less likely to report feeling physically ill or unwell than they might have been during the winter months. This means the finding should not be read as evidence that physical illness is a minor issue, but rather as a snapshot taken during a period when some forms of acute illness may be less prevalent.

The distinction between physical illness and physical exhaustion is also important. Many students may not describe themselves as physically unwell, but may still be experiencing fatigue, pain, stress-related symptoms or the physical effects of workload and poor rest. This reinforces the **need for a broad understanding of health that includes energy levels, recovery, chronic conditions, sleep, housing and workload, not only acute illness**.

Impact of health on studies and student life

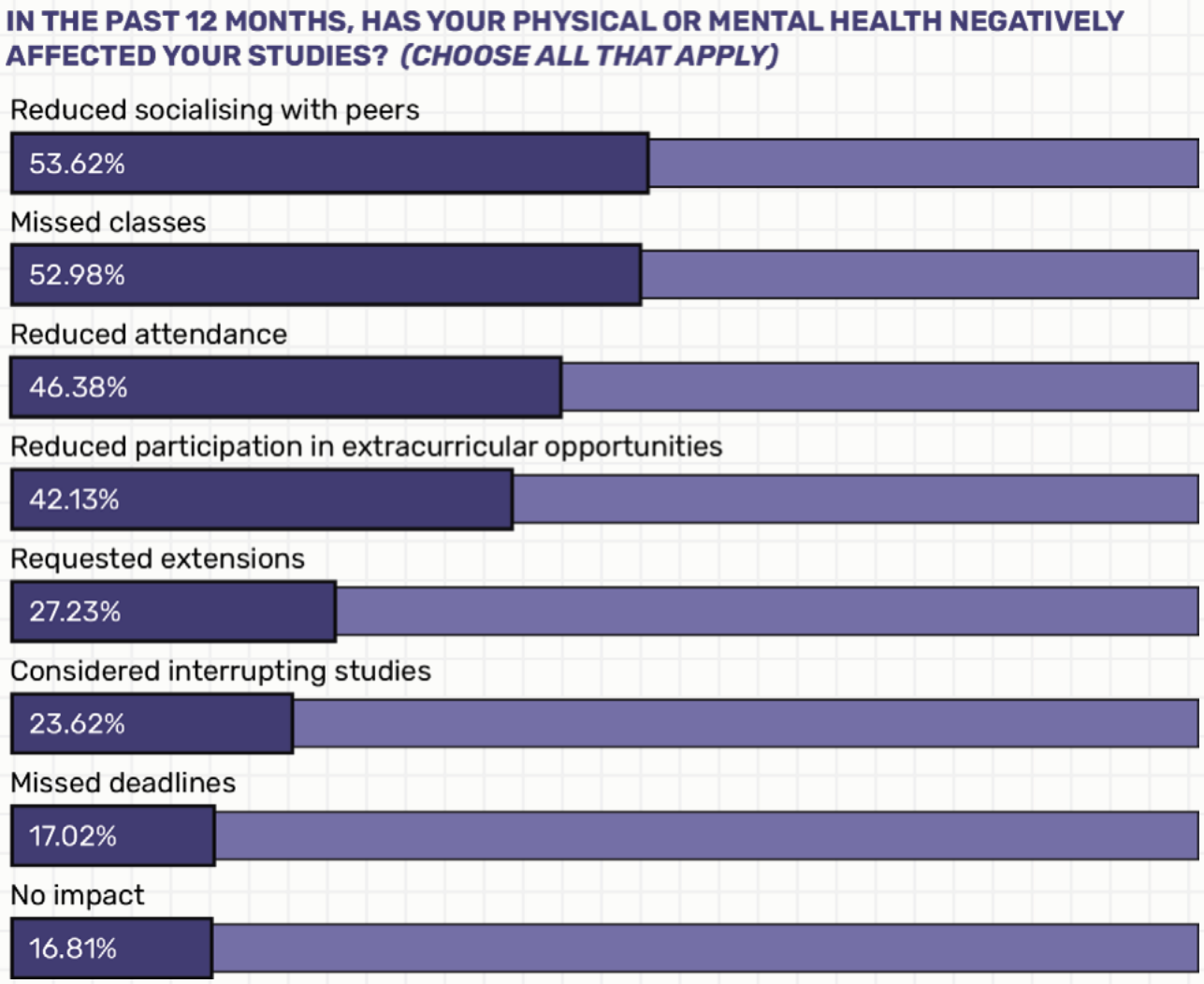


Diagram 3: In the past 12 months, has your physical or mental health negatively affected your studies?

The final question in this section asked students whether their physical or mental health had negatively affected their studies in the past 12 months. Respondents could select multiple options, allowing the data to capture the different ways health difficulties can affect academic engagement, participation and belonging.

The findings show that **health has had a substantial impact on students' ability to engage fully with university life**. Only 16.81% of respondents said their physical or mental health had no impact on their studies in the past 12 months. This means that more than four in five respondents reported at least one negative impact.

The most common impact was **reduced socialising with peers**, selected by 53.62% of respondents. This shows that health affects more than academic performance in a narrow sense. Social connection is a key part of the student experience, confidence and wellbeing. If students are withdrawing socially because of their health, they may be less able to build supportive relationships, participate in course communities, or feel connected to UAL.

A similar proportion, 52.98%, said their health had caused them to miss classes. This suggests that health-related disruption is directly affecting students' engagement with teaching and learning. Missed teaching can have cumulative consequences, particularly in creative education where students may rely on studio access, group critique, technical workshops, collaborative work, and in-person feedback. For UAL, this strengthens the case for **considering health as a core factor in attendance, attainment and progression**.

Nearly half of respondents, 46.38%, reported reduced attendance. While this overlaps with missed classes, it indicates a **broader pattern of disengagement or difficulty maintaining consistent participation** in all aspects of university life, not just scheduled academic time.

A substantial proportion of students also reported reduced involvement beyond their course. 42.13% said their health had reduced their participation in extracurricular opportunities. This includes activities such as societies, sports clubs, volunteering, events, paid opportunities, exhibitions, networking, or wider student community life.

This matters because extracurricular participation can support belonging, employability, wellbeing and student confidence. If health is limiting students' ability to take part, then the impact extends beyond formal teaching into the wider developmental opportunities that shape the student experience.

The data also shows clear academic consequences. 27.23% of respondents said they had requested extensions because of their physical or mental health, while 17.02% said they had missed deadlines. This suggests that health difficulties are affecting students' ability to complete work within expected timeframes. Extensions can be an important and necessary support mechanism, but high levels of reliance on extensions may also indicate underlying pressure within assessment design or support systems. Missed deadlines may point to more severe disruption, where students either could not access support in time or were unable to navigate formal processes.

Particularly concerning is that 23.62% of respondents said they had considered interrupting their studies because of their physical or mental health. This is a significant indicator of risk around continuation and retention. Considering interruption does not necessarily mean a student will leave or pause their course, but it suggests that nearly a quarter of respondents had reached a point where their health made continued study feel uncertain or unsustainable. For UAL and Arts SU, this finding should be treated as a strong signal that health and wellbeing are directly connected to retention.

Taken together, these findings show that the impact of health on students is broad, cumulative and deeply connected to their academic and social experience. Health difficulties are leading to formal academic outcomes such as missed deadlines or extensions, as well as affecting attendance, participation, and peer connection.

NHS GP REGISTRATION

This section explores whether students have registered with an NHS General Practitioner (GP) in London since beginning their studies at UAL, and the reasons why some students have not done so.

GP registration is an important access point into NHS healthcare. In England, GPs usually act as the first point of contact for non-emergency healthcare.

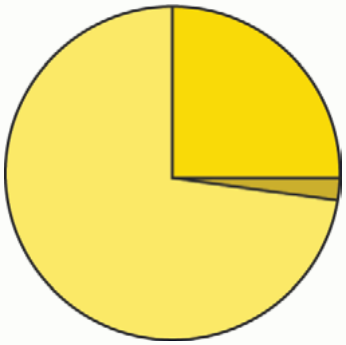
They provide appointments for physical and mental health concerns, issue and manage prescriptions, support ongoing health conditions, and make referrals to specialist NHS services where needed.

NHS advice for students recommends registering with a GP near their university address if they spend more weeks of the year there than at their family or home address. This is particularly important for students with ongoing health conditions or regular medication needs.

Understanding whether students are registered locally is therefore central to understanding healthcare access. It helps identify whether students are connected to routine primary care in London, or whether barriers such as lack of information, uncertainty about eligibility, difficulty navigating NHS systems, digital access, proof of address concerns, or previous negative experiences may be preventing them from accessing support.

GP registration rates

Most respondents had registered with an NHS GP in London since beginning their studies at UAL.



- 71.95% said they had registered
- 25.05% said they had not registered
- 3% preferred not to say

At first glance, this suggests that the majority of respondents have taken the necessary step to access primary care in London.

However, the fact that **one in four respondents had not registered with a London GP** is significant. For students studying in London, not being registered locally may limit access to timely care, particularly where students need same-day advice, ongoing prescriptions, referrals, mental health support, or medical evidence for academic processes such as extensions or extenuating circumstances.

The data also suggests that non-registration is not simply the result of students being unaware of healthcare altogether. Many respondents had made deliberate decisions to remain registered elsewhere, often citing trust, convenience, continuity of care, or uncertainty about whether switching GP would be worth the disruption.

This means **any intervention should avoid assuming that students are simply uninformed**. Instead, support should recognise that students are often making decisions within complex practical, medical and emotional circumstances.

Allocation of NHS resources

Under the current NHS system, GP funding and local primary care planning are closely linked to registered patient lists. NHS Digital publishes monthly data on the number of patients registered at each GP practice, and NHS payments to general practice are reported on a per registered patient basis. In 2024/25, NHS payments to general practice in England averaged £178.88 per registered patient.

When students remain registered with a GP outside London while spending most of their time studying in London, their healthcare need may be counted in the wrong place. A GP practice in another part of the country may receive funding and plan services for a young adult patient who is not routinely there, while GP practices near UAL campuses and student accommodation may be expected to meet student healthcare demand without the corresponding registration-based resource.

Student populations have particular health needs, including mental health support, sexual health, medical evidence for academic processes, and support for long-term conditions. If large numbers of students are not registered where they live and study for most of the year, local primary care services in student areas may not be fully resourced to reflect the population they are effectively serving.

It should be acknowledged this does not mean every student should automatically transfer their GP registration. Some students commute or have complex reasons for maintaining continuity with a home GP. However, it does strengthen the case for **clearer guidance that helps students make informed decisions**.

WHAT ARE THE MAIN REASONS YOU AREA NOT REGISTERED? *(SELECT ALL THAT APPLY)*

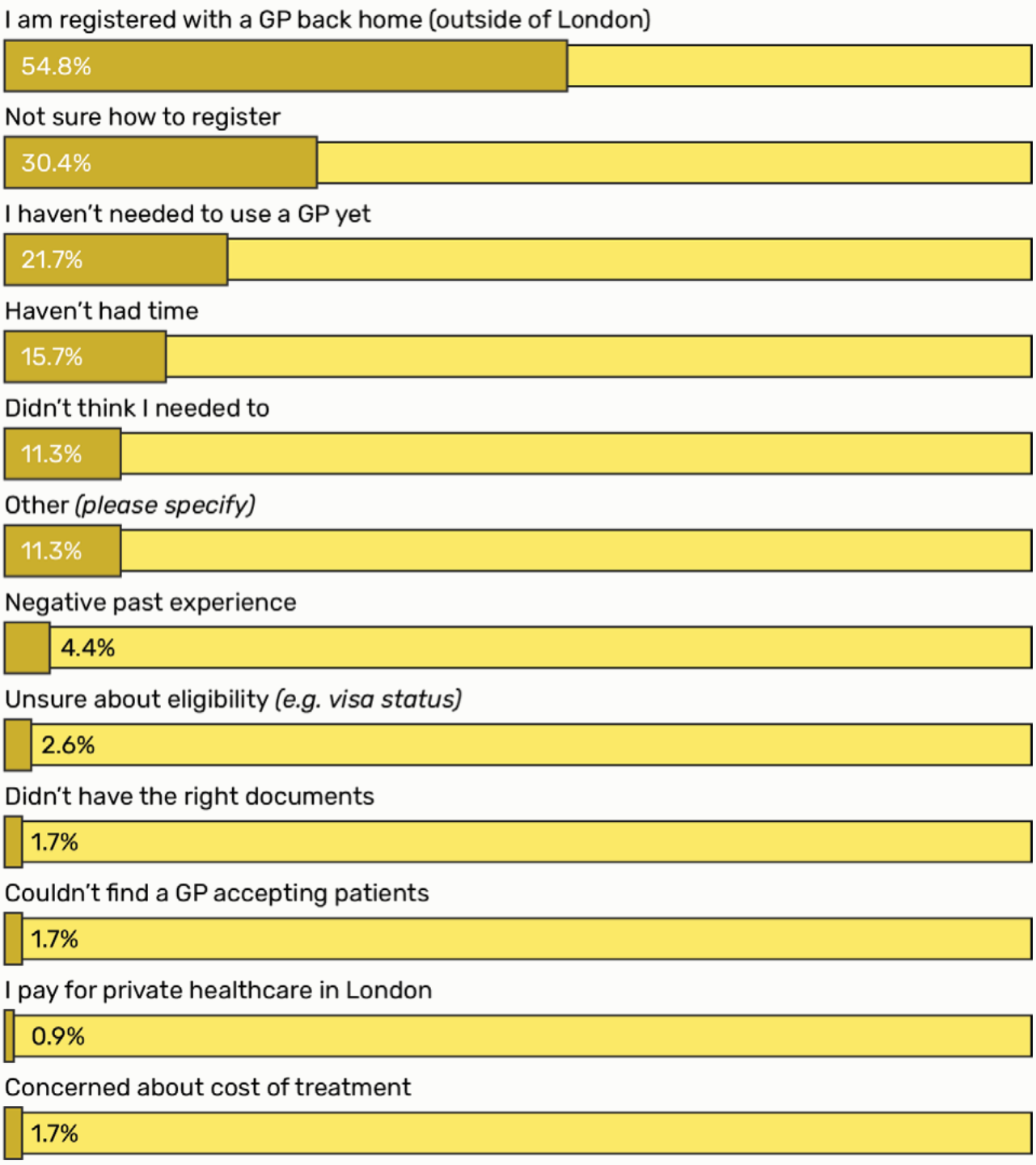


Diagram 4: What are the main reasons you are not registered? (Select all that apply)

Reasons for not registering with a London GP

Among students who had not registered with a GP in London, the most common reason was that they were registered with a GP back home outside London, selected by 54.78% of respondents. The open text comments reinforce this pattern, with many students explaining that they live outside London, commute to UAL, return home regularly, or feel their home GP is close enough to use when needed.

Examples included students living in Hastings, Birmingham, Swindon, Luton, Surrey, Slough and other locations outside London.

Some described their home GP as only “a short train ride away”, while others said they “live at home” or commute, meaning they did not feel a London GP was necessary. This reflects UAL’s commuter population and the complexity of defining “local” healthcare for students who study in London but remain rooted elsewhere.

The second most common reason was respondents being unsure how to register, selected by 30.43%. While GP registration is relatively straightforward in principle, students may experience it as confusing, time-consuming or intimidating, particularly if they are unfamiliar with the NHS, are moving between addresses, or do not know which practice to choose. Several open text responses described uncertainty about how to transfer, not knowing which GP in London to register with, or feeling overwhelmed by the process.

One respondent wrote that they felt “mentally overwhelmed by the process”, particularly because it had to be done in English, which was not their first language. Another said they had “tried a lot but could not” register and needed help. These comments suggest that providing information alone may not be enough for all students. Some may benefit from practical, step-by-step support, translated or plain-English guidance, drop-in advice, or a registration clinic during enrolment and key points in the academic year.

A further 21.74% said they had not registered because they had not needed to use a GP yet, while 11.3% said they didn’t think they needed to. These responses suggest that some students may delay registration until they become unwell. This is understandable, particularly for students managing multiple pressures, but it creates a risk that students only attempt to register at the point when they already need care. At that stage, delays or confusion may have more serious consequences.

This pattern was echoed in open text responses. Some students said they had “never needed to see a GP”, “haven’t been to the GP in years”, or would only go if they needed a sick note. Others described “toughing it out” when ill, suggesting that some students may see GP care as something to use only in more serious circumstances. This has implications for health literacy and preventative healthcare. Students may need clearer messaging that GP registration is something to do before a health issue arises, not only once they are already unwell.

15.65% of respondents said they hadn’t had time to register. Open text responses linked this to coursework, paid work, and the feeling of always trying to catch up. One respondent described GP registration as “not a priority” because they were managing coursework and work outside university. Another said they had not “gotten around to it” and that it seemed like “too long of a process for such a basic thing.” This indicates that **even where students know registration is important, the process can fall behind more immediate academic, financial and personal pressures**.

Smaller proportions selected barriers such as not having the right documents (1.74%), being unsure about eligibility such as visa status (2.61%), being unable to find a GP accepting patients (1.74%), concern about the cost of treatment (1.74%), paying for private healthcare in London (0.87%) or a negative past experience (4.35%).

Although these categories were selected by fewer students, they remain important because they **point to more acute access barriers**. For example, uncertainty about eligibility may particularly affect international students, while negative past experiences may discourage students with mental health needs or long-term conditions from seeking care.

Trust and continuity strongly influence GP registration decisions

A number of students described having a long-standing and trusted relationship with their home GP. Some had been registered with the same GP their whole life, while others said their home GP "built my trust" or provided a better experience than a London GP. One respondent said they had registered with a GP in London in first year but found it "a much worse experience" than their GP back home.

This highlights that **proximity is not the sole determining factor in healthcare access. Students value trust, familiarity and continuity.** For students with mental health difficulties, long-term conditions, complex prescriptions or previous negative experiences, the thought of transferring to an unfamiliar GP may feel risky.

Support around GP registration should therefore **acknowledge the trade-off students may perceive between local access and continuity of care**.

Long-term conditions and prescriptions can make switching GP more complex

One of the most significant open text comments came from a student with long-term health conditions who explained that they needed to remain with their doctor back home because prescriptions were managed through their diabetes and Addison's disease team.

They described the process of relocating care to London as too complex while studying and argued that there needs to be more support through the NHS for students with long-term health conditions who are unable to change doctors for a short period.

Students with ongoing medical needs may be precisely the students who most need reliable healthcare access, but they may also face the greatest complexity when changing GP, transferring prescriptions, or coordinating specialist care.

This strengthens the case for **targeted guidance for students with long-term conditions**, including information on prescription continuity, specialist referrals, shared care arrangements, and how to manage healthcare when moving between home and term-time addresses.

Negative experiences can create avoidance

Although only 4.35% selected “negative past experience” as a reason for not registering, the open text responses show that this can be highly consequential.

One respondent described being removed from their home GP without notice and being too scared to sort it out because their mental health problems had previously been dismissed. They reported being told by a medical practitioner they were “too pretty to be depressed.”

This comment illustrates **how harmful healthcare interactions can deter students from seeking further support**. It also shows how GP access intersects with mental health, trust, discrimination and academic need. Students who have been dismissed or badly treated may require more than information; they may need reassurance, advocacy, and support to rebuild confidence in accessing care.

International and overseas healthcare use remains relevant

Some respondents described continuing to access healthcare or medication in their home country during term breaks.

One student said that when they go to their home country and need medicine or treatment, they receive care there. Another said they complete regular checks and obtain medication or vitamins before returning to London, partly because the registration process in the UK feels complicated.

This supports the need to consider international students’ understanding of the NHS and their reliance on healthcare systems outside the UK. Students may be managing their health transnationally, which can work for routine needs but **may be less reliable in urgent situations or where ongoing monitoring is needed during term time**.

Recommendations on GP and primary care access

1. Develop clear online GP registration guidance for UAL students

UAL and Arts SU should work together to produce simple, accessible online guidance explaining how GP registration works, why it matters, and when students should consider registering with a London GP.

This guidance should be written in plain English and include step-by-step instructions, links to NHS registration tools, and answers to common questions.

The guidance should also address common areas of confusion identified in the survey, including whether students need to register if they already have a GP elsewhere, how to choose a GP practice, what documents may be needed, and what students should do if they divide their time between London and another home address.

2. Provide targeted support for commuter students and students registered outside London

The data shows that many students remain registered with a GP outside London because they commute, live close enough to home, or trust their existing GP. **We should avoid treating this as a simple knowledge deficit.**

Instead, guidance should help students understand the benefits and risks of staying registered outside London, including what to do if they need urgent care, medical evidence, prescriptions or referrals while studying in London.

This could include **a decision-making guide** such as: “Should I register with a GP near university?” tailored to students who commute, live between addresses, or return home regularly.

3. Encourage GP registration before students become unwell

Students should be encouraged to consider the benefits of GP registration before they become unwell.

Messaging should make clear that GP registration can support access to prescriptions, referrals, mental health support and medical evidence for academic processes, and difficulties can be compounded once already ill.

4. Produce specific guidance for students with long-term health conditions or ongoing prescriptions

Students with long-term conditions may face additional complexity when changing GP, transferring prescriptions or coordinating specialist care.

UAL should **develop specific guidance for students managing ongoing healthcare needs while studying**.

This guidance should cover prescription continuity, specialist referrals, shared care arrangements, what to consider before changing GP, and what support is available if students are worried about disrupting existing care.

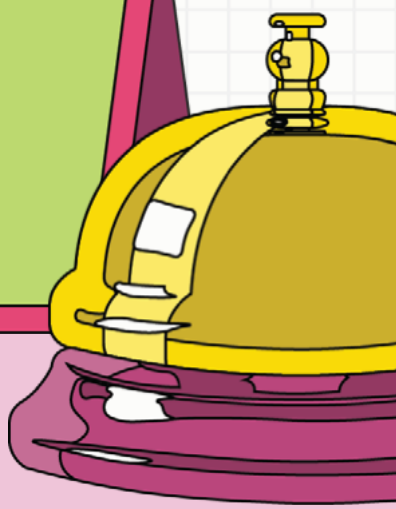
5. Address trust and confidence in accessing healthcare

The survey comments show that some students avoid registering or seeking care because of negative past experiences, anxiety, or fear of not being taken seriously.

UAL and Arts SU should ensure that **healthcare guidance does not only explain administrative steps, but also acknowledges that some students may feel anxious or mistrustful about engaging with healthcare services.**

Communications should be reassuring, non-judgemental and inclusive, with signposting to support for students who have had poor experiences with healthcare or who need help advocating for themselves.

SEEKING SUPPORT AND INTERACTING WITH HEALTHCARE SERVICES

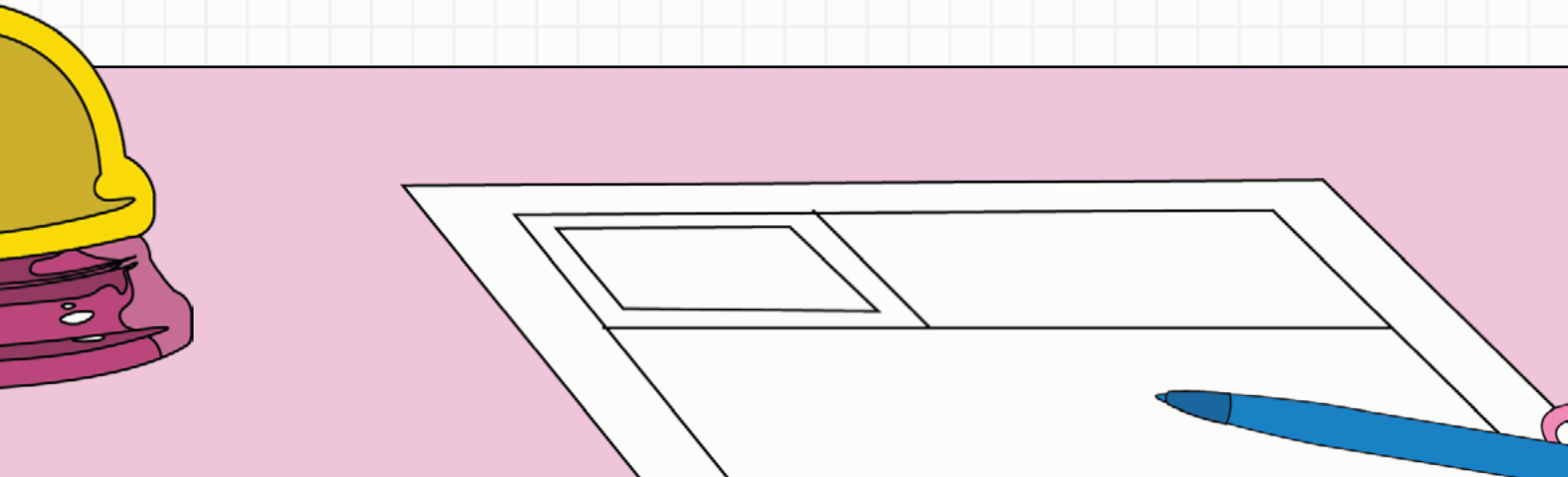


This section explored where students first turn for health information, their experiences of accessing NHS GP appointments in London, the format of GP consultations, satisfaction with remote consultations, and the range of health services students had used in the past 12 months.

It also included an open text question asking students to describe their general experience of healthcare in London since studying at UAL. Together, the findings **show a mixed and often uneven picture**.

Some students reported positive experiences, particularly with individual GPs, pharmacists, A&E departments, and specialist NHS teams. However, many respondents described healthcare in London as slow, confusing, difficult to navigate, and emotionally draining.

The open text responses suggest that students' experiences are shaped not only by whether services exist, but by how easy they are to access, how quickly they respond, whether students feel listened to, and whether care can be managed alongside the demands of university life.



Where students first go for health information

WHEN YOU HAVE A HEALTH CONCERN, WHERE DO YOU USUALLY GO FIRST FOR INFORMATION?

RESPONSES	PERCENTAGE
Friends or family	25.4%
Search engine (e.g. Google)	24.2%
I usually wait to see if it improves	14.0%
NHS website	12.7%
AI chatbot (e.g. ChatGPT)	11.7%
My GP	5.7%
Social media (e.g. Tiktok, Instagram, Reddit)	2.8%
Another healthcare professional	1.9%
Other (please specify)	1.7%
UAL website or student services page	0.0%

Diagram 5: When you have a health concern, where do you usually go first for information?

When students have a health concern, the most common first source of information was friends or family, selected by 25.4% of respondents. This was closely followed by search engines such as Google, selected by 24.2%. A further 14% said they usually wait to see if the issue improves.

This suggests that **many students do not initially turn to formal health services when they have a concern**. Instead, they rely on informal networks, online searching, or delay seeking information. This shows how healthcare access begins before a GP appointment is booked or a formal action is taken. Students' first decisions are often shaped by what they can quickly understand, who they trust, and how serious they believe their symptoms are.

The relatively high use of search engines is significant. Online information can be useful, but it can also be difficult to interpret, especially when symptoms are vague, anxiety is high, or students are unfamiliar with the UK healthcare system. This creates an opportunity for UAL and Arts SU to **improve signposting to reliable health information and help students understand which services to use for different types of concern**.

12.7% of respondents said they usually go first to the NHS website, which suggests some students are using official health information. However, this is lower than the proportion using search engines or friends and family. This may indicate that official NHS information is not always the first or most visible route for students, even when it is available.

A notable finding is that 11.7% of respondents said they go first to an AI chatbot such as ChatGPT. This is a relatively new and important area for student health behaviour. It suggests that a meaningful minority of students are using AI tools to interpret symptoms, make sense of health concerns, or decide what to do next. While AI tools may feel accessible and immediate, they are not a substitute for professional medical advice. This points to **a need for digital health literacy**, including guidance on when online or AI-generated information may be useful, when it may be unreliable, and when students should seek clinical advice.

Only 5.7% of respondents said they usually go first to their GP, and 1.9% said they go to another healthcare professional. This may reflect barriers to GP access, perceptions that GPs are difficult to reach, or a tendency to self-triage before contacting formal services. It may also reflect that some students do not feel their concern is serious enough to justify contacting a GP.

Perhaps most strikingly, 0.0% of respondents (accounting for margin of error) said they usually go first to the UAL website or student services pages. This does not necessarily mean students never use UAL webpages, but it strongly suggests that UAL digital resources are not currently perceived as a first port of call for general health concerns.

If the university wants students to access reliable information and appropriate services, its health and wellbeing webpages need to be visible, trusted, easy to navigate, and clearly connected to students' real-life concerns.

Waiting times for NHS GP appointments in London

THINKING ABOUT THE LAST TIME YOU TRIED TO GET AN NHS GP APPOINTMENT IN LONDON, HOW LONG DID YOU WAIT?

RESPONSES	PERCENTAGE
Same day	9.2%
2-7 days	27.1%
1-2 Weeks	17.9%
3 or more weeks	6.3%
Could not get an appointment	6.3%
Have not tried	33.3%

Diagram 6: Thinking about the last time you tried to get an NHS GP appointment in London, how long did you wait?

Students were asked to think about the last time they tried to get an NHS GP appointment in London.

Among those who had tried to access a GP appointment, experiences varied. 9.2% reported receiving an appointment on the same day, while 27.1% waited 2–7 days. This suggests that some students are able to access GP care relatively quickly.

However, a significant proportion experienced longer delays or failed access. 17.9% waited 1–2 weeks, 6.3% waited 3 or more weeks, and 6.3% said they could not get an appointment. Taken together, 30.5% of respondents reported waiting at least one week or being unable to get an appointment at all.

This is a source of concern, as **healthcare needs do not always align with long waiting times**. For students experiencing pain, mental health difficulties, medication issues, infection, injury, or worsening symptoms, waiting one or more weeks may lead them to delay care, attend urgent care or A&E, rely on pharmacies, seek private care, or wait until symptoms resolve.

Several open text responses said appointments came so late that symptoms had disappeared, that long waits made them less likely to seek care, or that they went to urgent care because their condition escalated before a GP appointment was available.

Long waits also interact with academic pressures. Students may be trying to arrange appointments around teaching, studio access, deadlines, commuting, paid work and caring responsibilities. If the available appointment clashes with teaching, or if the appointment is remote and requires a private space, access becomes more difficult even when an appointment is technically offered.

Format of GP appointments

IN THE PAST 12 MONTHS, HOW HAVE YOUR GP APPOINTMENTS USUALLY TAKE PLACE?

RESPONSES	PERCENTAGE
In person	42.8%
Telephone consultation	23.5%
Video consultation	0.7%
Online form/ email consultation	2.5%
I have not had a GP appointment	30.5%

Diagram 7: In the past 12 months, how have your GP appointments usually take place?

Students were asked how their GP appointments had usually taken place in the past 12 months. The most common format was in person, selected by 42.8% of respondents. 23.5% reported usually having telephone consultations, while 0.7% reported video consultations and 2.5% reported online form or email consultations. A further 30.5% said they had not had a GP appointment.

These findings suggest that in-person appointments remain the most common format among respondents who have used GP services. However, telephone consultations are also a substantial part of students' experience of primary care.

The open text responses reveal mixed views on remote and digital systems. Some students described online forms as convenient, particularly where they replaced long phone queues or led to same-day call-backs. Others found online forms, NHS app processes, prescription portals and triage systems confusing or stressful. Several students described needing to classify symptoms into forms, receiving generic responses, or struggling to navigate different apps and portals.

This suggests that **digital access can improve convenience for some students while creating new barriers for others**. Students who are neurodivergent, anxious, managing multiple symptoms, unfamiliar with NHS systems, or studying in English as an additional language may find online triage and remote access particularly difficult. Digital systems may also be less suitable for complex, sensitive or ongoing health concerns.

Satisfaction with remote GP consultations

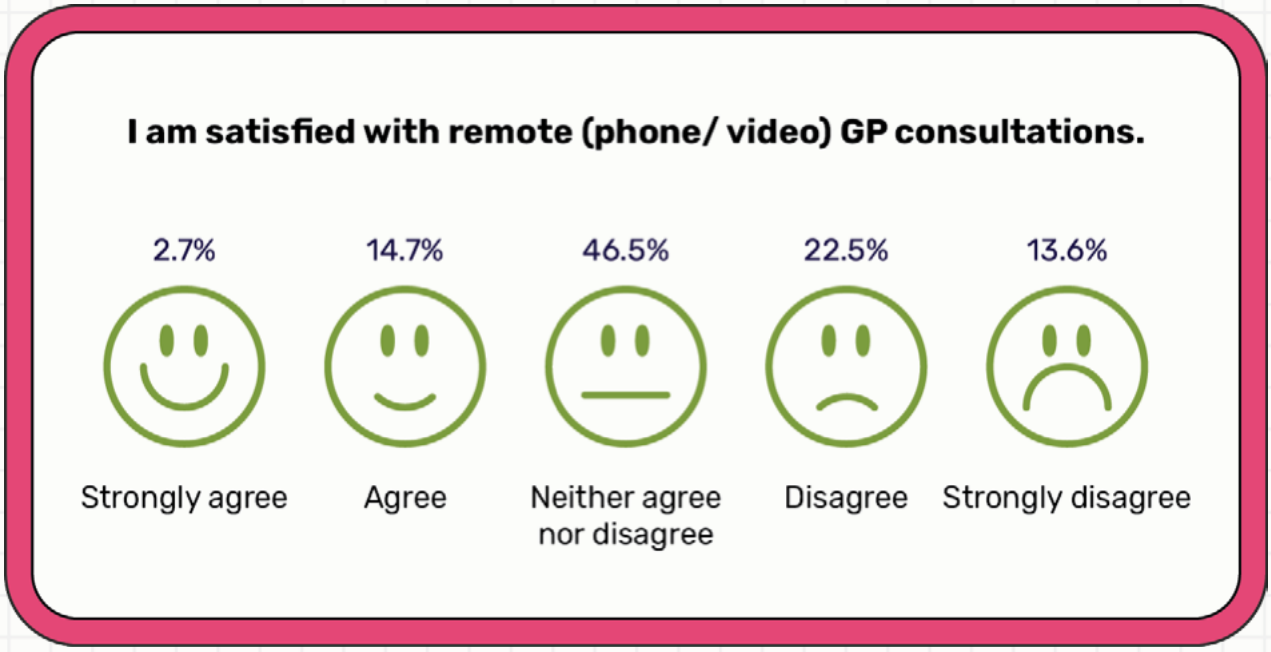


Diagram 8: I am satisfied with remote (phone/ video) GP consultations.

Satisfaction with remote GP consultations was relatively low. Only 2.7% of respondents strongly agreed that they were satisfied with remote phone or video consultations, while 14.7% agreed. This means that only 17.4% expressed clear satisfaction.

By contrast, 22.5% disagreed and 13.6% strongly disagreed, meaning 36.1% expressed dissatisfaction with remote consultations. The largest group, 46.5%, neither agreed nor disagreed.

The high neutral response may **reflect mixed experiences**, limited use of remote consultations, or uncertainty about whether remote care is appropriate. It may also suggest that some students see remote consultations as acceptable for simple issues but inadequate for more complex, sensitive or ongoing concerns.

The open text responses help explain this dissatisfaction. Students described telephone appointments as rushed, impersonal or difficult to arrange around teaching. One respondent said they were uncomfortable with video consultations and that waiting for in-person appointments increased anxiety. Another described not having a private space on campus to take a call. Others felt that short remote consultations made it harder to be taken seriously, discuss multiple concerns, or advocate for themselves.

Based on these findings, **students would appreciate clearer guidance on how they can prepare for remote consultations**, where they can take private calls on campus, and when they should request an in-person appointment.

UAL may also wish to consider whether students have access to confidential spaces suitable for healthcare calls, particularly on campuses where students spend long days in studios or workshops.

Use of health services in the past 12 months

HAVE YOU USED ANY OF THE FOLLOWING SERVICES IN THE PAST 12 MONTHS? (SELECT ALL THAT APPLY)

RESPONSES	PERCENTAGE
GP in London	52.0%
Pharmacy for medical advice	27.7%
NHS 111	25.2%
Online GP service	25%
None	22.3%
Accident and Emergency (A&E) in London	19.6%
A dentist in London	17.6%
Urgent care centre	11.3%
Private healthcare	9.7%
Healthcare provider outside of the UK	8.8%
Other (please specify)	4.3%

Diagram 9: Have you used any of the following services in the past 12 months? (Select all that apply)

Students were asked which health services they had used in the past 12 months.

The most commonly used service was a GP in London, selected by 52.0% of respondents. This confirms that GP services remain a central route into healthcare for many students, even though a substantial proportion have not registered locally or have not tried to access an appointment.

The next most common responses were pharmacy for medical advice at 27.7%, NHS 111 at 25.2%, and online GP service at 25.0%. This indicates that students are using a range of routes beyond traditional GP appointments.

Pharmacies appear to play an important role as accessible, lower-barrier sources of advice. Several open text comments were

positive about pharmacies, with students describing them as helpful, accessible, or their main option for short-term issues.

The use of NHS 111 by a quarter of respondents indicates that many students are seeking urgent advice or triage outside routine GP routes. Open text responses about NHS 111 were mixed. Some students described 111 as helpful, proactive or useful at night. Others found it unhelpful, dismissive or limited if the final advice was simply to book a GP appointment that was then difficult to access.

19.6% of respondents had used A&E in London, and 11.3% had used an urgent care centre. This is notable because these services are designed for urgent or emergency needs, not routine healthcare. Some use will be appropriate and unavoidable, but the qualitative comments suggest that some students turned to urgent care because GP access was difficult, symptoms escalated, or they were unsure where else to go.

17.6% had used a dentist in London, and open text responses suggest dentistry is a particular area of concern. Students described dental care as expensive, difficult to access, or something they avoided because of cost. This is important because dental care is often experienced differently from other NHS services, with many students facing private costs or difficulty finding NHS dentists.

9.7% had used private healthcare, and 8.8% had used a healthcare provider outside of the UK. These figures show that some students are supplementing or replacing NHS care with private or overseas healthcare. The open text comments suggest this is sometimes due to speed, reliability, medication availability, international continuity of care, or frustration with NHS waiting times. However, private care was also described as **expensive and not equally accessible**. This raises **equity concerns**: students with financial resources, family support, or overseas healthcare access may be able to bypass delays, while others cannot.

Some international students continue to rely on healthcare systems in their home countries because they are more familiar, perceived as faster, more affordable, or better able to provide existing medication and treatment. For some, this appears to be a preference based on trust and continuity; for others, it reflects difficulty navigating the NHS, uncertainty about registration, or frustration with waiting times. This raises important questions about whether international students feel able to fully access the healthcare they have paid towards through the Immigration Health Surcharge, and whether UAL could do more to support them to understand NHS pathways, prescriptions, referrals and the role of private healthcare in the UK.

Finally, 22.3% selected none, indicating that more than one in five respondents had not used any of the listed services in the past 12 months. This may include students who have not needed care, students who remain registered outside London, or students who avoid seeking care.

Recommendations on health advice and interacting with healthcare providers



Improve visibility of UAL health and wellbeing information online

No respondents selected the UAL website or student services pages as their usual first source of health information (taking into consideration the margin of error). UAL should review how health information is presented online to ensure it is easy to find, clearly structured, and written around students' real-life needs.

Health and wellbeing pages should **not only list services, but explain pathways**. Students should be able to quickly understand what support exists, which service is appropriate, what to expect, and where to go next if they are unsure.

Arts SU should be involved in **reviewing this content from a student perspective**.



Promote reliable digital health literacy

Many students reported going first to search engines, AI chatbots, friends and family, or waiting to see if symptoms improve.

UAL and Arts SU should **provide guidance on how to use online health information safely**, including how to identify reliable sources, when NHS information should be prioritised, and when students should seek professional medical advice.

This should include specific guidance on the limits of AI chatbots for health-related questions. Rather than discouraging students from using tools they may already rely on, communications should help students understand how to use them cautiously with criticality, and when to escalate concerns to a qualified professional.

Embed “use the right service” messaging into student communications



Students are using a wide range of services, including pharmacies, NHS 111, urgent care and A&E. UAL and Arts SU should **develop communications that help students understand which service is most appropriate for different levels of need**.

This could include a simple decision-making flowchart, campaign materials during winter, and integration into induction and international student communications. Messaging should make clear that pharmacies can be a useful first point of contact for minor illness or medication advice, NHS 111 can provide urgent guidance, and A&E should be used for emergencies.

Support students to prepare for GP and remote consultations

The findings suggest that remote GP consultations are common but not always satisfactory.



UAL and Arts SU should provide practical guidance on how students can prepare for GP appointments, particularly phone or video consultations. This could include advice on listing symptoms, explaining concerns clearly, asking for follow-up, requesting an in-person appointment where appropriate, and understanding what to do if they feel their concerns have not been addressed.

This guidance would be particularly useful for international students, neurodivergent students, disabled students, students with anxiety, and those managing complex or ongoing conditions.

Explore access to private spaces for healthcare calls on campus

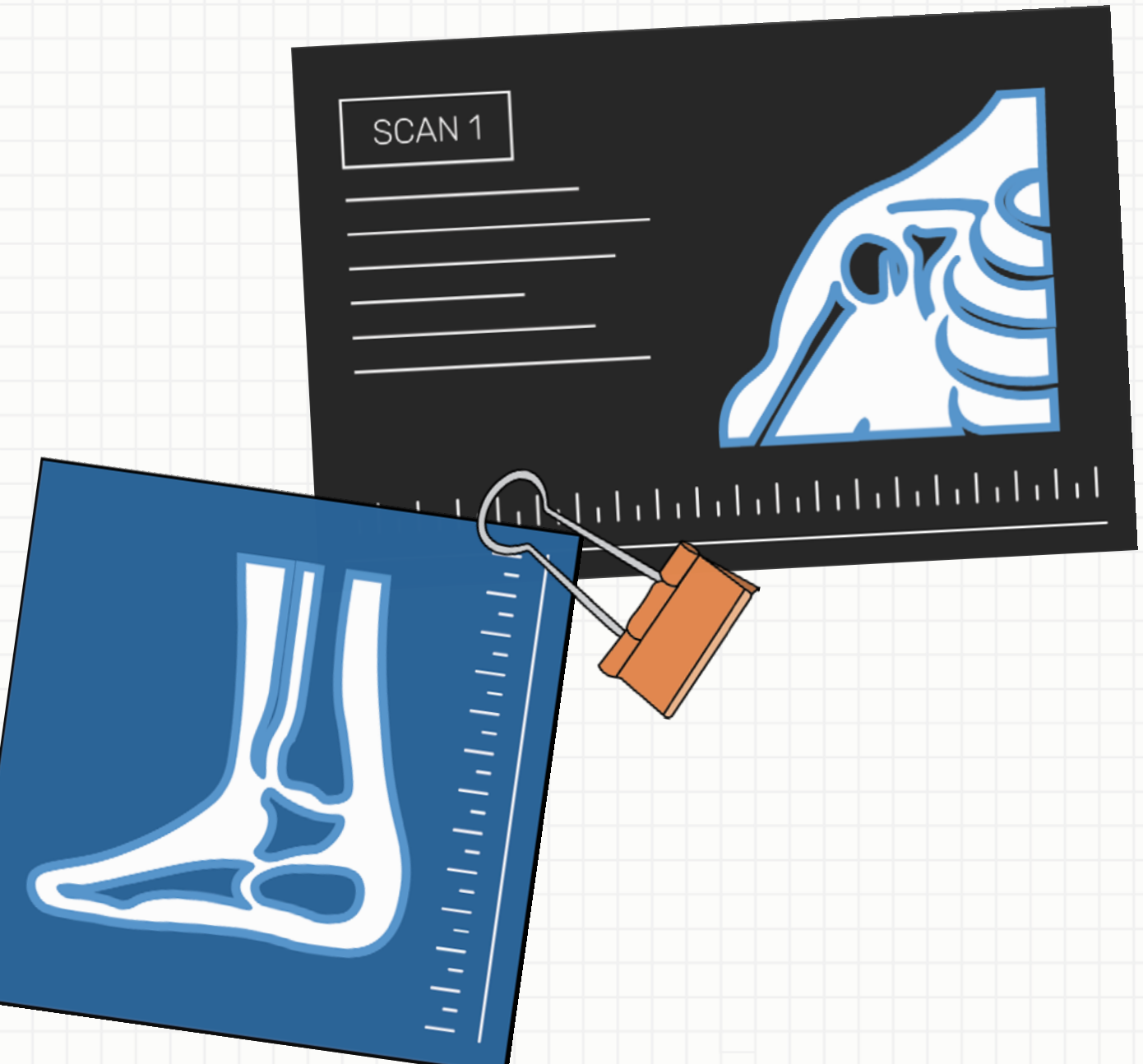
Some students may struggle to take telephone or video GP appointments privately during teaching days or while on campus.

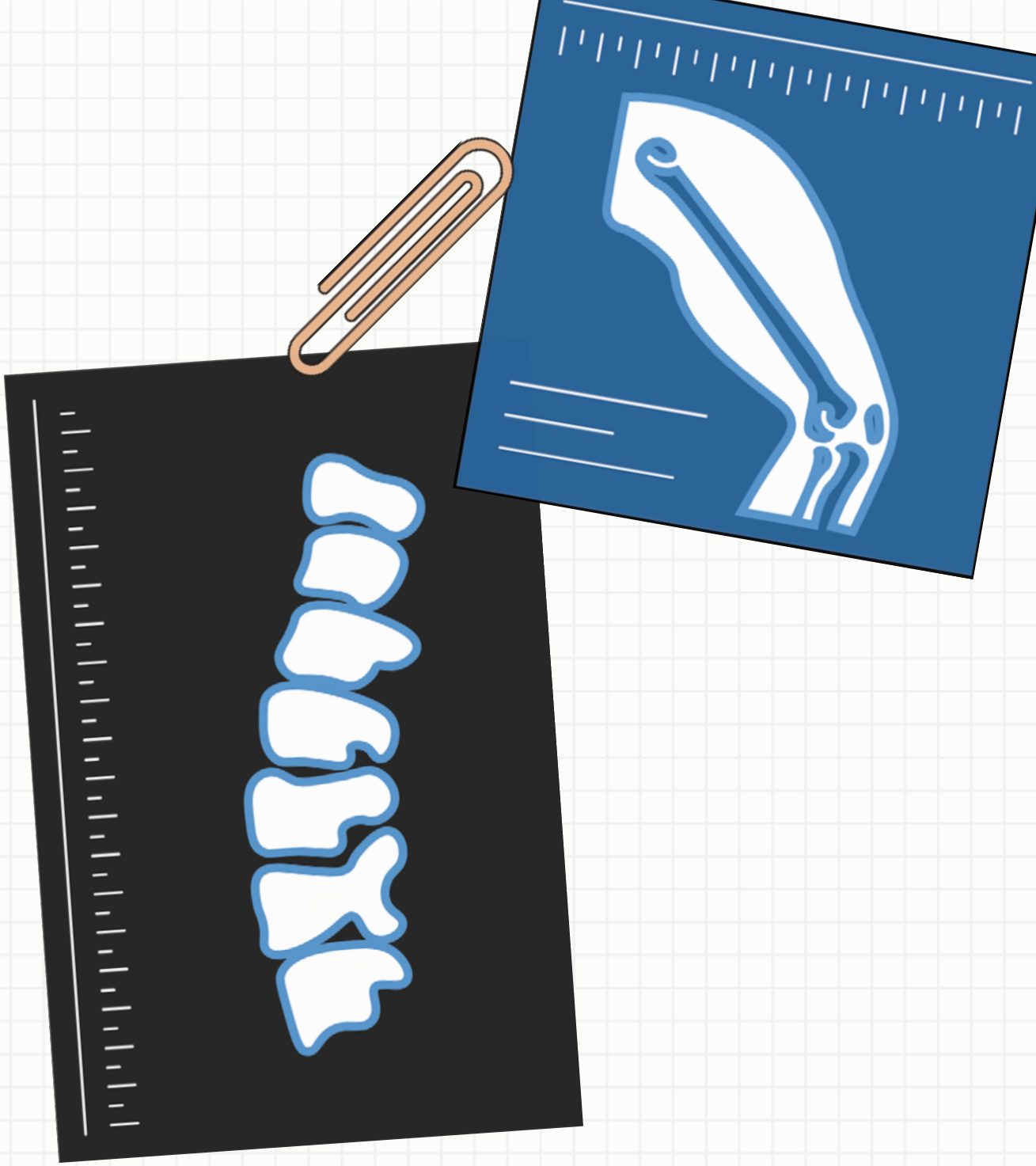
UAL should explore whether students can access confidential spaces for healthcare-related calls, particularly at larger campuses and sites with long studio days.



This could be part of a broader approach to supporting students with remote healthcare, disability-related appointments, therapy calls or urgent wellbeing conversations.

MOVING TO LONDON AND NAVIGATING HEALTHCARE





This section explored whether students moved to London to study at UAL, what difficulties they experienced during that transition, what support would have made it easier, and how international students understood and navigated NHS healthcare. It also examined whether students continue to receive healthcare or prescriptions from doctors outside the UK.

The findings show that **moving to London can create significant healthcare disruption**.

For many students, starting at UAL not only involves adapting to a new academic environment; it also involves navigating a new city, new health systems, new administrative processes, and in some cases an entirely new national healthcare model.

This transition appears to be especially complex for international students, students with long-term health conditions, students with ongoing prescriptions, and students already on waiting lists or receiving treatment before arriving at UAL.

Difficulties experienced when moving to London

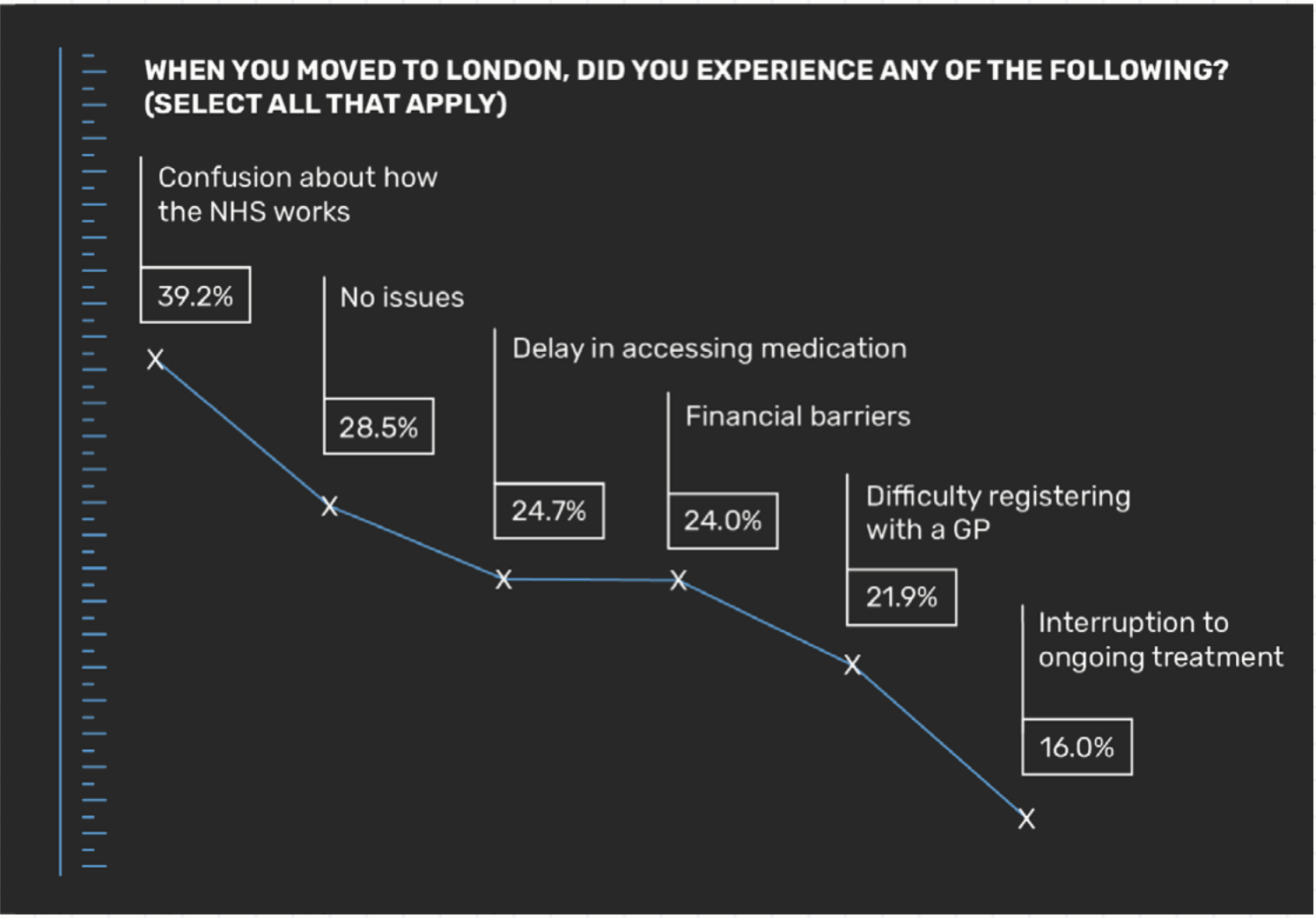


Diagram 10: When you moved to London, did you experience any of the following? (Select all that apply)

A majority of respondents had moved to London to study at UAL. 67.3% said they had moved to London, while 31.6% had not, and 1.1% preferred not to say.

Among students who moved to London, the most commonly reported difficulty was confusion about how the NHS works, selected by 39.2% of respondents.

In the open text comments, one student wrote that they were "currently trying to get a GP but so so confused," while another said, "I was confused on how to register as an international and if everything is done correctly." Another respondent explained that, in their home country, "the general public tends to go to private hospitals, so the whole idea of NHS was totally new to me." These comments illustrate how students may arrive with very different assumptions about how healthcare should work, particularly where they are used to direct access to specialists, private hospitals, same-day appointments or family doctors.

The next most common issue was delay in accessing medication, selected by 24.7%. This is a significant finding as it affected nearly 1 in 4 respondents who had moved to London, and medication delays can have immediate consequences for health, study and wellbeing. Students may be managing long-term physical health conditions, mental health medication, contraception, hormone therapy, ADHD medication, pain relief or other prescriptions where continuity is important.

Open text comments show how serious this can become. One student explained that they were unsure whether they would be able to get equivalents to their usual medication in the UK, including "birth control pills, ADHD stimulants, anti-depressants," and that even slight changes could mean "weeks of discomfort."

Another student described relying on medication brought from Malaysia by their parents because, in their home country, they could see a GP and receive prescriptions on the same day, while they felt they "can't rely on the GP here." These examples show that delays in medication are not only inconvenient; they can create anxiety, uncertainty and reliance on informal or overseas arrangements.

Financial barriers were selected by 24% (just under 1 in 4) of respondents. This indicates that the move to London can create health-related financial pressures. These may include prescription costs, travel costs to appointments, private healthcare costs, dental care, medication not available through the NHS, or the cost of maintaining healthcare links outside the UK.

One respondent in the open text comments said, "My prescriptions can get quite expensive which is difficult as a student." Another described needing dental treatment but checking with a doctor in India because "it's very expensive here." International students also linked financial barriers to the Immigration Health Surcharge, with one respondent saying that after paying nearly £4,000, "the care I received did not match the cost." These comments show how healthcare costs can feel especially acute for students already managing London living costs, course costs and tuition fees.

Difficulty registering with a GP was selected by 21.9%. This links closely with earlier findings on GP registration. For students who have recently moved, registering with a GP may be delayed by uncertainty about which practice to choose, what documents are needed, whether they should leave their home GP, or whether registration is worth the effort if they do not yet feel unwell.

The open text responses suggest that students would benefit from **more structured support**. One student commented that they knew "some other unis have a surgery they are 'in collaboration with', where it will refer students to register directly to that specific surgery during the enrolment process." Another suggested that UAL international students should be "properly trained and introduced" to healthcare systems and recommended to have a GP around campus. These comments suggest that students do not necessarily expect UAL to provide healthcare directly, but **they do value clear institutional pathways into external services**.

Interruption to ongoing treatment was selected by 16%. Although this is lower than the other options, it is highly significant. Treatment interruption is likely to affect students with more complex or ongoing healthcare needs, including disabled students, students with long-term conditions, students awaiting diagnosis, students receiving mental health support, and students on specialist pathways.

The comments provide clear examples of the risks involved. One student said, "I was on the waiting list to be assessed for autism and this reset when I moved down and changed GP's," which delayed their diagnosis. Another described the difficulty of "constantly swap[ping] between GPs with prescriptions and changing medical records and tests that don't transfer." These comments show that moving can disrupt not only current treatment, but also diagnostic pathways, records, referrals and trust built up with existing clinicians.

At the same time, 28.5% of respondents said they experienced no issues when moving to London. This shows that the transition is not universally difficult. Some students are able to move smoothly, register with services, or continue existing healthcare without major problems. However, **the majority selected at least one difficulty, suggesting that transition support could be improved**.

What would have made the transition easier?

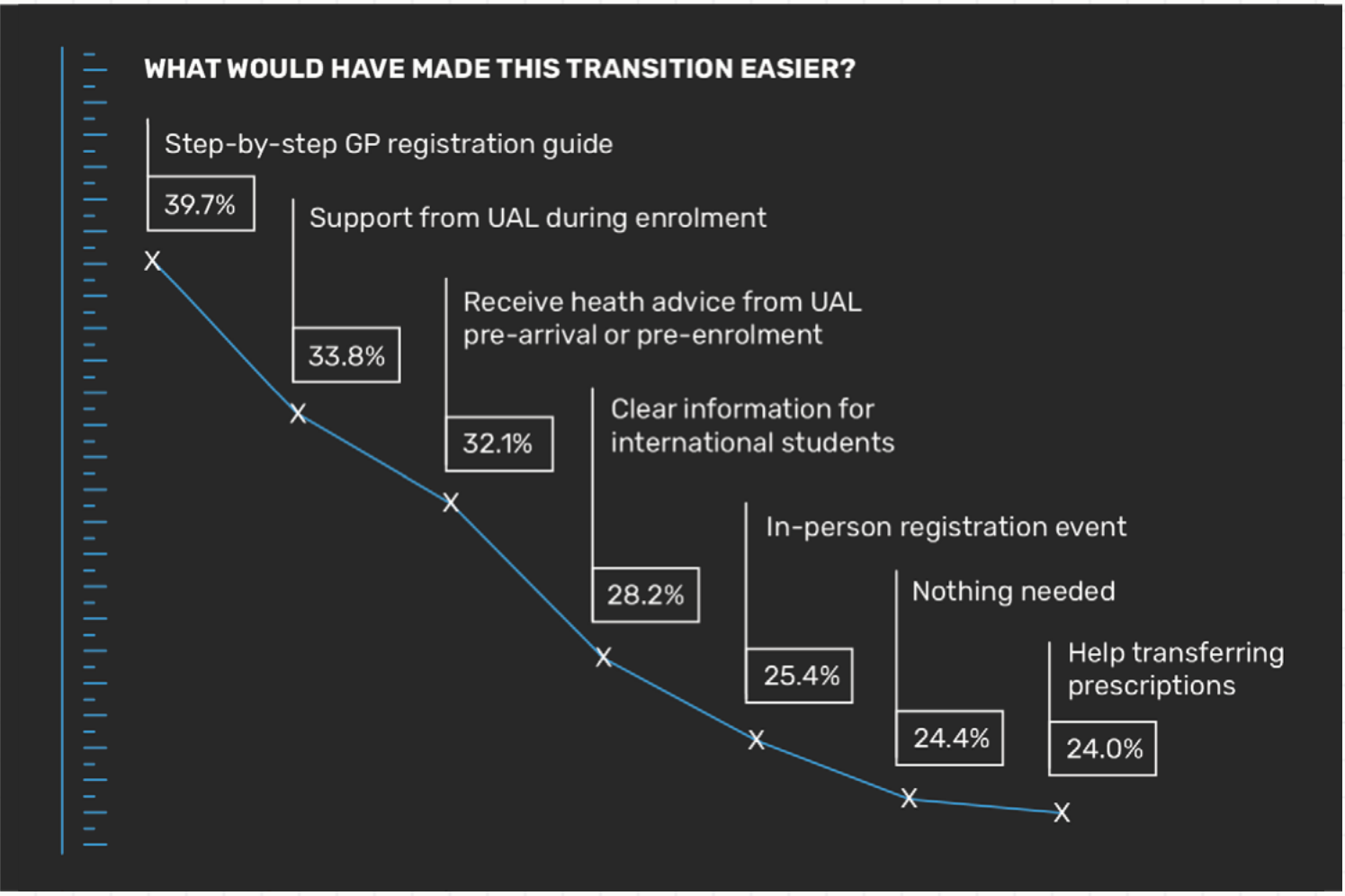


Diagram 11: What would have made this transition easier?

Students were asked what would have made the transition easier.

The most popular option was a step-by-step GP registration guide, selected by 39.7% of respondents. This is a clear and actionable finding. It suggests that students want practical, direct guidance rather than general signposting. A guide should explain not only that students should register with a GP, but how to do it, when to do it, what information is needed, how to choose a practice, and what to do if they are already registered elsewhere.

The comments reinforce this need for practical, procedural clarity. Students described confusion about registration, uncertainty about whether they had done things correctly, and fear of administrative complexity. One respondent said, “I think I was just so scared of all the admin I just kept my GP at home.”

The next most common responses were support from UAL during enrolment at 33.8% and health advice from UAL pre-arrival or pre-enrolment at 32.1%. Together, these findings show that students want healthcare information earlier in the student journey. By the time a student becomes unwell, starts missing teaching, or needs medication, it may already be too late for preventative guidance.

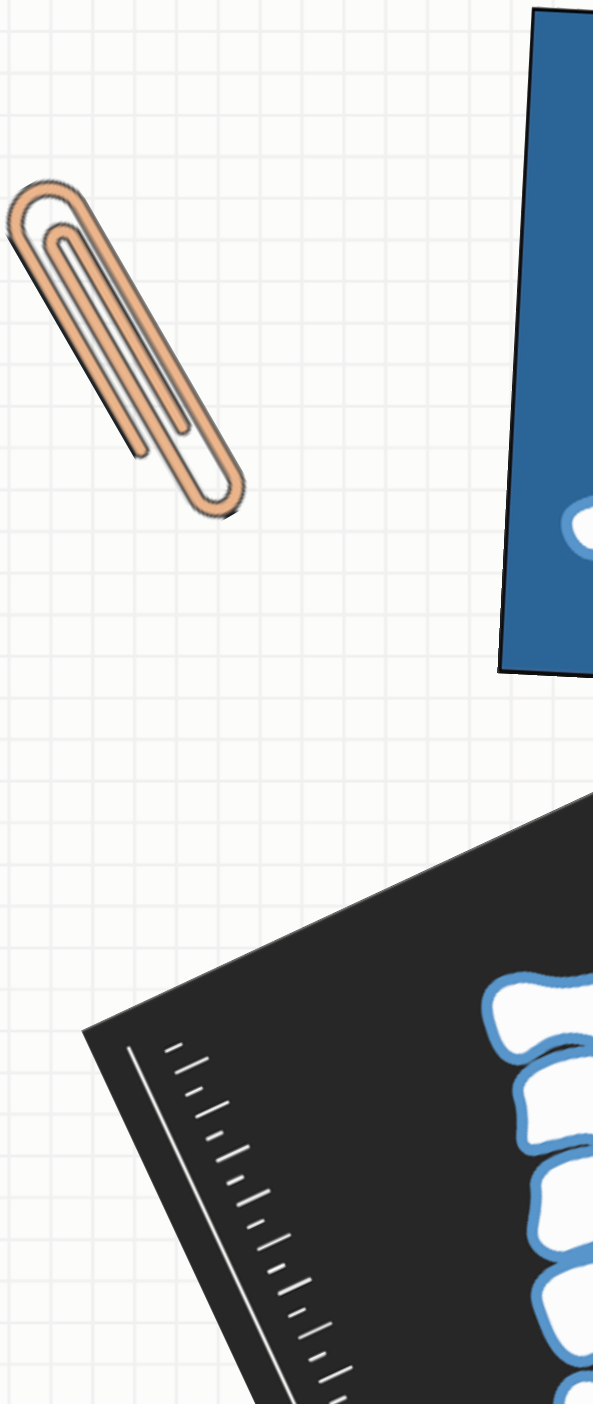
This is especially important for students with existing conditions. One respondent said it would have been useful to know earlier that "patients with long term or autoimmune diseases can get medical exemption certificate so they don't need to pay for medication." The student discovered this information from a pharmacist after already paying for medication. This example shows how pre-arrival and enrolment information could prevent avoidable costs, confusion and stress.

Clear information for international students was selected by 28.2%. Given the level of confusion around NHS systems and the Immigration Health Surcharge, international students may need information that explains what the NHS is, what it covers, what it does not cover, how GP registration works, how referrals work, whether dental care is included, how private healthcare operates, and what to do if they need medication from home.

The comments show that international students can experience a significant gap between expectation and reality. One respondent wrote that paying nearly £4,000 for healthcare made their experience feel "even more unacceptable," because "delays, lack of continuity, and poor coordination had a serious impact on my health and my studies." This points to **the need for clear and realistic information before students arrive, including what the Immigration Health Surcharge does and does not guarantee**.

In-person registration events were selected by 25.4%. **While digital guidance is important, some students would value face-to-face support**. This may be especially helpful for students who feel overwhelmed by forms, are unsure whether they are eligible, need reassurance, or do not know which GP practice to choose.

Help transferring prescriptions was selected by 24%, reinforcing the importance of medication continuity. This support may be especially relevant for students with long-term conditions, mental health prescriptions, ADHD medication, hormone therapy, contraception, or medication prescribed outside the UK. One student described gender-affirming care being "completely done while I'm out of the country" because it was "incredibly hard to find information on how to access it here and transfer this care without paying for very expensive private care." This highlights the **need for prescription and treatment-transfer support that is inclusive of different healthcare needs, including trans healthcare**.



International students and navigating UK healthcare

For international students, moving to London to study can involve learning an entirely new healthcare system at the same time as adjusting to a new university, city, accommodation, finances and academic culture.

The findings suggest that international students may face particular challenges around understanding NHS pathways, knowing what the Immigration Health Surcharge covers, maintaining existing prescriptions, and deciding whether to continue using healthcare providers outside the UK.

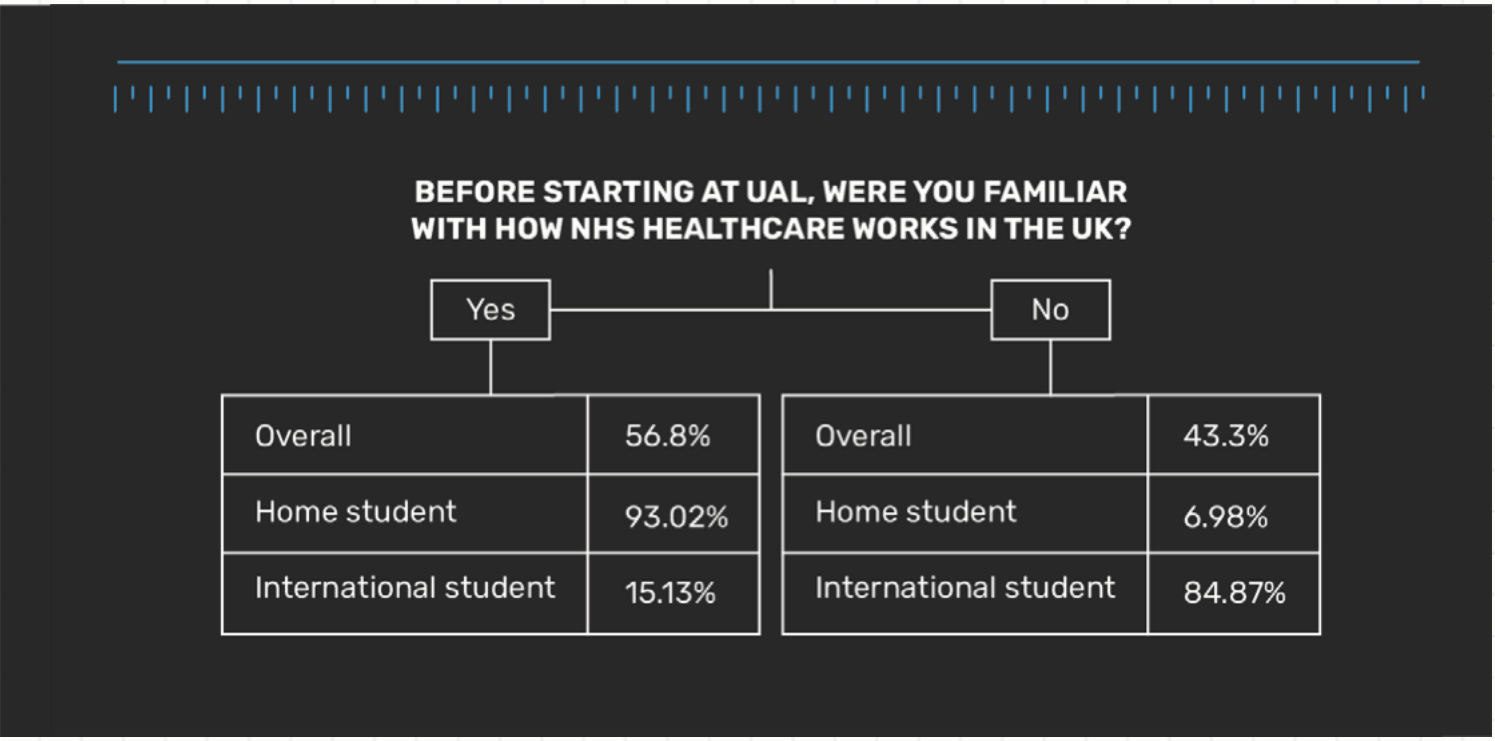


Diagram 12: Before starting UAL, were you familiar with how the NHS healthcare works in the UK?

Before starting at UAL, a substantial proportion of respondents were not familiar with how NHS healthcare works in the UK. 56.8% of respondents said they were familiar with the NHS, while 43.3% said they were not. When broken down by fee status, 93.02% of Home students expressed familiarity with how NHS healthcare works. Conversely, 84.87% of international students indicated they were not.

The open text comments show how different these expectations can be.

One respondent explained that in their home country they were used to a system where they could “meet our GP on the day we book and get our prescriptions on the spot,” making UK waiting times and referral processes difficult to adjust to. International students may need clear explanations of how the UK system is structured, what role GPs play, how referrals work, what to expect from waiting times, and when to use services such as pharmacies, NHS 111, urgent care, A&E or private healthcare.

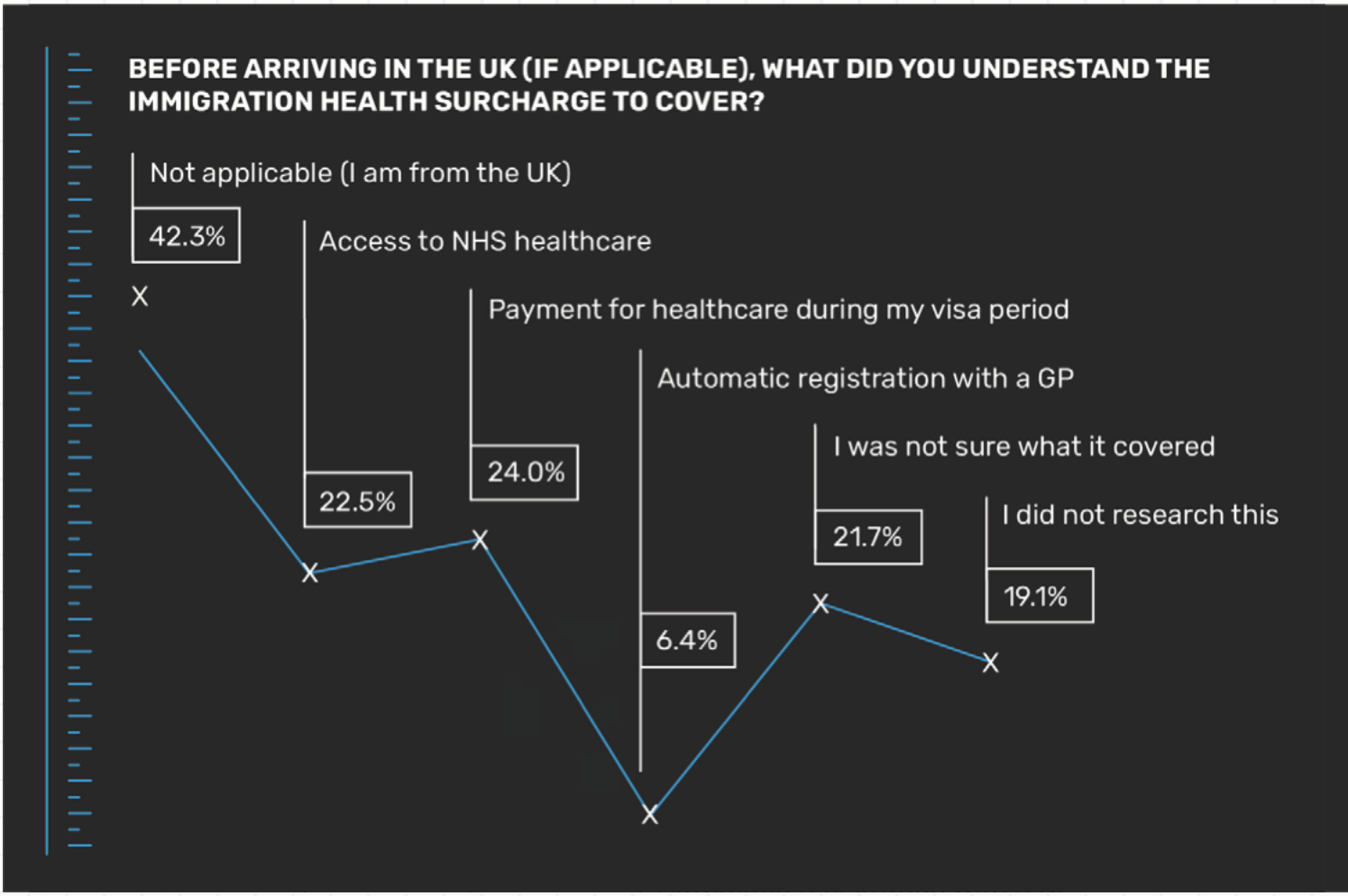


Diagram 13: Before arriving in the UK (if applicable), what did you understand the Immigration Health Surcharge to cover?

This is especially important in relation to the Immigration Health Surcharge.

For those to whom the question was relevant, understandings varied. 24% understood the surcharge to cover payment for healthcare during their visa period, while 22.5% understood it to provide access to NHS healthcare. However, uncertainty was also high: 21.7% said they were not sure what it covered, and 19.1% said they had not researched it. A smaller but important proportion, 6.4%, believed it covered automatic registration with a GP.

These findings suggest that the **Immigration Health Surcharge is not always well understood**. Even where international students understand that it is linked to NHS access, they may not understand what this means in practice. Paying the surcharge does not automatically register a student with a GP, does not remove waiting times, does not usually cover all dental or optical costs, and does not guarantee continuity of existing medication or specialist treatment. If this is not explained clearly before or soon after arrival, students may only discover these limitations when they need care.

Open text comments show that unmet expectations can lead to frustration and a sense of unfairness. One respondent described the surcharge as a “financial burden” and questioned the gap between the amount international students pay and the accessibility of care they receive. Another said they did not find the NHS “adequate for what I’ve paid, especially since dental isn’t even covered.” These responses suggest that **clearer pre-arrival information is needed not only to help students navigate healthcare, but also to manage expectations and reduce frustration after arrival**.

DO YOU CURRENTLY RECEIVE HEALTHCARE OR PRESCRIPTIONS FROM A DOCTOR OUTSIDE THE UK?

		Overall	Home student	International student
No		73.68%	93.6%	53.33%
Yes	Because the medication or treatment is not available in the UK	1.75%	0.8%	2.5%
	Because it is easier or more affordable	15.79%	4%	27.5%
	Because I prefer to continue treatment with my existing doctor	5.96%	0.8%	11.67%
	Other (please specify)	2.81%	0.8%	5%

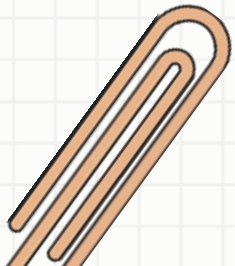
Diagram 14: Do you currently receive healthcare prescriptions from a doctor outside the UK?

The survey also shows that some students continue to rely on healthcare providers outside the UK.

Overall, 73.68% of respondents said they do not currently receive healthcare or prescriptions from a doctor outside the UK. However, this masks a significant divide: 93.6% of home students said they do not receive healthcare or prescriptions outside the UK, compared with only 53.33% of international students.

This means that nearly half of international student respondents reported some form of continued reliance on healthcare or prescriptions from outside the UK. By contrast, this was very uncommon among home students.

The most commonly cited reason among international students was that **healthcare or prescriptions outside the UK are easier or more affordable**, selected by 27.5% of international respondents, compared with only 4% of home students. This suggests that for a substantial minority of international students, maintaining overseas healthcare may be a practical response to barriers in the UK system. These barriers may include NHS waiting times, difficulty accessing appointments, prescription costs, lack of familiarity with UK services, or the relative ease of accessing care in their home country.



International students were also much more likely to say they continue with an overseas doctor because they prefer to continue treatment with their existing doctor. This was selected by 11.67% of international students, compared with 0.8% of home students. This points to the importance of continuity, trust and medical history. International students may have established relationships with doctors who know their diagnoses, speak their first language, understand their treatment plan, and can prescribe medication they already use. Moving to the UK can therefore involve **not just finding a new GP, but potentially disrupting a trusted and familiar healthcare relationship**.

A smaller proportion of respondents said they receive healthcare or prescriptions outside the UK because the medication or treatment is not available in the UK. This was selected by 2.5% of international students and 0.8% of home students. Although this is a relatively small group, it may represent students with more complex or specialised healthcare needs. For these students, the consequences of difficulty transferring care can be significant, particularly if they rely on specific medication, specialist treatment, gender-affirming care, ADHD medication, or ongoing monitoring.

The data also shows that 5% of international students selected “other” reasons, compared with 0.8% of home students. One respondent explicitly selected multiple motivations, explaining that they used healthcare outside the UK because it was “easier, more affordable” and because they preferred to continue treatment with existing doctors.

Another respondent described a loss of confidence in NHS treatment after being prescribed medication that worsened their condition, saying their parents later consulted a doctor in China who provided medication that resolved the issue within days. Another respondent said they needed to keep doctors back home updated on their health results, while another explained that they were currently receiving healthcare in their home country because they had taken time out from university due to long-term illness, but expected to return to UK-based healthcare when they resumed their studies.

Furthermore, a respondent explained that they had a prescription for an antidepressant from Canada and had only been permitted to bring a three-month supply into the UK. They would therefore need to obtain a new prescription for the same medication from a UK doctor when it ran out, describing this as a “huge inconvenience” for medication they were already prescribed. This highlights a key issue for international students: even where treatment is known and ongoing, the process of transferring prescriptions into the UK can create stress, uncertainty and potential gaps in care.

Overall, the breakdown by fee status shows that continued use of healthcare outside the UK is primarily an international student issue.

This does not necessarily mean that international students are choosing not to use NHS services; rather, it suggests that some are managing healthcare across more than one country because overseas care feels faster, cheaper, more familiar, more trusted, or better suited to their existing treatment needs.

These results have important implications for UAL. **International student healthcare support should not focus only on GP registration**. It should also address medication continuity, prescription transfer, overseas diagnoses, the limits of the Immigration Health Surcharge, private healthcare options, and what to do if a student is relying on treatment from another country.

Without this guidance, international students may be left to navigate complex healthcare arrangements alone, increasing the risk of delayed care, interrupted treatment, financial pressure, and avoidable stress during their studies.

Recommendations for supporting moving to London and international student healthcare transition

1 Create an international student healthcare expectation briefing

UAL should **develop a short, targeted briefing for international students** that explains what healthcare in the UK is likely to feel like in practice.

This should go beyond factual information about the NHS, and address common differences students may experience compared with healthcare systems elsewhere, such as longer waiting times, GP-led referral pathways, limited direct specialist access, prescription rules, and the separation between NHS, private, dental and optical care.

This would help reduce the gap between what students expect after paying the Immigration Health Surcharge and what they experience once they arrive.

2 Introduce a healthcare transition checklist for students with existing treatment needs

UAL should provide a specific checklist for students who are already receiving treatment, taking regular medication, on a waiting list, or managing a long-term condition before starting at UAL.

This should prompt students to consider what they need to arrange before moving, including medication supply, documentation, diagnosis letters, prescription transfer, specialist referrals, and what to discuss with their existing doctor before relocating.

This would help students **identify potential risks before care is interrupted**.

3 Develop clearer support for students whose care is split between countries

The findings show that some international students continue to rely on doctors, prescriptions, or family-supported healthcare outside the UK.

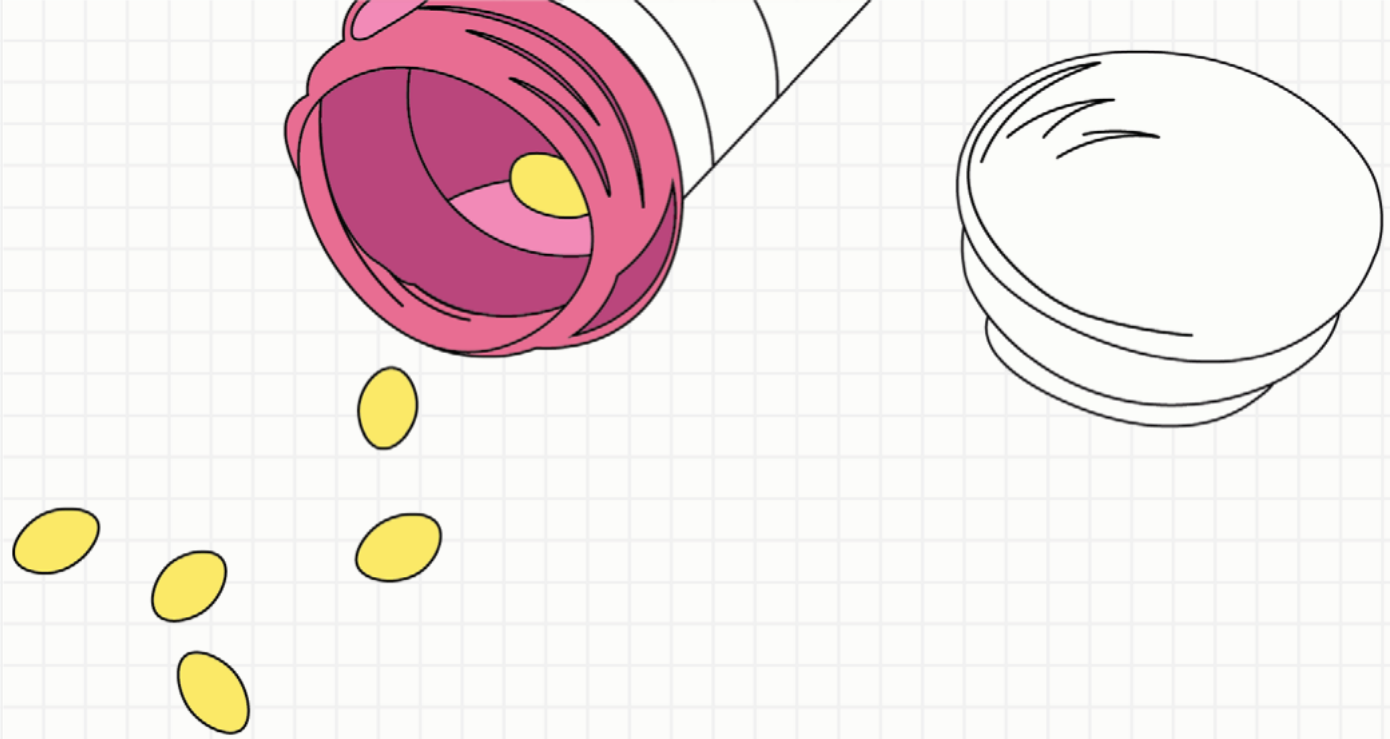
UAL should recognise this as a common part of international student healthcare, rather than treating UK healthcare use as the only pathway.

Support should help students **understand how to manage cross-border care safely**, including what to do if medication runs out, how to discuss overseas diagnoses with a UK GP, and when relying on overseas care may create risks during term time.

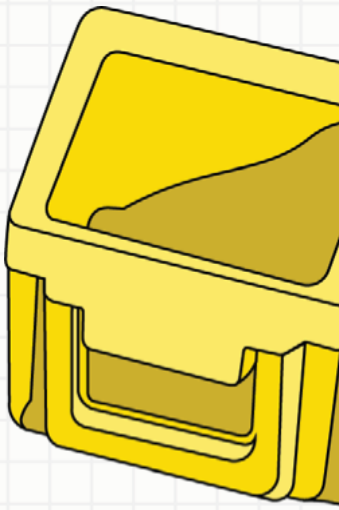
4 Improve advice on overseas prescriptions, diagnosis recognition and medication equivalence

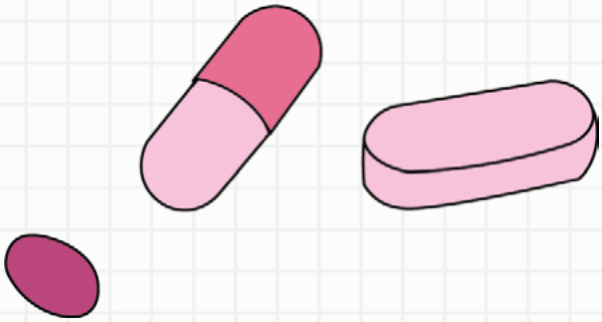
UAL should work with Arts Students' Union to **provide more specific information on issues that disproportionately affect international students**, such as whether overseas prescriptions can be used in the UK, how to obtain a UK prescription for existing medication, what to do if a medication is not available or licensed in the UK, and how overseas diagnoses may be treated within NHS pathways.

This should include examples relevant to students, such as antidepressants, ADHD medication, contraception, hormone therapy and long-term condition medication.



STUDENT VIEWS OF UAL HEALTH AND WELLBEING SERVICES





This section explores students' awareness and use of UAL health and wellbeing services, including counselling, health advice, chaplaincy, workshops, online resources and wellbeing events.

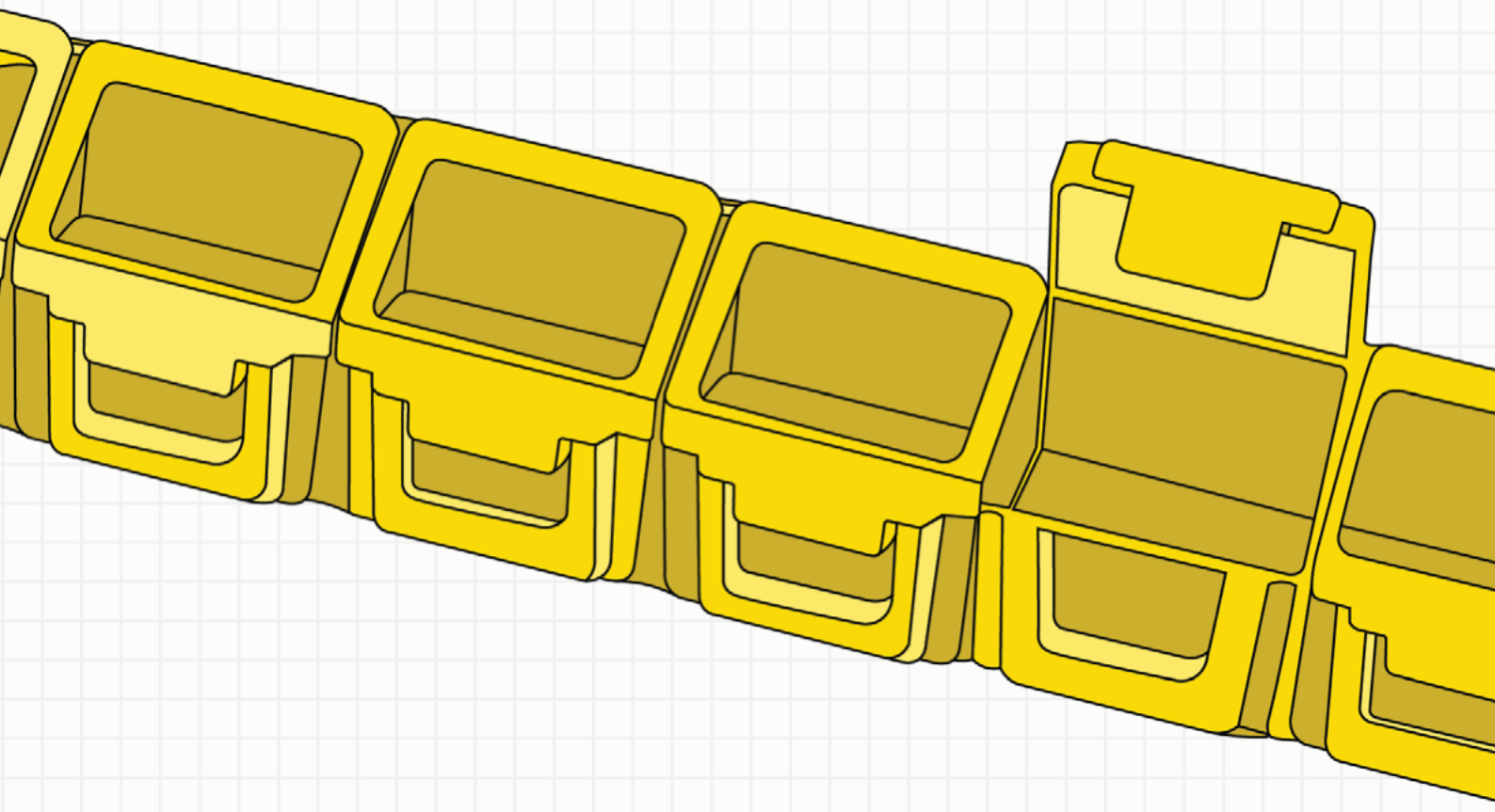
The first part of the analysis focuses on students who have accessed these services since beginning their studies at UAL. The second section focuses on those students who have not used these services.

Overall, the findings show that UAL wellbeing and counselling services are relatively well known among respondents, and that many students who have used them report positive experiences.

Students frequently described staff as kind, attentive and supportive, and several comments indicate that UAL support has played a meaningful role in helping students continue their studies during difficult periods.

At the same time, the findings also highlight areas where students' experiences could be strengthened. These relate particularly to availability, booking processes, clarity around different forms of support, communication between services, and the suitability of short-term provision for students with more complex or ongoing needs.

These are not unique challenges to UAL; they reflect wider pressures across student mental health, NHS provision and university support services. However, the evidence provides a useful opportunity for UAL and Arts SU to work together to identify practical improvements.



Awareness of UAL wellbeing and counselling services

Awareness of UAL wellbeing and counselling services amongst respondents was high. Before taking the survey, 84.1% of respondents said they were aware of UAL wellbeing or counselling services, while 15.9% said they were not.





This is a positive finding and suggests that UAL's wellbeing and counselling offer has a strong level of visibility among respondents. However, around one in six respondents were not aware of these services, which indicates that there **may still be opportunities to improve reach**, particularly among students who may not actively seek support until they are already experiencing difficulty.

The open text comments suggest that **awareness may also vary by service type**. Some students clearly knew about counselling, but were less clear about Health Advice, workshops, wellbeing events, disability support, or other forms of support. One student noted that they had accessed disability services but were unsure whether this counted as wellbeing support. Another said they found it hard to find wellness events and mental health workshops, even after asking to be informed about them.

This suggests that **the next stage may not only be increasing overall awareness, but improving students' understanding of the full range of support available and which service is most appropriate for different needs**.

Use of UAL health and wellbeing services

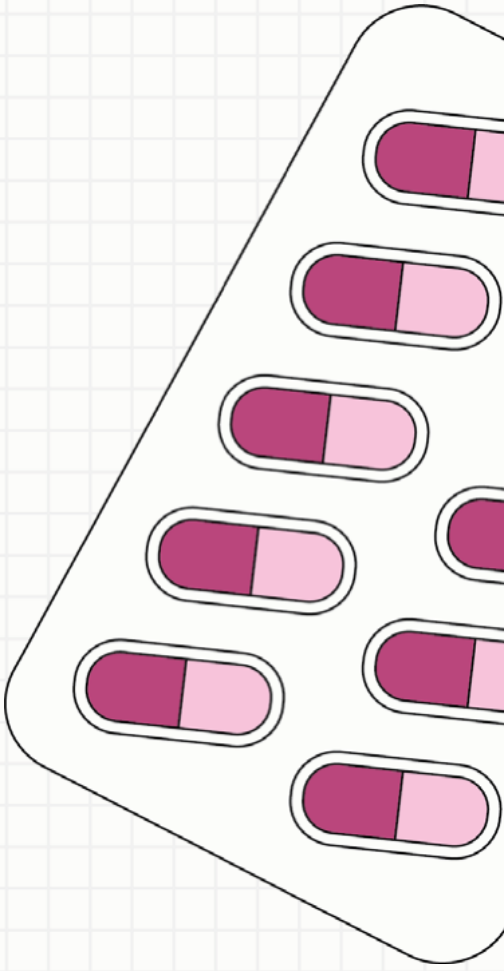
While awareness was high, actual use was lower. 37.5% of respondents said they had used UAL health or wellbeing services since beginning their studies, while 60.4% had not, and 2.1% preferred not to say.

This gap between awareness and use is not necessarily negative. Some students may not have needed support, while others may have accessed support externally or through informal networks. However, it does raise useful questions about whether students feel confident knowing when and how to use UAL services, whether the services feel relevant to their needs, and whether there are barriers that prevent some students from accessing support.

Many comments from students who had used the services were very positive. Students described individual staff members as "excellent", "kind", "calm", "attentive" and "understanding." One respondent said the support had been "exceptional" and that there was "no way I could have done my degree without their continued support." Another described counselling as "one of the best parts about being at UAL," while another said counselling had been "life changing" after struggling to access mental health services through the NHS.

These comments demonstrate the value and impact of UAL's wellbeing provision. For some students, the support they received appears to have been central to their ability to continue studying, manage difficult periods and feel cared for by the institution.

At the same time, some students described experiences where the support did not fully meet their needs. Some felt the support was too short-term, too general, or not suited to complex or long-standing difficulties. This does not diminish the value of the service, but it does point to **the importance of clearly communicating what UAL wellbeing services can provide, what their limits are, and how students with longer-term or specialist needs can be supported into appropriate external pathways**.





Types of services accessed

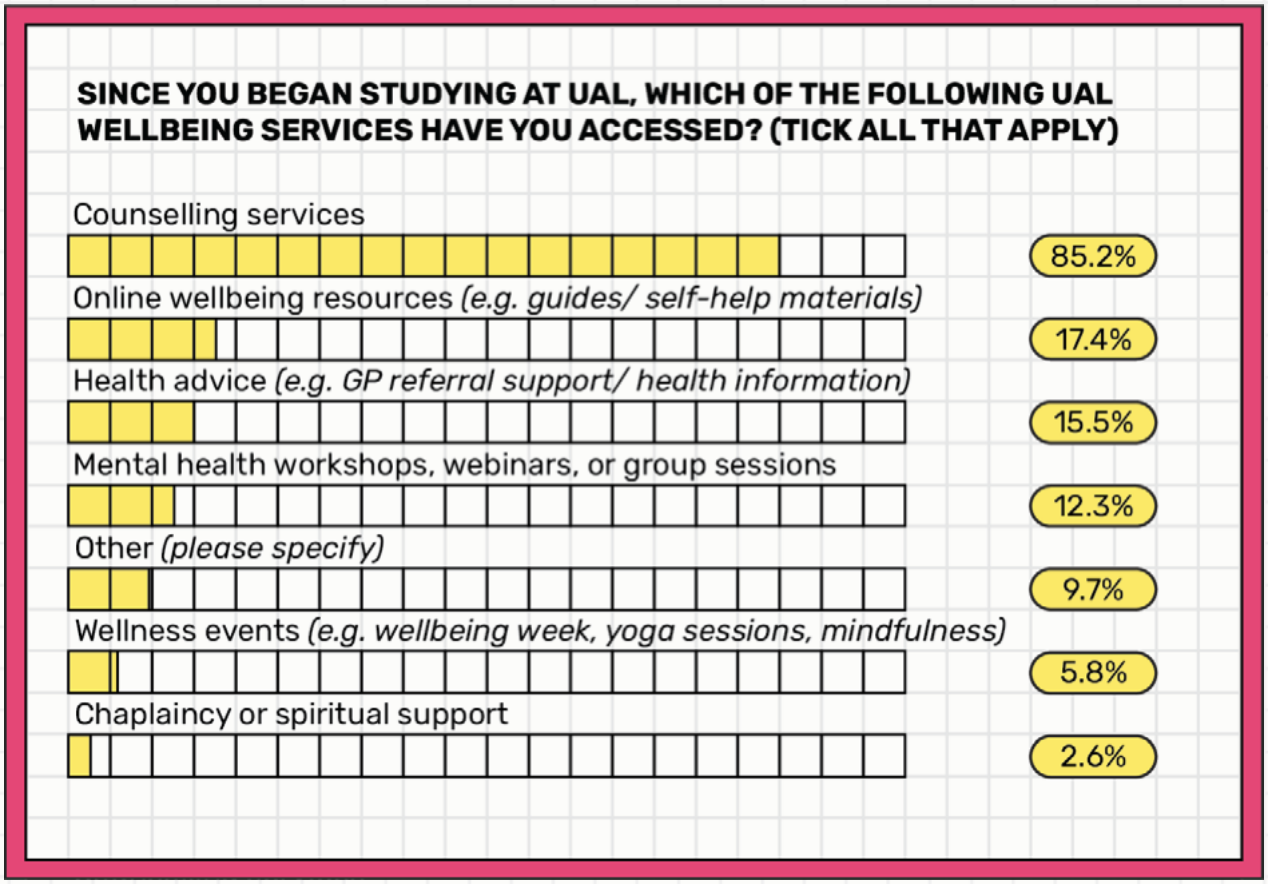


Diagram 15: Since you began studying at UAL, which of the following UAL wellbeing services have you accessed? (Tick all that apply)

Among respondents who had used UAL wellbeing services, counselling services were by far the most commonly accessed, selected by 85.2%. This suggests that students' engagement with UAL health and wellbeing provision is **strongly centred on counselling**.

Other forms of support were used much less frequently. 17.4% had used online wellbeing resources, 15.5% had accessed Health Advice, 12.3% had attended mental health workshops, webinars or group sessions, 5.8% had attended wellness events, and 2.6% had accessed chaplaincy or spiritual support. 9.7% selected "other."

This pattern suggests that counselling is highly visible and valued, but that other parts of the wellbeing ecosystem may be less well known or less clearly understood by students. **This may create pressure on counselling services if students see them as the main or only route into support**.

Open text comments support this interpretation. Several students spoke almost exclusively about counselling when reflecting on UAL wellbeing services, while others were less clear about the relationship between counselling, health advice, disability support and wider wellbeing activities.

One student suggested that UAL should provide clearer links to services and timetables of wellbeing activities. Another said it was hard to find workshops and wellbeing events despite wanting to be informed about them.

There may therefore be an opportunity to better promote the wider range of wellbeing support, particularly lower-intensity, preventative or group-based provision, so that students are not relying on counselling as the default or only perceived option.

Ease of access to UAL health and wellbeing services

Among students who accessed UAL wellbeing and health support, just over half described access positively. 38.6% said it was “easy” and 16.5% said it was “very easy,” meaning 55.1% found access easy overall.

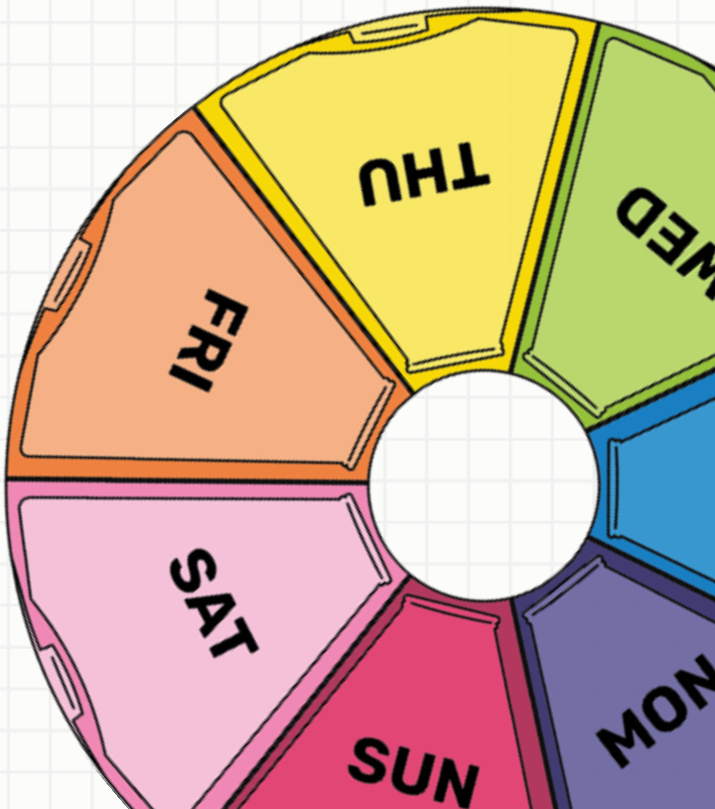
However, 12% said access was “difficult” and 5.1% said it was “very difficult,” meaning 17.1% found support difficult to access. A further 27.9% selected “neither easy nor difficult,” suggesting a sizeable group whose experience may have been mixed, dependent on timing, service type, or level of need.

Some students reported very responsive access. One respondent said they were offered support and an appointment within 48 hours, while another said the team were quick to respond and offered the help they needed. These examples show that **the system can work well and provide timely support**.

However, other comments indicate that access can be more difficult when students need support urgently, are trying to book around their timetable, or find booking systems difficult to navigate. Students mentioned waiting for appointments, limited availability, and difficulty securing counselling sessions.

One student reflected that “no-one can time an episode, a crisis or knows when they will be their most vulnerable,” making limited appointment availability especially difficult.

Some students also described booking processes as challenging, particularly first-time users or students experiencing anxiety, ADHD or overwhelm. This suggests that **reviewing the accessibility of booking systems could be a practical area for service improvement**, particularly for students who may struggle with administrative processes when distressed.



Feeling listened to and respected by UAL health and wellbeing services

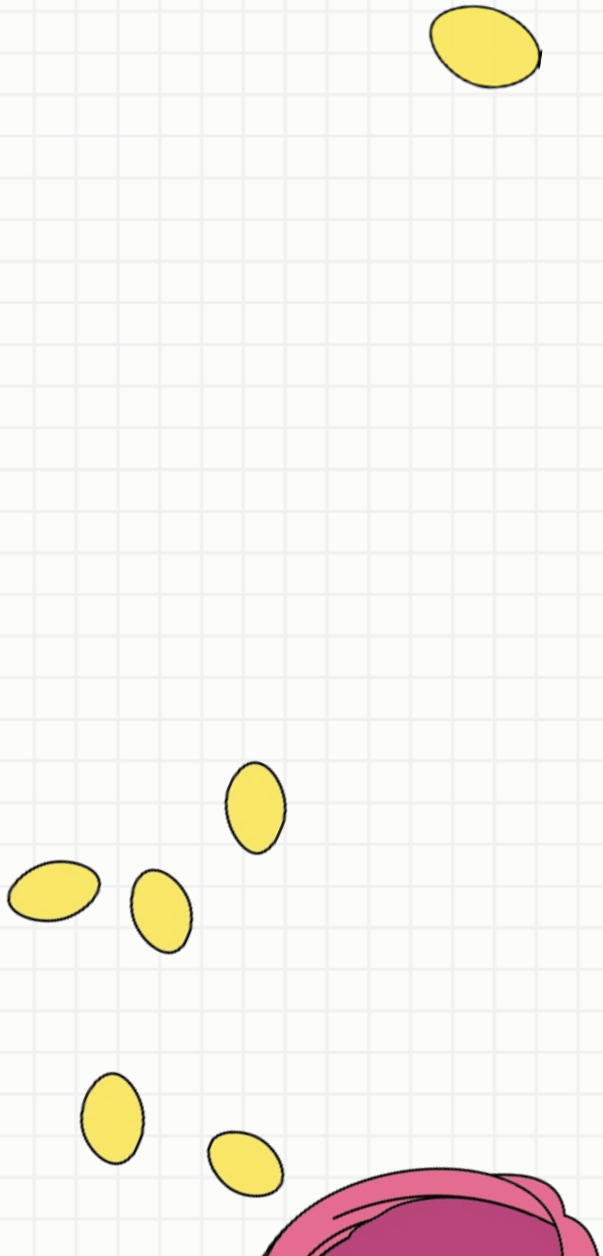
Most students who accessed UAL wellbeing and health services reported feeling listened to and respected. 26.8% strongly agreed and 38.9% agreed, meaning 65.7% gave a positive response. 22.3% neither agreed nor disagreed, while 8.3% disagreed and 3.8% strongly disagreed.

This is an encouraging finding and is strongly supported by many open text comments. Students praised individual staff members and described feeling heard, supported and treated with care.

One respondent said their counsellor had been “a rock” for them over several years. Another said that since having counselling they had “felt very listened to.” Students also valued the privacy and calm of in-person counselling spaces, with one respondent describing the location of sessions at CSM as giving them “a sense of security and peace.”

These comments suggest that the interpersonal quality of support is a strength of UAL’s wellbeing offer. For students who may have experienced delays or difficulties elsewhere in the healthcare system, being listened to by a university support worker can be especially important.

However, a minority of students did not experience the support in this way. Some described feeling that their concerns were not fully understood, that support was too focused on academic continuation, or that they had to repeat themselves. These comments suggest **an opportunity to further strengthen consistency across the service**, particularly for students with complex, long-term or trauma-related needs.



Helpfulness of support from UAL health and wellbeing services

Most students who accessed UAL wellbeing and health services found the support helpful. 20.3% strongly agreed and 43.7% agreed, giving a combined positive response of 64.0%.

However, 20.3% neither agreed nor disagreed, 10.1% disagreed, and 5.7% strongly disagreed. This means that while most students found support helpful, there is also a notable group for whom the support was mixed or did not meet their needs.

The positive comments show the significant difference UAL wellbeing services can make. One student said counselling "massively helped," while another described UAL counselling as a "life line" during stressful periods. Students also valued broader wellbeing activity, including art therapy workshops, puppy therapy and small gestures such as free soup, which one respondent said made them feel cared about as a student.

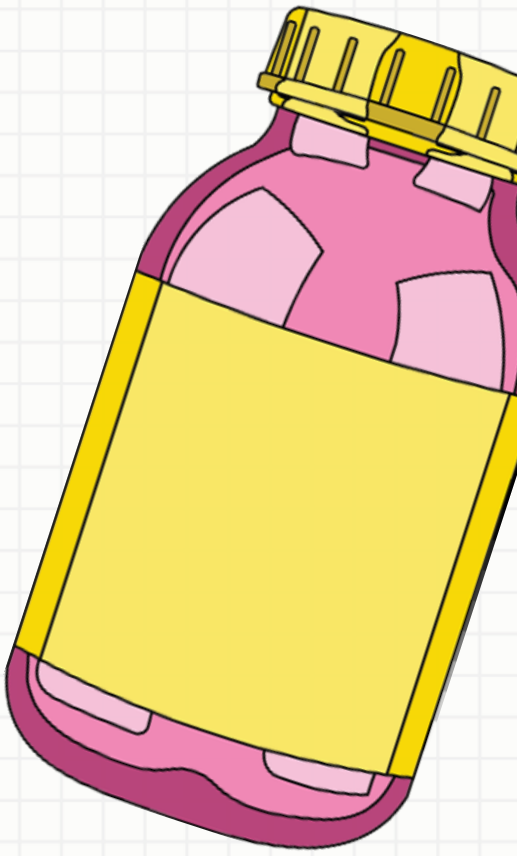
At the same time, several students wanted more sustained or specialised support than the service was able to provide.

Some students said the number of counselling sessions was too limited, or that they would benefit from longer-term support. Others felt that the support was more useful as interim help than as a response to deeper or ongoing mental health needs.

This points to a wider structural challenge: university wellbeing services are often expected to support students who may also be facing long NHS waits, complex mental health difficulties, trauma, financial stress or housing instability.

UAL services may not be designed to replace long-term therapy or specialist clinical care, but students may still turn to them when external provision is difficult to access.

This makes it especially important that **students understand the purpose of different types of support, and that pathways into external or longer-term support are as clear and supported as possible**.



Communication and follow-up from UAL health and wellbeing services

Although not captured directly in the quantitative questions, communication and coordination emerged as a recurring theme in the comments. Some students described good communication and responsive support, while others reported missed follow-ups, cancelled appointments, lack of response after emails, or uncertainty about next steps.





Several comments suggest that students value continuity and follow-up, especially when they are experiencing serious or ongoing difficulties. One respondent said that when they did not hear back after a missed or cancelled appointment, “reaching out for help begins to feel a bit meaningless.” Another said that a promised follow-up from Health Advice did not happen.

Students with disabilities or long-term conditions also raised issues around coordination between UAL services, accommodation, campuses and academic departments. This suggests that students’ wellbeing experiences are shaped not only by counselling or health advice appointments, but by whether different parts of the institution communicate effectively around their needs.

This provides an opportunity for UAL and Arts SU to **consider how students with more complex circumstances are supported across services, and how handovers, follow-ups and communication can be made more consistent**.



Students who have not accessed UAL health and wellbeing services

Respondents who have not accessed UAL health and wellbeing services were asked about their reasons for not doing so.

Overall, the data suggests that **UAL wellbeing services have a positive reputation among some students**, including those who have not used them personally. However, it also **highlights opportunities to improve clarity, visibility, and confidence in the service offer.**

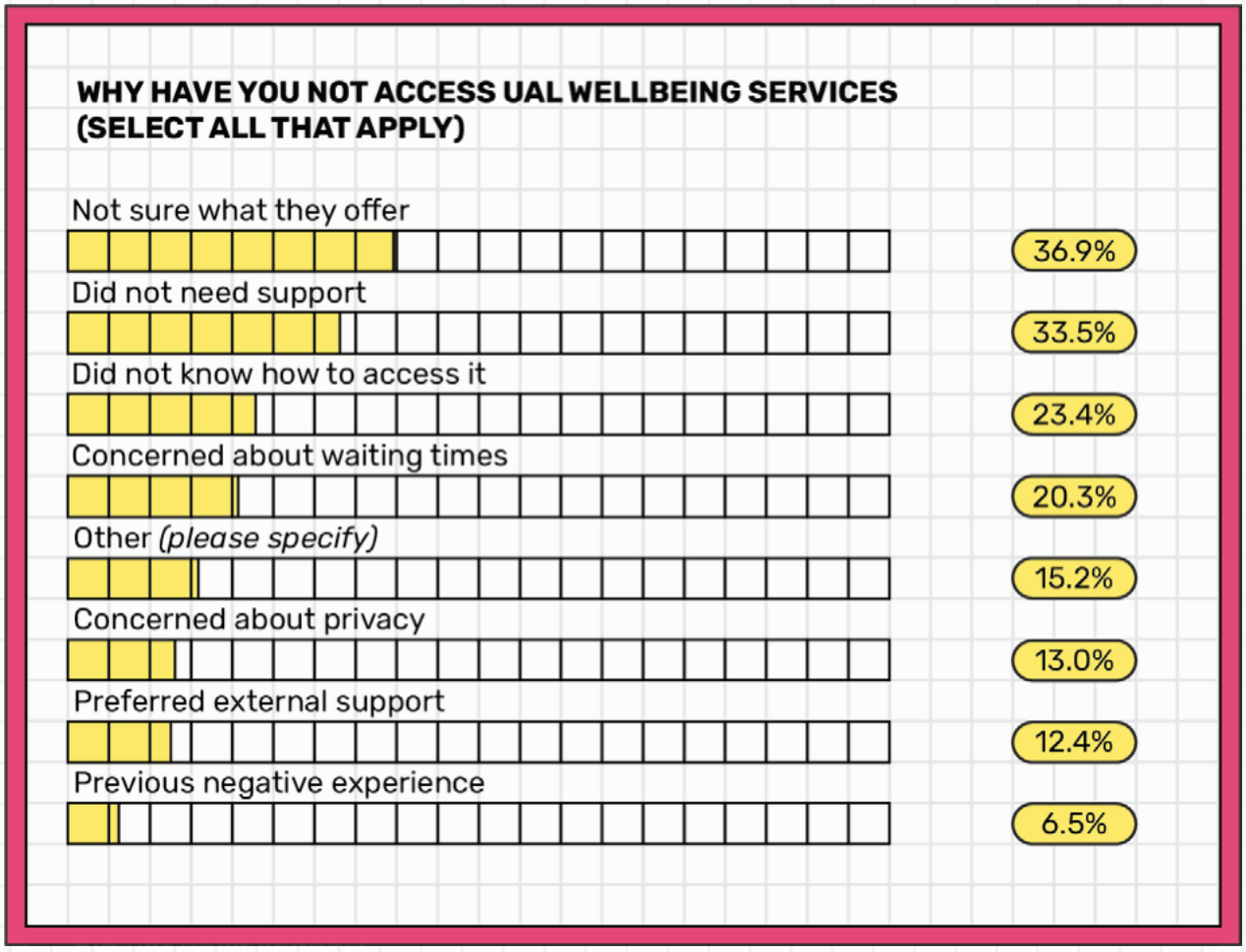


Diagram 16: Why have you not access UAL wellbeing services? (select all that apply)

Uncertainty about what services offer

The most common reason for not accessing UAL wellbeing services was being not sure what they offer, selected by 36.9% of respondents. This suggests that **awareness of the existence of wellbeing services does not always translate into understanding of their purpose or practical offer**.

This theme was echoed repeatedly in the open text comments. One respondent said, “I’ve always known it exists, but not much information on what they can actually offer has been given to me.” Another said, “Sometimes it’s hard to know where to go.” A further respondent wrote, “I don’t understand what kinds of people use this support.”

These comments suggest that some students may be aware of the service in a general sense but unsure whether it is for them, what issues they can bring, or what kind of outcome to expect.

This uncertainty matters because students may self-exclude if they assume their issue is either not serious enough, too serious, too specific, or not relevant to wellbeing support. Some comments suggested students saw the offer as limited or unclear, with one respondent saying the services seemed “not very broad” and “only mental.”

Another said that while they had not accessed the services, they would value support on “how to speak to your GP about certain topics” and health check-ups to prevent worsening mental health and confusion.

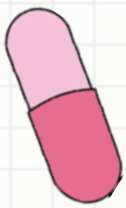


Not needing support

The second most common reason for not accessing services was that students did not need support, selected by 33.5%. Not all non-use is negative or a sign of unmet need. Some students may be aware of the services and feel reassured that they are available if needed.

This came through in several comments. One respondent said they liked that the service looked approachable and that they were “definitely aware that the help is available.” Another said counselling is “a great service to have” and “comforting to know I can access it if I need help.” Some respondents also reported positive perceptions based on friends’ experiences, with one saying they had friends who had said “truly wonderful things” about UAL wellbeing services, including neurodiverse friends.

This suggests that UAL wellbeing services may have value even for students who do not use them directly. **Knowing that support exists can contribute to a wider sense of institutional care and reassurance**. However, this value depends on students understanding what the services offer and how to access them if their circumstances change.



Not knowing how to access services

23.4% of respondents said they had not accessed UAL wellbeing services because they did not know how to access them. This is distinct from not knowing what services offer. Some students may understand that support exists but still be unclear about the route in.

The open text comments suggest that access routes may feel unclear or overly bureaucratic for some students. One respondent said it would be helpful at the start of a course if everyone was informed "how to book an appointment and who to reach out to."

Another said they looked into speaking to someone in person at Wimbledon but found there was "too much bureaucracy" and that they kept being redirected. Another wrote that it had been "impossible to book a slot as they never appear."

These comments suggest that **the process of accessing support needs to be as simple and visible as possible**, particularly because students may only try to engage when they are already distressed, overwhelmed or under academic pressure. Even small amounts of friction (unclear webpages, forms, unavailable slots, or uncertainty about whom to contact) may discourage students from continuing.

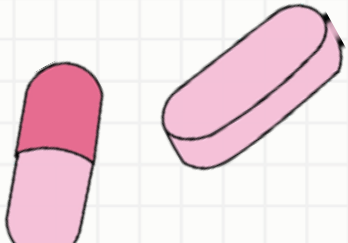
Concerns about waiting times

20.3% of respondents said they had not accessed services because they were concerned about waiting times. This suggests that perceptions of capacity may deter students from seeking support, even before they attempt to access it.

The open text comments show how waiting times and perceived scarcity can shape behaviour. One respondent said they had tried to access counselling but stopped after waiting for over a month. Another recalled trying to use UAL services after experiencing PTSD and being told there was a two-month wait before the first available appointment. Others described the support as difficult to book or not worth pursuing if the available offer seemed too limited.

There were also comments suggesting that students may evaluate whether the effort of accessing support is worth it based on the perceived length or depth of the provision. One respondent said they had hoped for counselling to support mental health issues linked to ADHD, but had understood there were only a limited number of short sessions and this "seemed pointless and not worth the effort."

This finding highlights a challenge for UAL: **even where services are available, students' perceptions of waiting times, scarcity or limited provision may reduce engagement**. Clearer information about expected response times, triage, types of support, and alternative options may help students make informed choices rather than disengaging before seeking help.



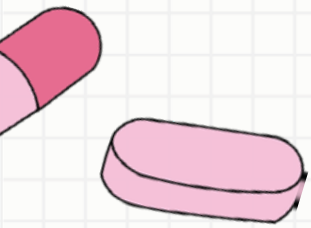
Concerns about privacy

13% of respondents said they had not accessed UAL wellbeing services because they were concerned about privacy. While this was not the most common reason, it is still important. Privacy concerns can be especially significant when students are dealing with mental health, trauma, gender identity, family issues, disability, substance use, or academic difficulties.

Although the open text comments did not always explicitly discuss privacy, some comments throughout the rest of the survey point to the importance of trust, continuity and feeling safe when disclosing personal experiences.

One respondent said students should be assigned one counsellor throughout their course because they do not have "the mental capacity to keep on repeating their trauma instances again and again to new counsellors." Another described a distressing experience involving assault and academic staff, highlighting how sensitive disclosures can be mishandled if students do not feel protected, believed or treated with care.

These comments suggest that privacy is closely linked to confidence in the wider support system. **Students may need reassurance about confidentiality, what information is shared, who will see it, and how disclosures are handled**. This is particularly important for students who have experienced trauma or who worry that seeking support could affect their academic standing.



Preference for external support

12.4% of respondents said they preferred external support. This may include NHS services, private therapy, community organisations, family support, faith-based support, specialist services, or existing mental health provision.

The open text comments suggest that some students choose external support because it better matches their needs. One respondent said they have specific OCD therapy and that counselling "doesn't really do it" for them anymore due to the severity of their symptoms. Another said they do not usually find therapy or counselling helpful. These comments suggest that non-use of UAL services may sometimes reflect informed preference rather than lack of awareness.

At the same time, external support may not always be easy to access. Some students valued UAL services as a "stepping stone" if further support was needed, while others saw them as helpful within UAL's means but recognised that they may be filling gaps left by NHS provision. One respondent wrote, "I appreciate the care I have received within UAL's means, I know you must be filling a huge void in care left by the NHS."

This suggests that **UAL wellbeing services are part of a wider support ecosystem**. Some students will need support beyond what a university can provide, but UAL can still play an important role in helping students navigate external pathways, understand options, and access interim support.

Previous negative experiences

6.5% of respondents said they had not accessed services because of a previous negative experience. Although this is the least common listed reason, it is important because negative experiences can have a strong deterrent effect.

The comments provide examples of where students felt let down by communication, follow-up or handling of support needs. One respondent described trying to book an appointment with a mental health adviser they had previously trusted, only to arrive and be told the adviser no longer worked at UAL. They felt they should have been informed beforehand. Another said that when they did not receive follow-up from the wellbeing team, they "just gave up," and that when they needed help it "felt pointless to pursue." Another respondent described being exposed to academic handling of trauma that felt blaming and harmful.

These comments show that previous negative experiences may not always relate to the content of a counselling session itself. They may involve cancelled appointments, lack of communication, staff turnover, unclear responsibility, or interactions elsewhere in the university that affect trust in support systems. This suggests that improving confidence in wellbeing services may require **attention to communication, handovers, follow-up and how students are treated across the institution**.

Other reasons for non-use

15.2% selected "other," and the open text comments reveal several additional reasons for not accessing services. Some students said they did not want to "burden" services, which suggests that students may self-ration support if they believe others need it more. This is important because it may prevent students from seeking early help, leading them to wait until issues worsen.

Others said they found it difficult to speak out and ask for help, even if they were aware of services. One respondent said, "I see it around a lot, but sometimes it can be difficult to speak out and ask for help." This highlights that service visibility alone is not enough; students also need reassurance that it is appropriate to ask for support, including before they reach crisis point.

Some comments expressed a desire for more culturally or linguistically accessible support. One respondent said they hoped there would be Chinese-language services because Chinese students make up a large proportion of the student body. This indicates that inclusion, language and cultural confidence may affect whether students feel able to use wellbeing services.

A number of comments also suggested that wellbeing services could play a useful role in health navigation, not only emotional support. Students mentioned wanting support with speaking to GPs, understanding healthcare options, or having access to NHS doctors for students. This aligns with wider findings in the report that students need help navigating external healthcare systems, not just internal wellbeing support.



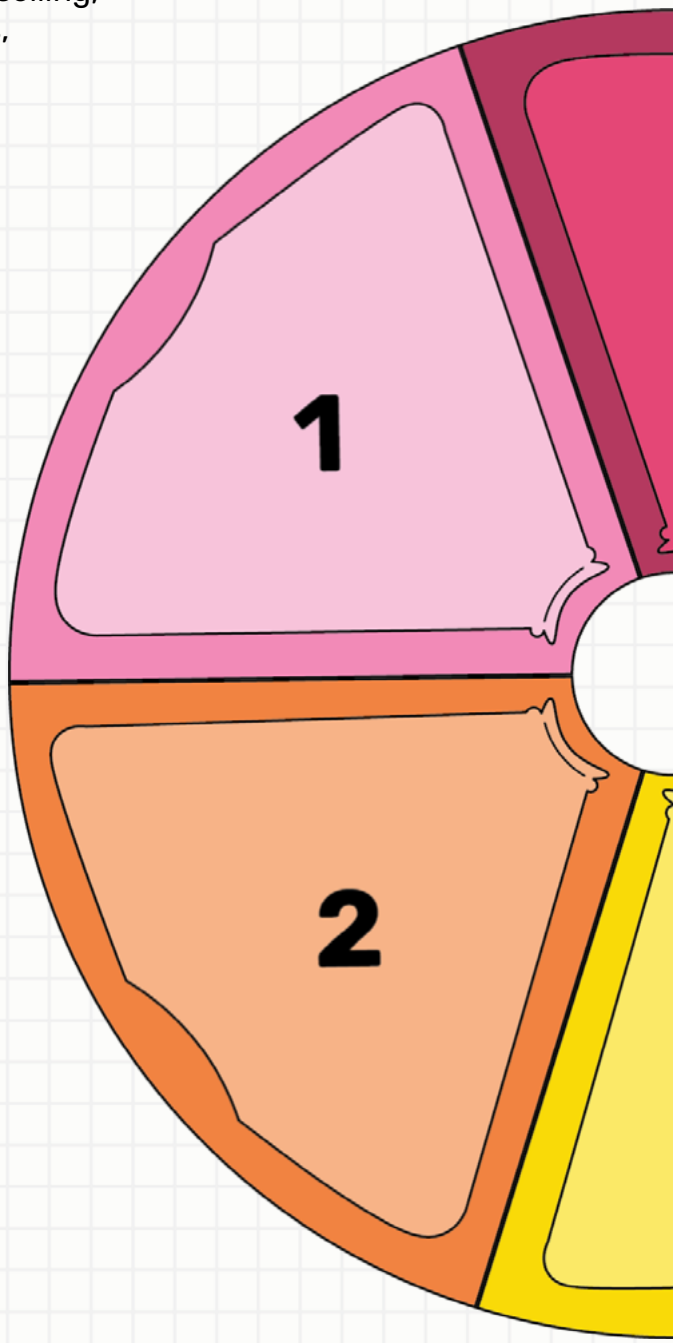
Recommendations to strengthen UAL health and wellbeing services

1. Clarify the purpose, scope and limits of UAL wellbeing services

UAL should build on the high awareness of wellbeing and counselling services by giving students clearer information about what each service offers, who it is for, and what kind of support students can expect. This should include counselling, Health Advice, chaplaincy, workshops, online resources, wellbeing events and related support services.

This is particularly important because many students who had not used the services said they were not sure what they offer, while some students who had used them felt uncertain about whether the support was intended for short-term concerns, ongoing mental health difficulties, academic-related stress, or wider personal issues.

Clearer explanations would help students decide whether a service is right for them and reduce the risk of disappointment or disengagement.



2. Review the student journey into wellbeing support

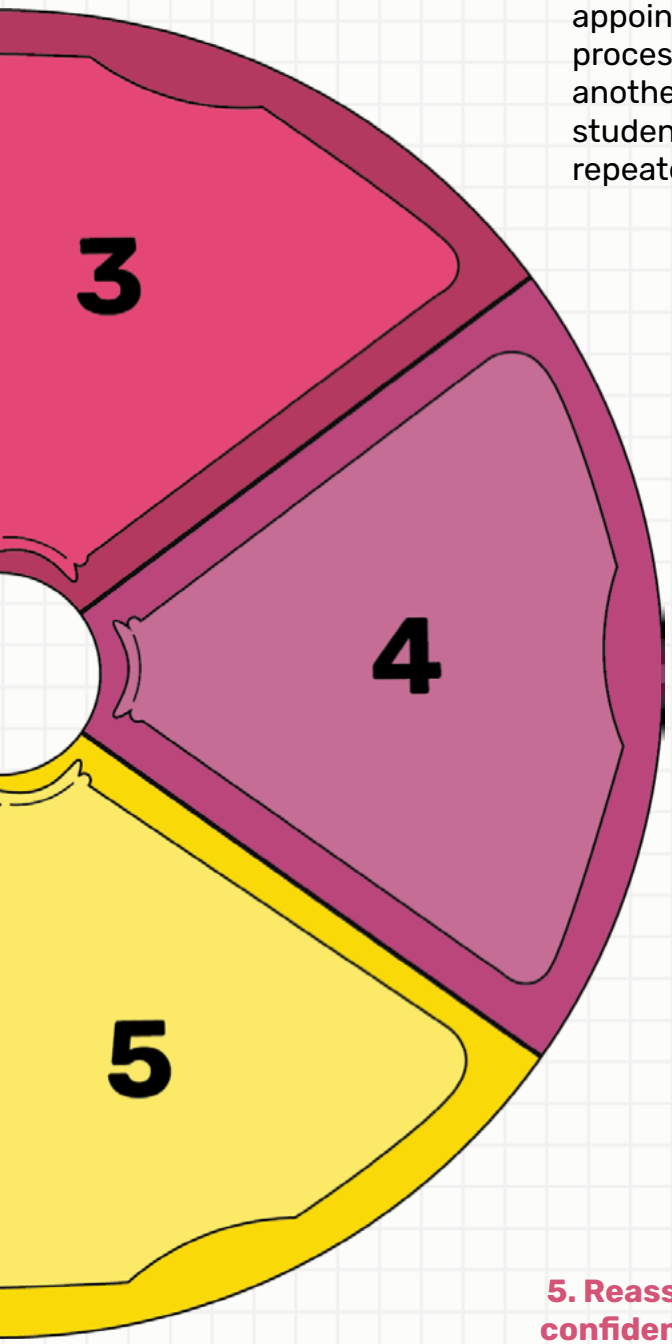
UAL should review the practical route students take when trying to access wellbeing support, from first hearing about a service through to booking, confirmation, attendance, follow-up and next steps. **The aim should be to identify any points where students may become confused, discouraged or lost in the process**.

This should **pay particular attention to first-time users, students in distress, neurodivergent students, and students who may struggle with administrative processes when seeking help**. Students' comments suggest that booking systems, limited appointment visibility, uncertainty about next steps and missed follow-up can become barriers even when students are motivated to seek support.

3. Strengthen continuity and follow-up within wellbeing provision

Students placed high value on supportive relationships with individual staff, but some also described difficulties with cancelled appointments, unclear handovers, missed follow-up or having to repeat their story. UAL should review how continuity and communication are maintained within wellbeing services, particularly when students have ongoing or complex needs.

This could include clearer follow-up expectations after appointments, stronger communication when staff change or appointments are cancelled, and more consistent handover processes where a student is signposted or referred to another form of support. Improving continuity would help students feel held by the service rather than having to repeatedly restart the process.



4. Increase the visibility and appeal of non-counselling wellbeing support

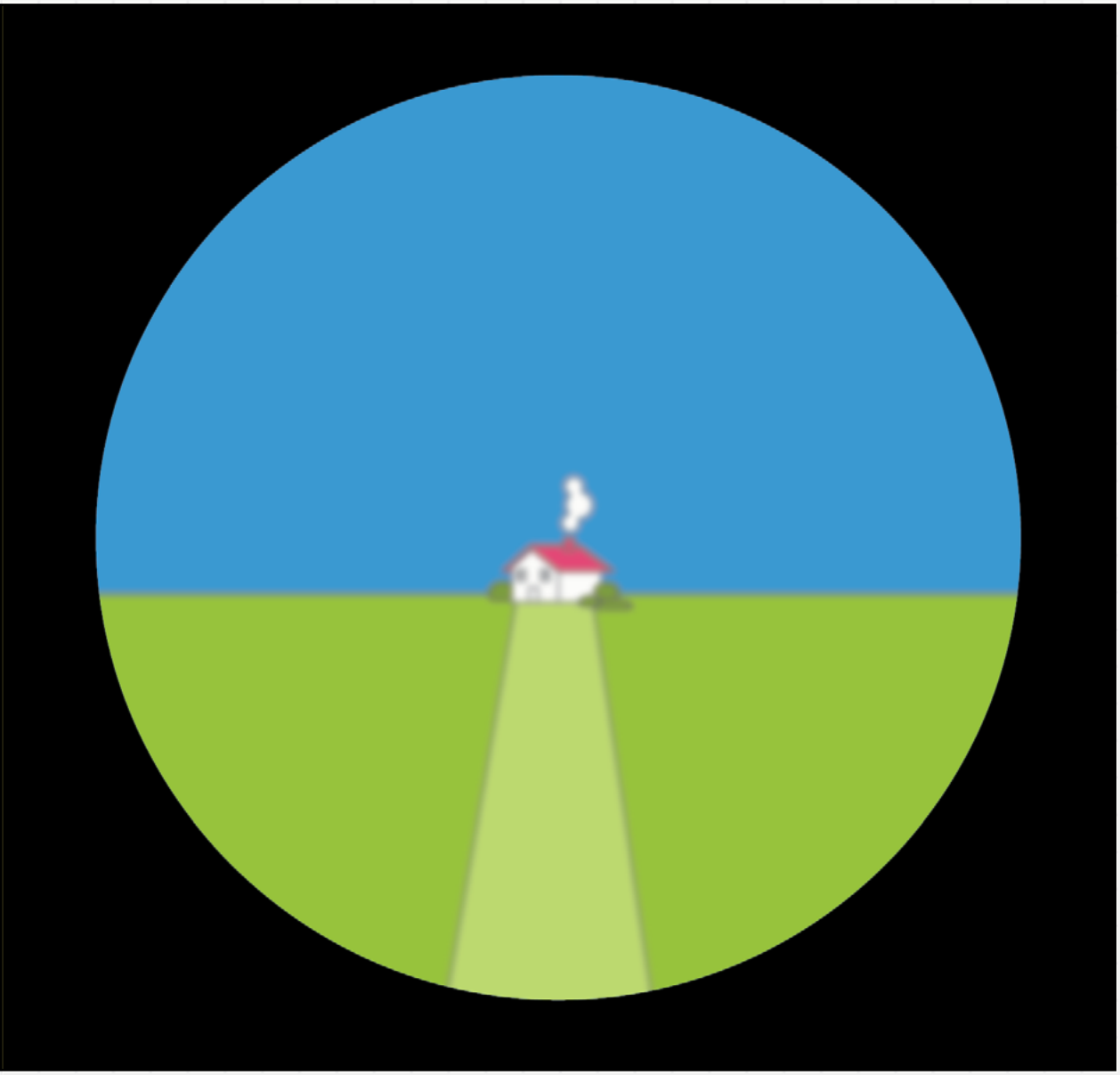
The data suggests that students' use of UAL wellbeing services is heavily centred on counselling, while workshops, group sessions, online resources, wellbeing events and chaplaincy are used by smaller proportions of respondents. UAL should **consider how to make these wider forms of support more visible, accessible and appealing**.

This could include clearer wellbeing activity calendars, more targeted promotion during high-pressure points in the year, and simpler explanations of how lower-intensity or preventative support can help. Strengthening the wider wellbeing offer could give students more routes into support and reduce the perception that counselling is the only meaningful option.

5. Reassure students that seeking support is appropriate, confidential and encouraged

Some students had not accessed UAL wellbeing services because of privacy concerns, uncertainty about whether their issue was appropriate, or reluctance to "burden" services. UAL and Arts SU should work together on **messaging that reassures students about confidentiality, explains what happens when they disclose concerns, and makes clear that they do not need to be in crisis to ask for help**.

ACCESS TO MENTAL HEALTH SUPPORT



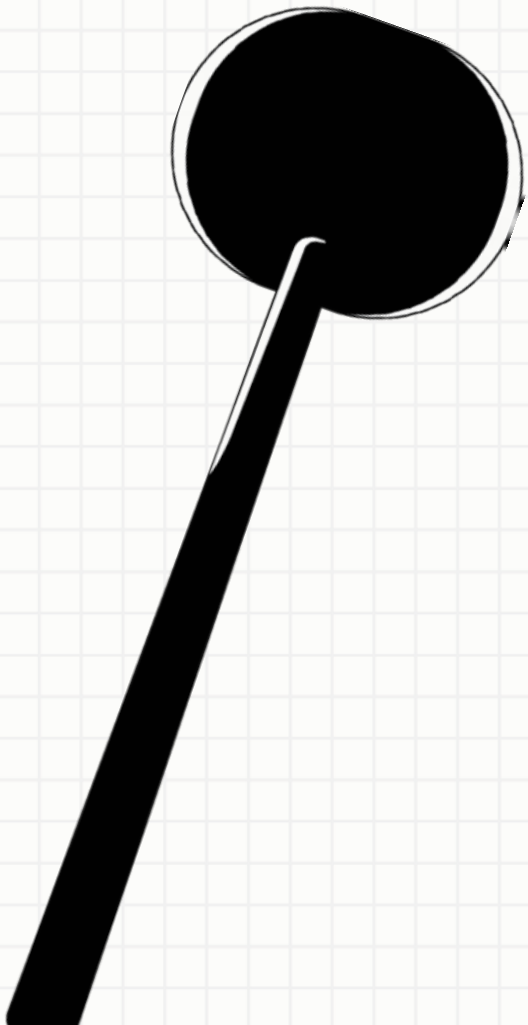
This section explores students' experiences of trying to access mental health support in the past 12 months, including where they sought help, what happened as a result, and the barriers they faced.

The findings show that a substantial proportion of respondents had actively tried to access support, but that students' pathways into care were often mixed, multi-route and shaped by delays, cost, scheduling pressures and uncertainty about referral processes.

Attempts to access mental health support

In the past 12 months, 44% of respondents said they had tried to access mental health support, for example by contacting UAL counselling, their GP or another support provider. 52.2% had not tried to access support, while 3.9% preferred not to say.

This indicates that nearly half of respondents had actively sought mental health support within the last year. When read alongside earlier findings showing high levels of anxiety, overwhelm, low mood and risk of health-related academic disruption, this suggests that access to mental health support is a significant priority for many students.



At the same time, the fact that just over half of respondents had not tried to access support should not be interpreted as meaning they did not experience mental health difficulties. Some students may not have needed support, but others may have relied on informal networks, self-management, private care, online resources, or may have felt unsure about where to go. Others may have been deterred by anticipated waiting times, stigma, cost, previous experiences, or uncertainty about whether their concern was “serious enough.”

The data therefore points to two related issues: **the scale of active demand for mental health support, and the need to understand what prevents some students from seeking support even where they may be struggling**.

Where students seek support

WHERE DID YOU SEE SUPPORT? (SELECT ALL THAT APPLY)			
UAL Counselling services	63.0%	GP	48.6%
Private therapy	20.4%	Crisis service	9.4%
Other *(please specify)*	4.4%	Charity/ third sector	9.9%
NHS talking therapies	26.0%		

Diagram 17: When did you see support?

Among respondents who had tried to access mental health support, the most common route was UAL counselling services, selected by 62.98%. This indicates that UAL's counselling service is a major access point for students seeking mental health support. It also suggests that students may see university-based support as more immediate, relevant or accessible than external services.

The second most common route was a GP, selected by 48.62%. This further demonstrates that primary care remains a significant pathway into mental health support. The high use of both UAL counselling and GPs suggests that many students may be navigating more than one route at once, rather than relying on a single source of support.

NHS talking therapies were used by 25.97% of respondents. This shows that a meaningful proportion of students are accessing or attempting to access formal NHS psychological support. However, given later findings on waiting times and delays, this route may not always provide timely support.

Private therapy was used by 20.44% of respondents, indicating that one in five students who sought mental health support used paid provision. This may reflect preference, need for longer-term therapy, frustration with waiting times, or the limits of university and NHS support. However, private therapy is not equally accessible to all students, raising equity concerns. Students with the financial resources to pay privately may be able to access support more quickly or for longer, while others may remain dependent on short-term university provision or NHS waiting lists.

Smaller but important proportions accessed charity or third-sector support (9.94%) and crisis services (9.39%). The use of crisis services by almost one in ten help-seeking respondents is particularly significant, as it suggests that some students' mental health needs had reached a level of urgency or severity requiring crisis support. This reinforces the importance of early intervention, clear escalation pathways and support before students reach crisis point.

Overall, the pattern of responses suggests that **students do not experience mental health support as a single pathway**. Instead, they move between UAL counselling, GPs, NHS talking therapies, private therapy, charities and crisis services. This underlines the **importance of joined-up signposting and clear expectations about what each route can provide**.

Outcomes of seeking support

WHAT WAS THE OUTCOME?			
Received support quickly	30.9%	Stopped engaging due to delays	9.0%
Placed on waiting list	19.7%	Still waiting	7.9%
Other *(please specify)*	15.2%	Prefer not to say	5.1%
Support did not meet my needs	11.8%	Told not eligible	0.6%

Diagram 18: What was the outcome?

For the majority of respondents, the outcome of seeking mental health support was mixed. The most positive finding is that 30.90% of respondents said they received support quickly. This shows that for a substantial minority of students, the system worked well and support was available in a timely way.

However, many students experienced delay, uncertainty or unmet need. 19.66% were placed on a waiting list, while 7.87% were still waiting at the time of the survey. A further 8.99% said they stopped engaging due to delays.

Taken together, these responses suggest that waiting is a significant feature of students' mental health support journeys. Students seeking support are often doing so at a point of distress, uncertainty or reduced capacity. Being placed on a waiting list, needing to chase support, or not knowing when help will arrive can itself add to stress. For some students, delays may lead to disengagement altogether.

A further 11.80% said the support did not meet their needs. While a student may technically receive support, they may still feel that it is too short-term, too general, not specialist enough, or not appropriate for their circumstances.

Only 0.56% said they were told they were not eligible, suggesting that formal ineligibility was not a major barrier in this dataset. However, this does not mean students always received suitable support. The larger issues appear to be timeliness, fit, clarity and continuity.

Overall, the outcomes data shows a divided picture: while some students receive help quickly, a significant proportion encounter waiting lists, delay-related disengagement, ongoing uncertainty or support that does not meet their needs.

Barriers to accessing mental health support

WHAT BARRIERS DID YOU FACE IN GETTING ACCESS TO MENTAL HEALTH SUPPORT? (SELECT ALL THAT APPLY)			
Long waiting times	55.87%	Stigma	17.32%
Scheduling conflicts	34.64%	No barriers	12.85%
Cost	29.61%	Concerns about discrimination	6.70%
Referral process unclear	29.05%	Prefer not to say	6.15%
Felt dismissed or not believed	18.99%	Cultural or language barriers	1.17%

Diagram 19: What barriers did you face in getting access to mental health support? (Select all that apply)

The most common barrier was long waiting times, selected by 55.87% of respondents who had tried to access support. This is the clearest finding in this section. It shows that delays are a central feature of many students' experience of mental health support.

Long waiting times matter because mental health needs can change quickly. A student who seeks help while struggling may deteriorate if support is delayed, or may stop engaging if they feel the process is too slow. Waiting times can also interact with academic deadlines, attendance, financial pressure and social isolation, making it harder for students to remain engaged with their studies.

The second most common barrier was scheduling conflicts, selected by 34.64%. This is particularly relevant in a university context. Even where support is available, students may struggle to attend appointments around teaching, studio access, placements, paid work, caring responsibilities or commuting. For arts students, where access to workshops, studios, critiques or group projects may happen at specific times, appointment timing can be a practical barrier.

Cost was selected by 29.61%. This likely reflects the cost of private therapy, travel to appointments, prescriptions, or support not covered by the NHS. As previously highlighted, cost is an important equity issue: students who can pay may have more options, while students without financial resources may face longer waits or fewer choices. The fact that 20.44% of help-seeking respondents used private therapy makes this especially relevant.

Referral process unclear was selected by 29.05%. This suggests that many students find mental health pathways difficult to understand. They may be unsure whether to go to UAL counselling, a GP, NHS talking therapies, a crisis service, private therapy or a charity. They may also be unclear about whether they can self-refer, what happens after a referral, how long they will wait, or what level of support each service provides.

Feeling dismissed or not believed was selected by 18.99%. This is a concerning finding, as feeling dismissed can discourage students from seeking further help. It may also reinforce distrust in services, particularly for students with previous negative experiences, complex needs, trauma, neurodivergence, or conditions that are harder to explain quickly.

Stigma was selected by 17.32%. This suggests that, despite greater public discussion of mental health, some students still experience shame, hesitation or fear around seeking support. Stigma may be particularly relevant for students from backgrounds where mental health is less openly discussed, students worried about academic consequences, or students who do not see themselves as "ill enough" to ask for help.

Smaller but important proportions selected concerns about discrimination (6.70%) and cultural or language barriers (4.47%). These figures may appear lower than other barriers, but they are significant because they point to unequal experiences of access. Students who worry about discrimination or face cultural and language barriers may be less likely to seek help early, less likely to feel understood, or less likely to continue with support.

Only 12.85% reported no barriers, meaning the large majority of respondents who sought support experienced at least one barrier. This reinforces that access to mental health support is often a process students must navigate through obstacles, rather than a straightforward route.

This section shows that mental health support is a major area of student need. Nearly half of respondents had tried to access support in the past 12 months, and students used a wide range of routes, including UAL counselling, GPs, NHS talking therapies, private therapy, charities and crisis services.

UAL counselling services emerge as a particularly important part of the support landscape, used by nearly two-thirds of respondents who sought mental health support. This reinforces the value of UAL's internal provision, especially in a wider context where NHS waiting lists and referral pathways can be difficult to navigate. At the same time, the high use of GPs, NHS talking therapies and private therapy shows that students' mental health support needs often extend beyond any single service.

The strongest barriers were long waiting times, scheduling conflicts, cost and unclear referral processes. **These are structural barriers rather than simply individual reluctance to seek hel**p. They suggest that students may be willing to ask for support, but struggle to access it in a way that is timely, affordable, understandable and compatible with university life.

The use of private therapy by one in five help-seeking respondents is also important. It may indicate that some students are seeking support outside UAL and the NHS because they need faster, longer-term or more specialist help. However, this creates an equity issue if access to suitable mental health support depends on ability to pay.

The data points to the **importance of early intervention**. If students face long waits, unclear referrals or high costs, some may disengage or only receive help once their situation worsens. **Strengthening the routes into support, clarifying available options and ensuring students are not left without support while waiting should be key priorities**.

Recommendations for access to mental health support

1. Introduce clearer interim support for students waiting for mental health provision

Long waiting times were the most common barrier to accessing mental health support, selected by 55.87% of respondents who had tried to access support.

UAL should review how students can be supported while waiting for counselling, NHS talking therapies, specialist support or external referrals.

This could include structured interim check-ins, short wellbeing planning appointments, guided self-help resources linked to a student's concern, peer support options, or proactive signposting to relevant external services. The aim should be to **ensure that students are not left without any support between first contact and a full appointment**.

2. Create a mental health support pathway map

The data shows that students seek mental health support through multiple routes, including UAL counselling, GPs, NHS talking therapies, crisis services, charities, private therapy and third-sector organisations.

UAL and Arts SU should **develop a simple mental health support pathway map that helps students understand which route may be appropriate depending on urgency, type of need and desired support**.

For example, the map could explain what to do if a student wants short-term counselling, needs medication, is in crisis, wants longer-term therapy, needs culturally specific support, or is unsure where to start. This would help address the 29.05% of respondents who said the referral process was unclear.

3. Improve appointment flexibility around study, work and caring responsibilities

Scheduling conflicts were reported by 34.64% of respondents who faced barriers to mental health support.

UAL should **explore ways to make support easier to fit around students' lives**, particularly where students have studio commitments, placements, paid work, commuting time, caring responsibilities, or fixed access to specialist facilities.

Practical improvements could include more early evening appointments, clearer options for online or in-person formats, protected appointment times during high-pressure periods, or easier rescheduling processes.

UAL could also consider **whether students can be given clearer guidance on how to manage clashes between support appointments and teaching**.

4. Address financial barriers to mental health support

Cost was a barrier for 29.61% of respondents, and 20.44% of students who sought support used private therapy.

This suggests that some students are turning to paid support where university or NHS provision does not meet their needs quickly enough or for long enough.

UAL should explore **whether students facing financial hardship can be supported to access appropriate mental health provision**. This could include clearer signposting to free or low-cost therapy services, partnerships with local or specialist charities, guidance on NHS self-referral routes, or targeted hardship support where mental health-related costs are affecting a student's ability to continue their studies.

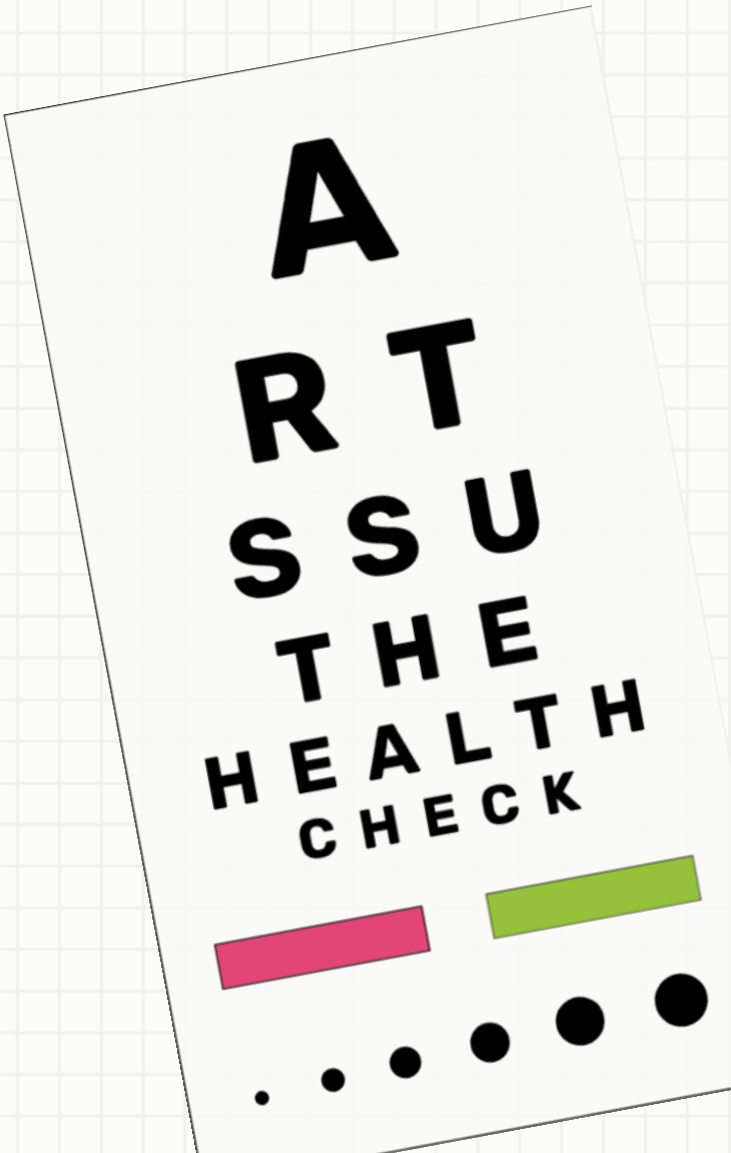
5. Strengthen pathways for students who feel dismissed, disbelieved or unsure whether support is for them

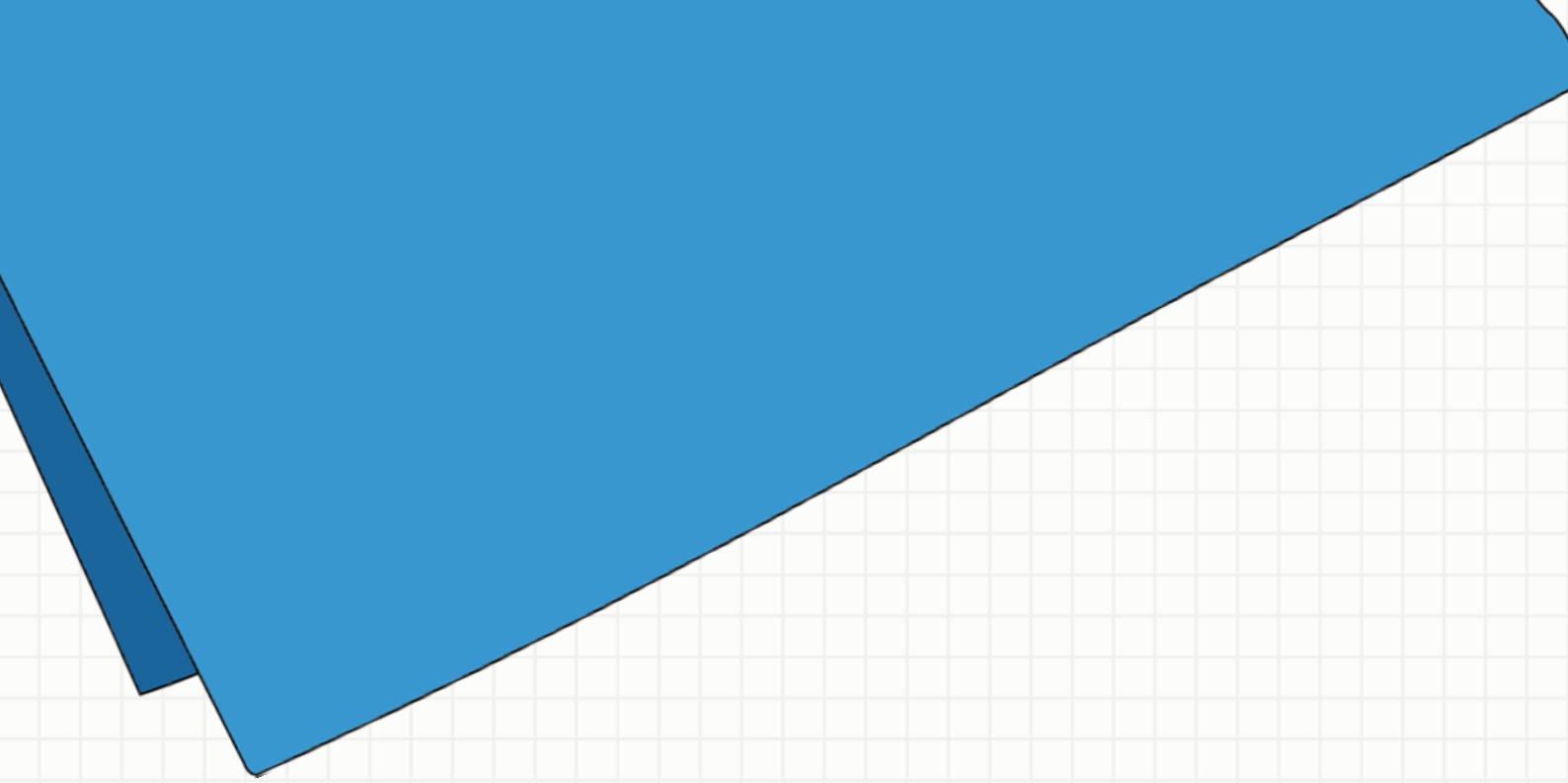
A significant minority of respondents reported feeling dismissed or not believed (18.99%), stigma (17.32%), concerns about discrimination (6.70%), or cultural and language barriers (4.47%) when trying to access mental health support.

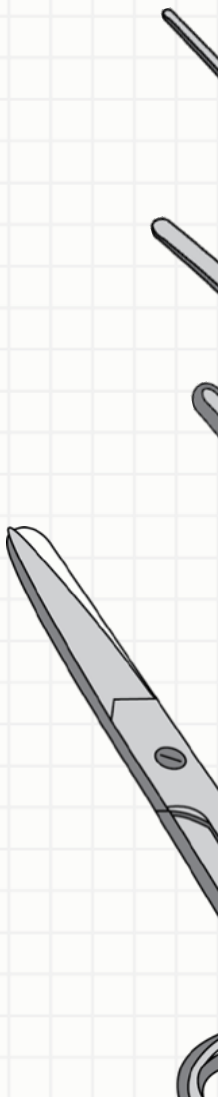
UAL and Arts SU **should work together to ensure students know what to do if they feel a support route has not met their needs**.

Practical steps could include clearer escalation routes, guidance on seeking a second opinion, culturally specific and identity-informed signposting, and messaging that reassures students they do not need to minimise their concerns to be taken seriously.

This would **help build confidence among students who may be hesitant to seek help**, particularly those with previous negative experiences of healthcare or support services.







HEALTH DURING TERM TIME AND ASSESSMENT PERIODS

This section explores students' health during the winter period, the impact of assessment pressure, and the relationship between creative study environments and physical wellbeing.

The findings show that many respondents experienced illness, worsening mental health, reduced sleep, anxiety, social withdrawal and physical symptoms during busy periods of the academic year.

Overall, the data suggests **that student health at UAL is shaped by the rhythms and pressures of academic life itself**. Assessment periods, studio working patterns, long hours, financial pressures, and the physical demands of creative practice all appear to affect how students eat, sleep, socialise, exercise, rest and manage their health.



Health during the winter period

IN THE PAST 3 MONTHS (WINTER PERIOD), HAVE YOU...	
Been unwell with cold/ flu/ COVID-like illness	57.8%
Experienced worsening mental health	55.8%
Struggled to afford heating or food	19.8%
None of the above	15.5%
Found it difficult to access healthcare while ill	14.5%

Diagram 20: In the past 3 months (winter period), have you...

Respondents were asked whether they had experienced a range of health-related issues in the previous three months, covering the winter period of term 1.

The most common response was having been unwell with a cold, flu or COVID-like illness, selected by 57.8% of respondents. A similar proportion, 55.8%, said they had experienced worsening mental health.

These figures suggest that **winter is a significant pressure point for student health**. Physical illness and mental health difficulties appear to be widespread during this period, and they may interact with each other. Students who are physically unwell may find it harder to attend teaching, keep up with work, maintain routines or access support. Students whose mental health worsens may be more likely to become isolated, exhausted or less able to seek help.

14.5% of respondents said they had found it difficult to access healthcare while ill. This is important when considered alongside previous findings on GP registration, appointment waiting times and healthcare navigation. Students may become unwell during winter but still face barriers to getting advice, appointments, medication or evidence for academic processes.

A further 19.8% said they had struggled to afford heating or food. This finding reinforces the importance of understanding health holistically. Student health is affected not only by healthcare services, but by cost of living, housing conditions, food access and financial security. Difficulties affording heating or food during winter may contribute to illness, fatigue, stress and reduced academic engagement.

Only 15.5% of respondents selected none of the above, meaning the large majority experienced at least one of the listed winter health pressures. This suggests that winter health should be treated as a predictable and recurring issue in the student calendar.

Pressure to push beyond healthy limits during assessment periods

Students were asked whether, during assessment periods, they feel pressure to push beyond healthy limits. 62.3% said this was true, while 37.7% said it was false.

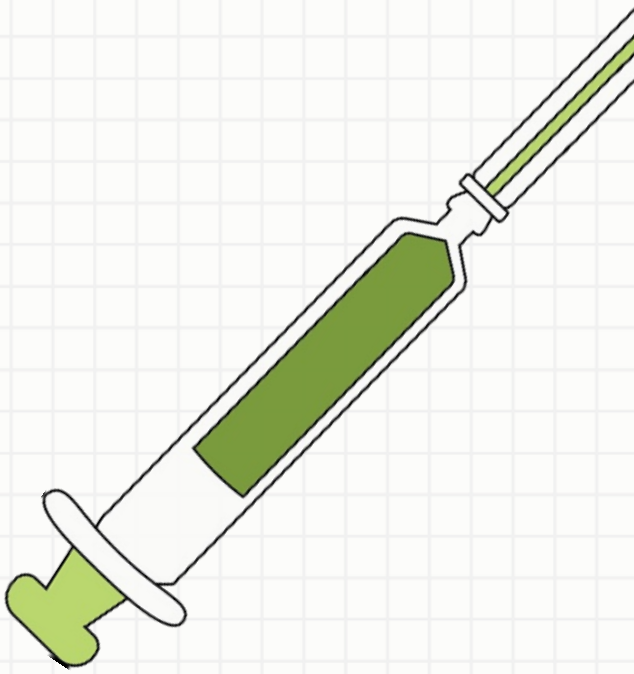
The open text comments show that this pressure comes from several sources. Some students described course workload, deadline clustering and the intensity of creative production. One respondent wrote that with quick succession deadlines "there's a lot of pushing through and burn out." Another described assessment periods as "pretty brutal" and said that they and their friends "push ourselves too hard to meet deadlines, often sacrificing own health."

Other students linked pressure to the expectations of creative practice and ambition. Some said they wanted to achieve the best possible grade, make the most of their tuition fees, or avoid feeling like a failure. One respondent wrote, "I want to do my best so my health becomes a minor priority." Another said, "I feel like I need to give 200% to get better grades." This suggests that assessment pressure is not only about formal deadlines, but also about students' internalised expectations, perfectionism and the perceived stakes of creative work.

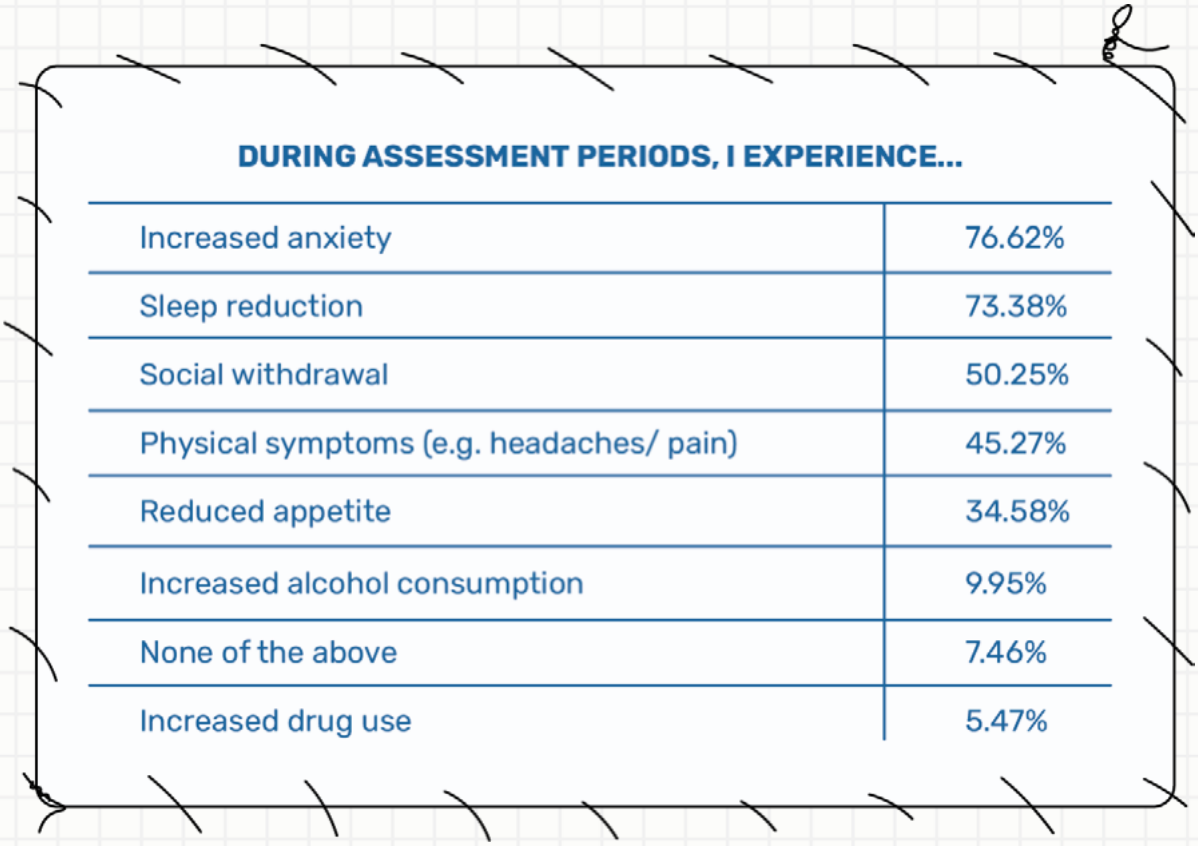
A number of students also described financial pressure and paid work as compounding assessment stress. One respondent explained that many students have to work in order to afford studying in London, and that inconsistent timetabling or late changes to teaching schedules can make balancing paid work and assessment demands very difficult. Another described "perfectionism alongside a 30 hour a week job" as leaving "no time" while still feeling the need to do their best.

This highlights the **unequal impact of assessment periods**, with students with paid work, caring responsibilities, disabilities, long-term conditions or fewer financial resources facing additional pressure beyond academic workload alone.

Importantly however, some students said they did not feel pushed beyond healthy limits. Several described having good time management, supportive tutors, manageable workloads, or a personal commitment to prioritising wellbeing. One student said they "always put health first," while another said they had "an excellent time management." This is important because it shows that **assessment pressure is not universal or experienced in the same way by all students**. However, the **majority response indicates that assessment-related health impacts are substantial enough to warrant institutional attention**.



Health impacts during assessment periods



DURING ASSESSMENT PERIODS, I EXPERIENCE...

Increased anxiety	76.62%
Sleep reduction	73.38%
Social withdrawal	50.25%
Physical symptoms (e.g. headaches/ pain)	45.27%
Reduced appetite	34.58%
Increased alcohol consumption	9.95%
None of the above	7.46%
Increased drug use	5.47%

Diagram 21: During assessment periods, I experience...

Students were asked what pressures they may experience during assessment periods. The most common response was increased anxiety, selected by 76.62% of respondents. This was closely followed by sleep reduction, selected by 73.38%. These are very high figures and indicate that assessment periods are strongly associated with emotional and physical strain.

The open text responses provide vivid context for these findings. Students described “panic attacks,” “massive anxiety,” “lack of appetite,” “lack of sleep,” “all-nighters,” and feeling unable to switch off. One respondent wrote that they usually need “a week to recover after submission due to the physical toll it takes.” Another said they often work “from 9 until 8 in the studio” and neglect friends and hobbies in order to focus entirely on their work.

Sleep reduction was one of the clearest themes in the comments. Students described staying up late, pulling multiple all-nighters, relying on coffee or energy drinks, and having disrupted body clocks. One respondent said they had “about 10 hours of sleep a week” during an assessment period. Another said that all-nighters had left their biological clock “completely messed up” and that their heart sometimes felt unwell. These comments suggest that sleep loss is not incidental; for some students, it is embedded in how they complete assessment work.

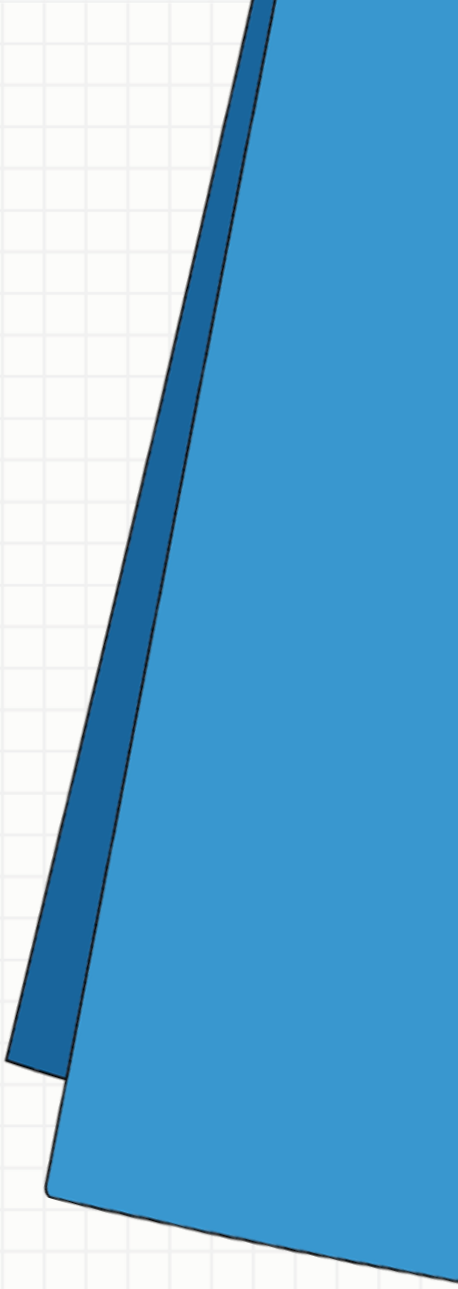
50.25% of respondents said they experienced social withdrawal during assessment periods. This is important because it shows that assessment pressure affects belonging and social connection, not only individual wellbeing. Students described not seeing friends, staying inside, working alone for

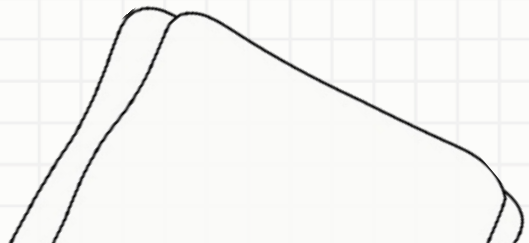
long periods, and becoming isolated. One respondent said they lock themselves in their room and “don’t leave for days on end.” Another described assessment periods as isolating, particularly when living alone. Social withdrawal may reduce access to informal peer support at the very moment students need it most.

45.27% reported physical symptoms such as headaches or pain, and 34.58% reported reduced appetite. Student testimonies included references to stomach issues, GERD, fainting, eye problems, flare-ups of long-term conditions, weakened immune systems, back pain, and forgetting to eat. One respondent described stress causing their long-term illness to flare up, producing physical pain alongside mental health difficulties. Another said deadlines make their “brain and body shut down.”

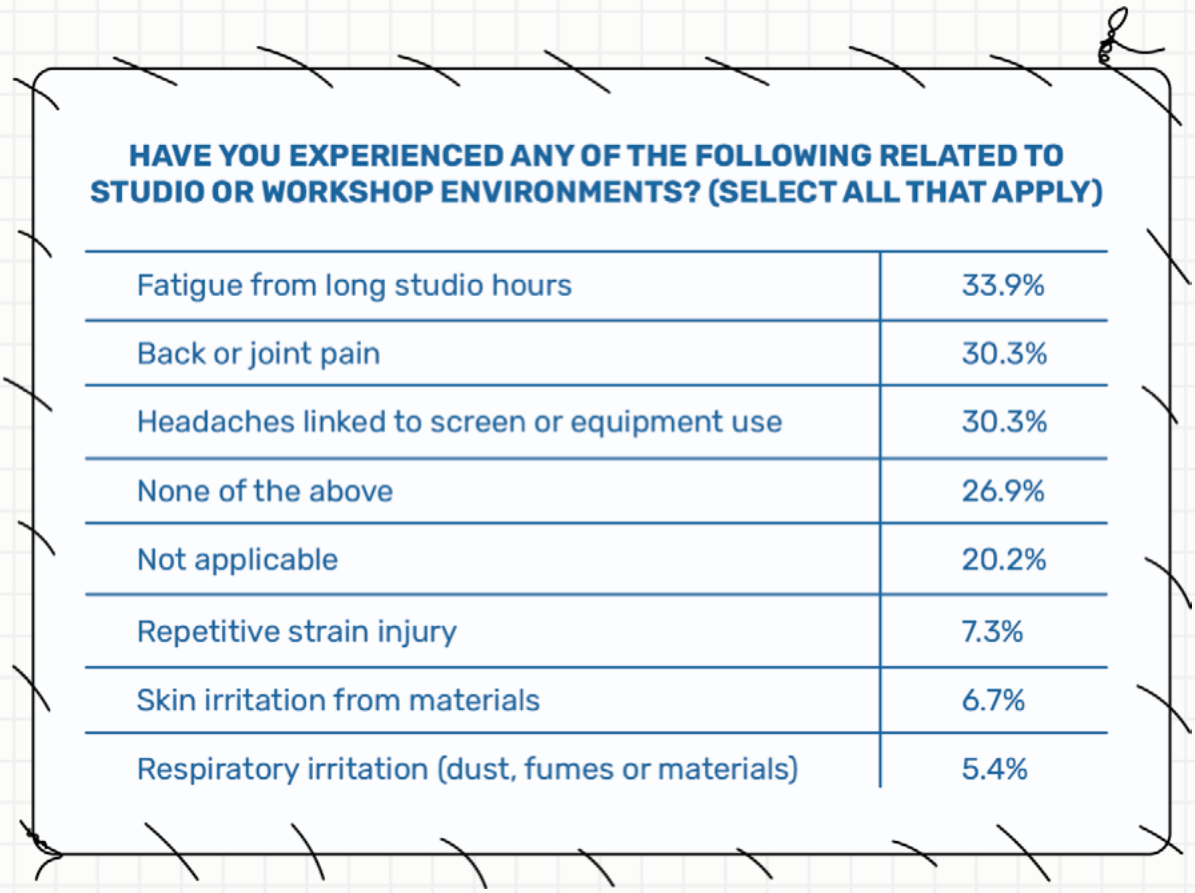
Substance-related changes were reported by smaller proportions, but remain significant. 9.95% reported increased alcohol consumption and 5.47% reported increased drug use during assessment periods. These figures are lower than the rates for anxiety, sleep reduction and social withdrawal, but they still suggest that some students may use substances to cope with stress, energy demands or social pressure during busy periods. This should be approached through a non-judgemental harm-reduction lens, rather than a disciplinary one.

Only 7.46% selected none of the above, meaning the overwhelming majority experienced at least one negative health or wellbeing effect during assessment periods. This suggests that **assessment-related health impacts are widespread and should be understood as a routine feature of student experience, rather than affecting only a small number of students**.





Studio and workshop-related health impacts



HAVE YOU EXPERIENCED ANY OF THE FOLLOWING RELATED TO STUDIO OR WORKSHOP ENVIRONMENTS? (SELECT ALL THAT APPLY)

Fatigue from long studio hours	33.9%
Back or joint pain	30.3%
Headaches linked to screen or equipment use	30.3%
None of the above	26.9%
Not applicable	20.2%
Repetitive strain injury	7.3%
Skin irritation from materials	6.7%
Respiratory irritation (dust, fumes or materials)	5.4%

Diagram 22: Have you experienced any of the following related to studio or workshop environments? (select all that apply)

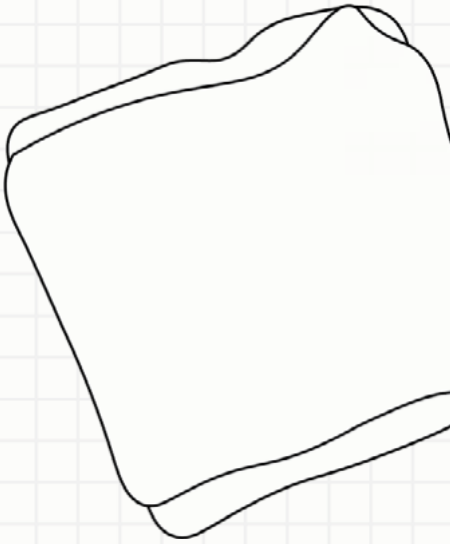
Students were also asked about health issues related to studio or workshop environments.

The most frequent response was fatigue from long studio hours, selected by 33.9%. This was followed by back or joint pain and headaches linked to screen or equipment use, both selected by 30.3%.

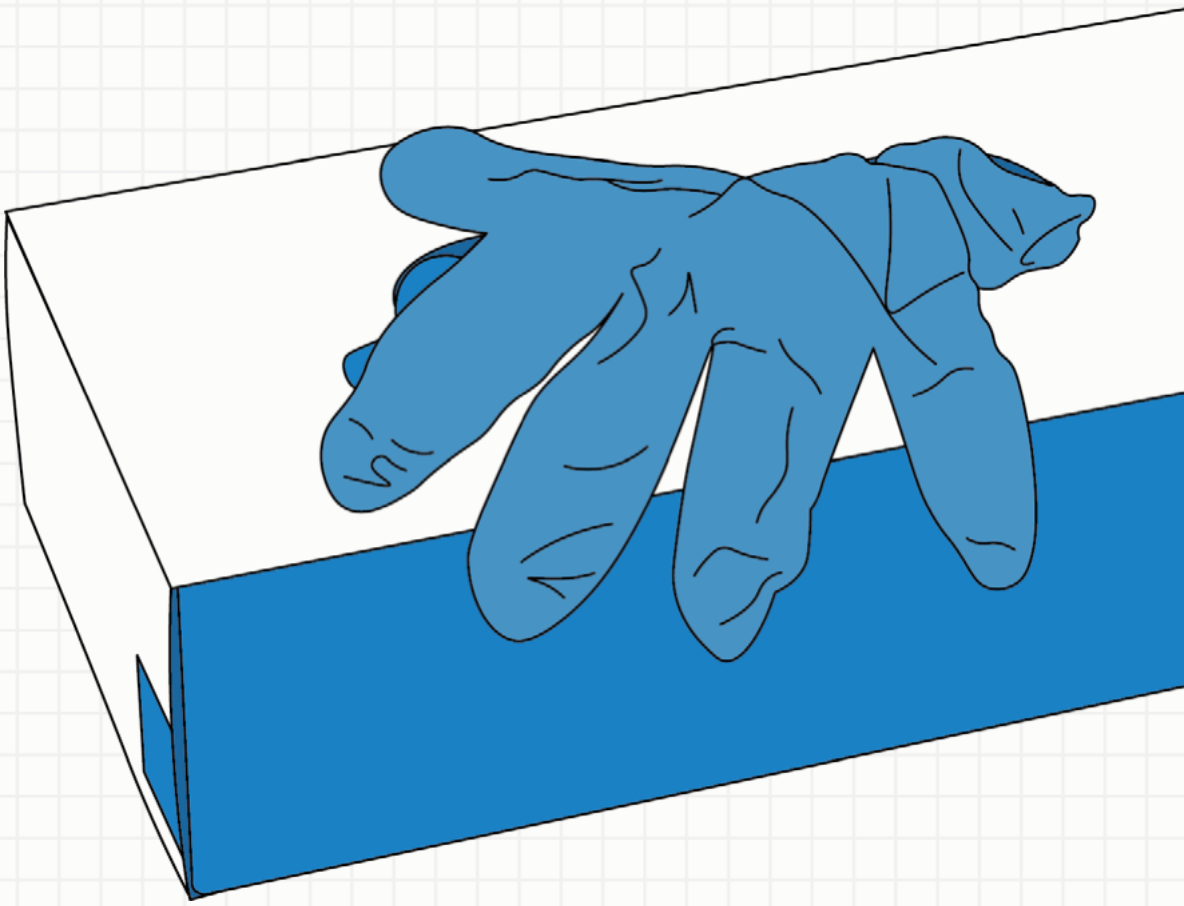
These findings show that **student health is connected to the physical environments and working practices of creative education**. Long studio hours, screen use, equipment use, posture, seating, lighting, and access to breaks can all affect students' physical wellbeing.

The open text responses further illustrate this. Students asked for more breaks during studio sessions, reminders to stretch, better seating, standing desks, screen breaks, dimmable lighting, more comfortable working environments, and clearer use of spaces for materials such as sprays. One respondent said that some projects use sprays that make the workshop "hard to breathe in" and suggested a designated space for spray use. Another said that UAL libraries can feel "stuffy, humid and uncomfortably warm" for long periods of work, leading them to study elsewhere.

7.3% reported repetitive strain injury, 6.7% reported skin irritation from materials, and 5.4% reported respiratory irritation from dust, fumes or materials. Although these proportions are lower, they are important because they point to specific occupational health and safety concerns within creative practice. For students working with materials, screens, tools, fabrics, chemicals, dust or physical installations, health risks may accumulate over time.



At the same time, 26.9% selected none of the above, and 20.2% said the question was not applicable. This suggests that experiences vary substantially by course, discipline, mode of study and level of studio or workshop use. However, the proportion reporting fatigue, pain and headaches suggests that physical wellbeing in creative learning environments should be considered part of any student health strategy.

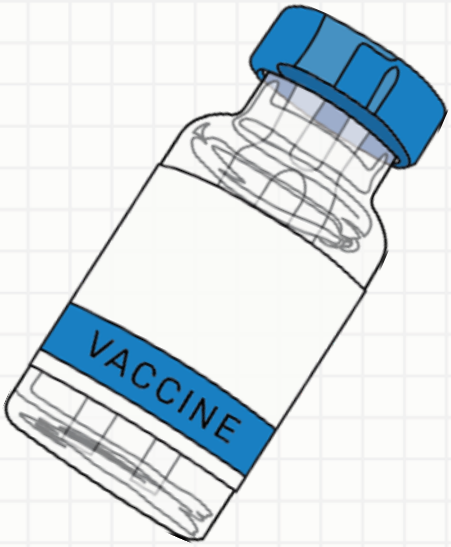


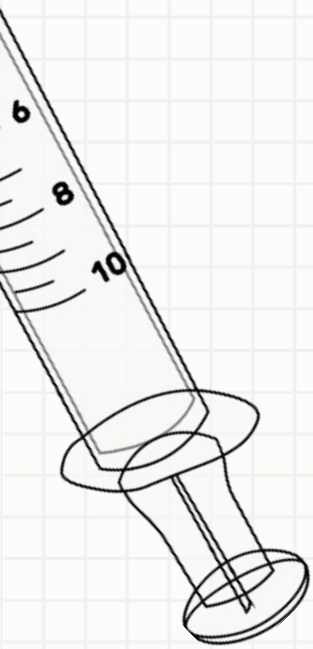
What would help students stay healthy during assessment periods?

Students were asked directly what would most help them stay healthy during busy assessment periods.

This table below summarises the main themes identified in students' open text responses about what would help them stay healthy during assessment periods.

Responses were coded thematically, meaning a single response could relate to more than one theme. The table shows that students' suggestions were both practical and structural, ranging from sleep, food and movement to assessment design, staff communication, studio environments and access to support.





Rest, sleep and recovery

Students frequently said that getting enough sleep, having time to rest, and being able to recover after deadlines would help them stay healthy.

Many responses referred to tiredness, exhaustion, all-nighters, power naps, recovery weeks, and needing time after submissions to reset.

Food, hydration and basic needs

Many students identified eating properly, staying hydrated, and accessing affordable food as key to staying healthy.

Responses included requests for free or cheaper healthy meals, fruit, snacks, drinks, water stations, warm food, and support with groceries during assessment periods.

Assessment design, workload and deadline flexibility

Students often linked their health to the structure of assessments.

This theme includes comments about overlapping deadlines, too many deliverables, unclear expectations, lack of flexibility when ill, the need for better deadline spacing, and clearer extension or ISA processes.

Planning, time management and study structure

Students frequently said that getting enough sleep, having time to rest, and being able to recover after deadlines would help them stay healthy.

Many responses referred to tiredness, exhaustion, all-nighters, power naps, recovery weeks, and needing time after submissions to reset.

Physical activity, movement and fresh air

Students commonly mentioned walking, stretching, gym access, swimming, yoga, basketball, exercise, outdoor space, fresh air, and movement breaks.

These were seen as ways to reduce stress, manage anxiety, and protect physical health during intense periods of work.

Staff support, communication and check-ins

Students highlighted the importance of supportive tutors, clear communication, one-to-one meetings, check-ins, reassurance, and understanding from staff.

This theme includes requests for clearer briefs, answers to questions, more realistic expectations, and staff acknowledging the health impact of assessment pressure.

Campus, studio and working environment

Some students focused on the physical conditions needed to work healthily, including comfortable study spaces, better seating, standing desks, screen breaks, dimmable lighting, access to studios and equipment, longer opening hours, quiet spaces, and safer workshop environments.

Social connection, peer support and wellbeing activities

Students described the value of friends, study groups, social activities, peer support, SU events, creative wellbeing activities, and spaces to talk or decompress.

This theme suggests that connection and community can help reduce isolation during assessment periods.

Mental health, healthcare or specialist support

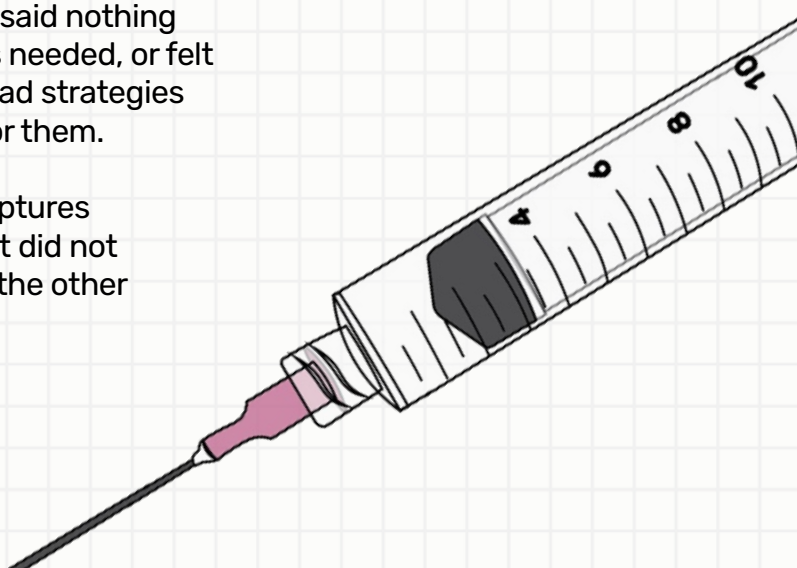
Some students said they needed better access to mental health support, counselling, specialist mentoring, medication, GP appointments, psychiatrists, or support for long-term conditions.

This theme reflects students whose assessment health is closely linked to ongoing health or support needs.

Other, unsure or no additional support

Some students were unsure what would help, felt the issue was personal, said nothing additional was needed, or felt they already had strategies that worked for them.

This theme captures responses that did not fit clearly into the other categories.



Recommendations for term-time and assessment-period health

1. Develop assessment-period wellbeing protocols at course level

UAL should encourage courses to develop simple assessment-period wellbeing protocols that set expectations for healthier working during peak periods. These **should be owned locally by course teams and tailored to the realities of different disciplines, rather than operating as a generic university-wide message**.

Examples could include agreed expectations around breaks during long studio or screen-based sessions, reminders that all-nighters should not be treated as normal practice, guidance on when students should stop working if unwell, and course-level check-ins during the final weeks before submission.

This would **help shift the culture from individual students having to manage pressure alone towards a shared understanding of healthy creative practice**.

2. Review deadline clustering and cross-unit workload during peak assessment periods

Students repeatedly linked assessment stress to overlapping deadlines, multiple units running at once, unclear deliverables and limited time to recover. UAL should review how deadlines, briefs and project expectations cluster within and across units, particularly on courses where students are balancing studio work, written work, exhibitions, group projects or external collaborations.

A practical approach could include course teams mapping assessment deadlines across the term, identifying "crunch points", avoiding non-essential sessions in submission weeks, and checking whether expected workload remains realistic for students who also have paid work, caring responsibilities, disability-related needs or commuting pressures.

3. Build on Arts SU's Basic Needs work through assessment period health interventions

The survey responses show that students often struggle with basic health behaviours during assessment periods, particularly sleep, eating, hydration and taking breaks.

This connects directly to Arts SU's existing Student Basic Needs Project, which recognises that students need access to essential resources such as food, housing, healthcare, financial stability, travel, materials and signposting in order to thrive in higher education. Arts SU's Basic Needs work already includes practical support around food, accommodation, travel, materials and destigmatising access to support.

UAL should work with **Arts SU to further support and expand this work during peak assessment periods**, when students may be especially likely to deprioritise food, rest, hydration and recovery. This could include university funding to scale up existing Basic Needs interventions, such as free food markets, Nourish Boxes, affordable meal support, hygiene products, and practical signposting, alongside assessment-specific wellbeing initiatives. Arts SU's Free Food Markets provide students with free fresh produce, shelf-stable goods and basic hygiene items, while Nourish Boxes offer regular non-perishable food support for students who may need it.

Practical assessment period interventions could include:
- free fruit, healthy snacks or simple meal support on campus
- extended access to affordable hot meals during submission periods
- promotion of water stations and hydration points
- "take a break" prompts in studios, libraries and workshops
- demarcated quiet decompression spaces
- short movement, stretching or breathing sessions
- SU-led study breaks or low-pressure social activities
- clearer signposting to Basic Needs support during assessment weeks

These interventions would not remove assessment pressure, but they could reduce some of the immediate health harms students described. By supporting Arts SU's Basic Needs work more sustainably, UAL could help ensure that students' core needs are met during the periods when they are most likely to neglect them.

This would recognise that students cannot fully engage, create, study or succeed if they are hungry, exhausted, dehydrated, isolated or unable to access basic support.

4. Improve the physical conditions of intensive study and studio work

A significant proportion of respondents reported fatigue from long studio hours, back or joint pain, and headaches linked to screen or equipment use.

UAL should review the physical conditions of spaces students use intensively during assessment periods, with particular attention to comfort, ventilation, seating, lighting, screen use and access to breaks.

Practical improvements could include more ergonomic seating, standing desks or laptop risers in key workspaces, clearer guidance on safe screen-based working, and better ventilation checks in workshops. This would frame physical wellbeing as part of safe and sustainable creative practice.

5. Build recovery time into the academic rhythm after intense assessment periods

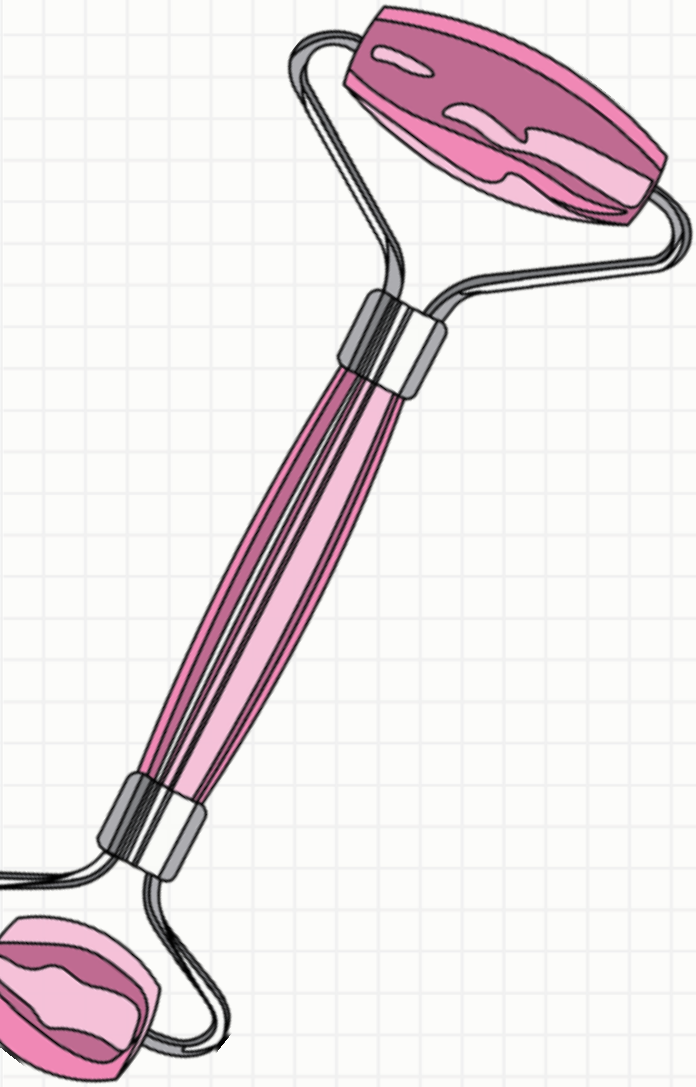
Many students described needing time to recover after submissions, exhibitions or major projects.

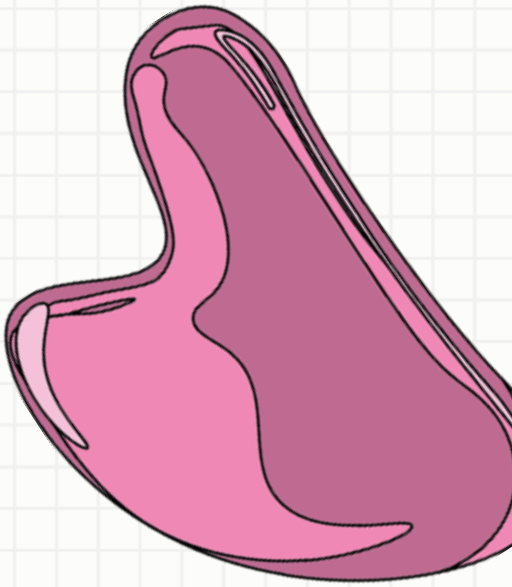
UAL should consider how courses can recognise the physical and mental toll of intense assessment periods by building in recovery time where possible.

This could include avoiding immediate new deadlines after major submissions, scheduling reflective or lower-intensity sessions after exhibitions, giving students clearer permission to rest after intensive project periods, and considering whether recovery time is particularly needed for students with ISAs, long-term health conditions or disability-related fatigue.

This would **help students move from "pushing through" assessment periods towards more sustainable patterns of creative work**.

FEEDBACK, CRITIQUES, AND THEIR INTERACTION WITH STUDENT HEALTH





This section explores how feedback and critique processes interact with students' health and wellbeing. This is a particularly important issue in arts education, where students are often asked to present work that is personal, experimental, unfinished or closely connected to identity, ambition and self-worth.

This section also sits within a longer body of work between Arts SU and UAL on critique culture. Arts SU's 2022 discussion paper, Crits and Inclusive Learning at UAL, argued that crits can be valuable spaces for creative development, peer learning and critical discussion, but can also become alienating or harmful where expectations, boundaries and facilitation are unclear. The report called for clearer ground rules, training in how to participate in crits, and greater attention to consent, respect and inclusion within feedback spaces.

In response to this work, UAL and Arts SU developed guidance on supporting inclusive and developmental crits. This guidance recognises critique as a valuable part of creative education, while emphasising that the wellbeing of students sharing work should be considered as part of a proactive and inclusive learning environment. It encourages staff to agree ground rules, personalise feedback by asking students what they would find useful, balance strengths with areas for development, include all voices, scaffold participation, connect critique to learning outcomes, offer choice in how students participate, and capture feedback in accessible ways.

Since the implementation of that guidance, the findings from this survey suggest that many students do experience feedback and critique positively. However, they also show that a substantial minority continue to experience critique or feedback in ways that negatively affect their mental health. The data therefore reinforces the value of UAL and Arts SU's existing work in this area, while suggesting that consistent implementation across courses remains important.

Feedback from tutors and technicians

Respondents were asked whether feedback and critique processes on their course positively support their wellbeing. For feedback from tutors, the overall picture was broadly positive. 21.23% strongly agreed and 38.36% agreed, meaning 59.59% of respondents felt tutor feedback positively supported their wellbeing. 27.37% neither agreed nor disagreed, while 6.91% disagreed and 2.81% strongly disagreed. A further 3.32% selected N/A.

This suggests that, for most respondents, tutor feedback is experienced as constructive or supportive. Open text comments give examples of this. Students described tutors as "kindly" communicating feedback, being "incredibly encouraging", and helping them during assessment periods because they could see and understand the work they were doing. One respondent wrote that their tutors "have been very supportive" and that even when they received lower grades, tutors provided "detailed and thoughtful explanations" that helped them understand how to improve.

These comments show the positive role feedback can play when it is clear, respectful and developmental. **Students do not necessarily want feedback to be less critical. Several respondents explicitly said that critique is necessary, useful, or even something they wanted more of**. One student wrote that critique helps them "understand other perspectives and see projects through new angles," while another said they would "love more constructive feedback."

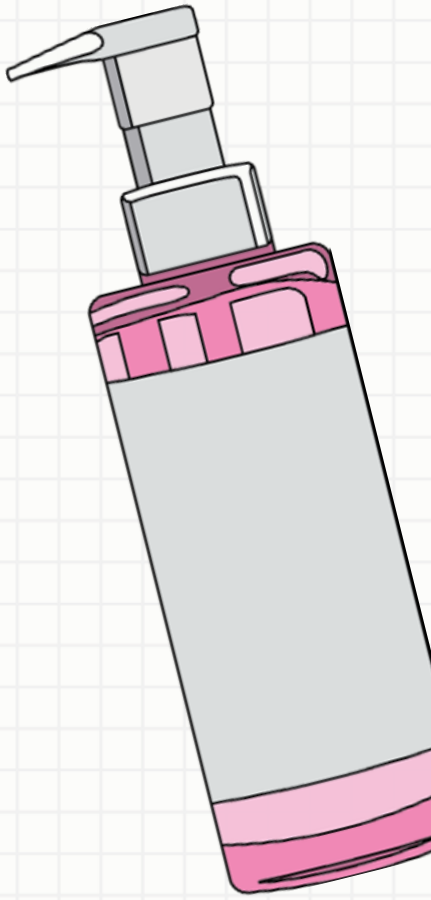
Feedback from technicians was also often positive, though the pattern is more complex because a larger proportion selected N/A. 18.13% strongly agreed and 27.72% agreed that feedback from technicians positively supported their wellbeing, giving a combined positive response of 45.85%. 27.20% neither agreed nor disagreed, 3.37% disagreed, 2.33% strongly disagreed, and 21.24% selected N/A.

The higher N/A figure likely reflects that not all respondents regularly interact with technicians or receive feedback from them. However, where technician support was experienced positively, comments suggest it can be extremely valuable. One respondent said technicians at Wimbledon are "amazing" because they check in when students are struggling and suggest less stressful or less time-consuming alternatives. This kind of practical, responsive support appears to help students manage both the technical and emotional demands of creative work.

At the same time, a small number of comments described difficult experiences with technician feedback, including unclear guidance, abrupt communication or feeling dismissed. One respondent described a technician as seeming very busy, interrupting them, and providing guidance that felt unclear and stressful. Another described a technician dismissing their idea after a long wait to discuss it. These examples suggest that technician interactions can also affect wellbeing, particularly when students are under pressure, reliant on specialist facilities, or trying to solve practical problems close to deadlines.

Creative ambition and personal wellbeing

Respondents were also asked whether their course supports a healthy balance between creative ambition and personal wellbeing. 14.3% strongly agreed and 42.2% agreed, meaning 56.5% gave a positive response. 28.5% neither agreed nor disagreed, while 12.0% disagreed and 3.1% strongly disagreed.



This suggests that a majority of respondents feel their course does support a healthy balance, but there is also a significant middle group and a smaller but important group who do not. This pattern reflects a central tension in creative education: **students often want to be challenged, but they also need learning environments that do not normalise exhaustion or emotional distress as necessary parts of artistic development**.

Open text comments show that many students value high standards and constructive challenge. Some students described critique as part of artistic growth, with one saying “critique is necessary for an artist.” Another said that negative feedback can be useful because it reminds them they are still learning.

However, other students described environments that felt competitive, unpredictable or overly tied to perfectionism. One respondent said CSM felt “competitive” and that peer pressure on their course was difficult. Another wrote that comparison to peers can be “demoralising,” especially where health issues have disrupted their ability to produce work at the same pace.

This suggests that **courses may need to continue exploring how to support ambition without equating creative seriousness with constant pressure**. The strongest learning environments appear to be those where **students can be challenged while still feeling respected, and able to separate critique of the work from judgement of the person**.



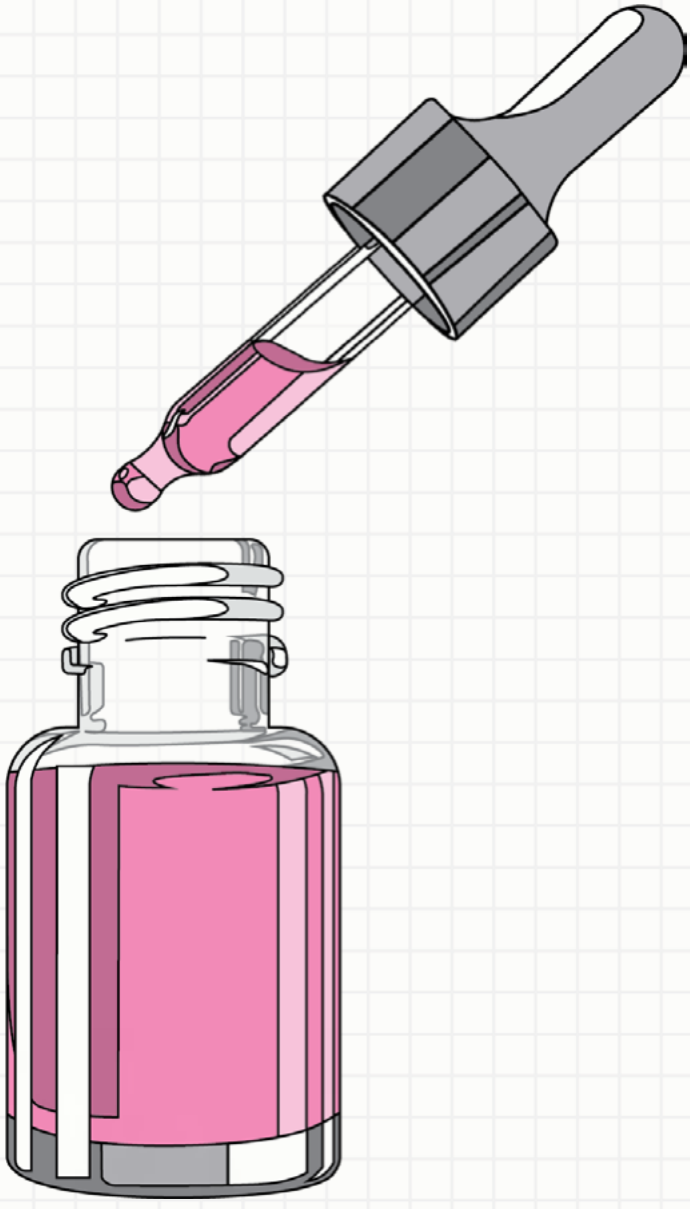
Negative mental health impacts of critique or feedback

26.4% of respondents (over a quarter) said they had experienced critique or feedback in ways that negatively affected their mental health, while 73.6% said they had not.

It is encouraging that most respondents had not experienced negative mental health impacts from critique or feedback. Many students are encountering critique in ways that are manageable and supportive, which is further evidence of the work UAL has done to improve the experiences of crits for its students.

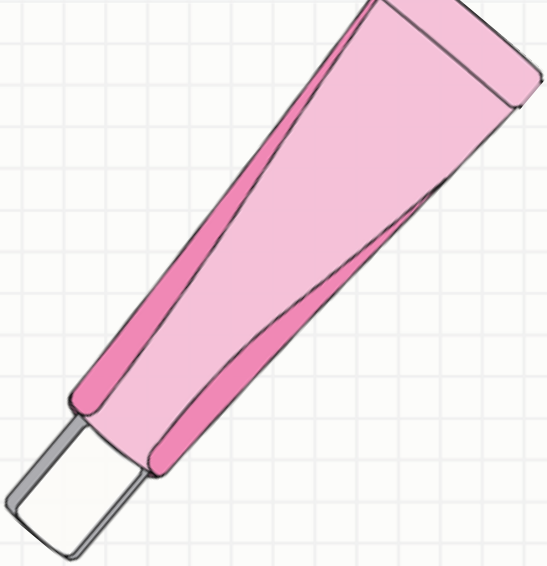
However, the fact that over a quarter of respondents reported negative mental health impacts remains significant. In a student body already reporting high levels of anxiety, feedback processes can either help students develop confidence and direction, or intensify stress and self-doubt.

The open text comments show several recurring reasons why critique can negatively affect mental health:



Tone and emotional safety

Some students described feedback as harsh, abrupt, unpredictable or even sometimes humiliating. One respondent said some tutors can be “very direct, emotionally unpredictable, and strongly critical,” and that several students on their course had been brought to tears after conversations with tutors. Another described being told in a crit that their work was “bad” and said this triggered a depressive spiral. These examples echo concerns raised in Arts SU’s 2022 research about crits becoming hostile or emotionally unsafe when boundaries and facilitation are unclear.



Unclear or insufficiently actionable feedback

Students described feedback as vague, contradictory, subjective, copy-pasted, not tailored to their submission, or difficult to connect to assessment criteria. One respondent said tutors all had “different opinions” on their work, leaving them unsure how to act. Another said feedback “didn’t appropriately reflect what I could improve on,” which led to overthinking. This suggests that unclear feedback can be harmful not because it is critical, but because it leaves students uncertain, anxious and unable to move forward.

The personal nature of creative work

Several students described how difficult it can be to separate critique of the work from critique of the self. One respondent wrote that “because we are in creative field, everyone is so attached to their work it can sometimes be hard to separate the critique and the work from you as a person.” Another said that if they do not receive the best grade, they fixate on it and feel “not good enough,” even when feedback is delivered kindly. This aligns with the earlier Arts SU research, which identified the personal and subjective nature of artwork as a reason critique can become emotionally heightened.

Timing

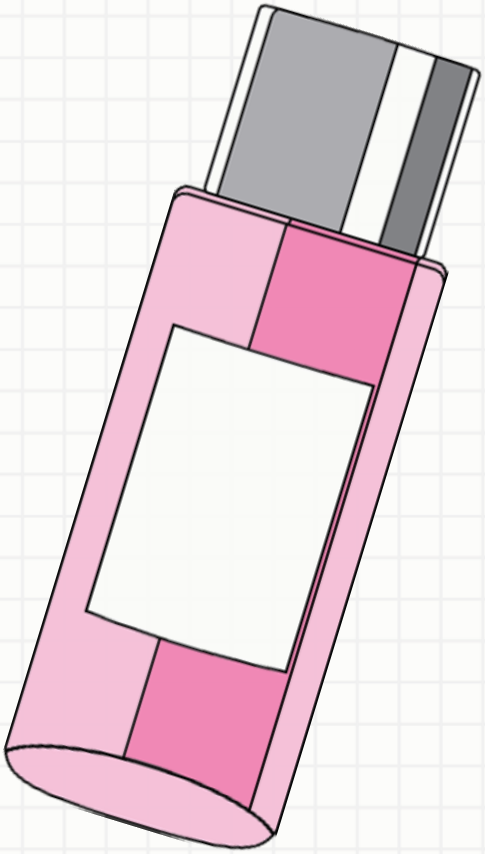
Several respondents said last-minute feedback close to deadlines caused panic, particularly where it required substantial changes. One student described being told to make major changes just before a break, when they had limited access to workshops, studios and supplies. Another said that receiving inconclusive feedback four days before a deadline worsened their anxiety. This connects critique culture directly to assessment-period health: feedback can support wellbeing when it provides direction early enough to act, but can undermine wellbeing when it arrives too late to be useful.

Peer dynamics and public critique

Some students said critique in front of peers increased anxiety, particularly where classmates laughed, stayed silent, or appeared to take pleasure in negative feedback.

One respondent said laughter or silence from classmates made them “feel like crap” and contributed to imposter feelings. Another said critiques in front of peers added to their anxiety about sharing work.

This suggests that inclusive crit practice depends not only on staff feedback, but on the conduct of the whole group and how peer participation is facilitated.



Neurodivergence, disability and individual support needs

Several students described critique as particularly difficult because of ADHD, autism, rejection sensitivity, anxiety, physical disability or English language barriers.

One respondent said they have Rejection Sensitivity Dysphoria related to ADHD and autism, and that even positive and helpful feedback could still be experienced by their brain as criticism.

Another said that as an autistic student they mask well, which means they may hear harsher comments and "break down." These comments highlight the importance of UAL's inclusive crit guidance on scaffolding participation and offering students choice in how they engage.

Power, trust and staff relationships

Students were more able to receive critique when they trusted the person giving it, understood the purpose of the feedback, and felt the tutor knew them and their work.

One respondent reflected that harsh feedback was easier to receive in a previous educational context because students had close relationships with professors and trusted that critique was intended to improve the work.

Another said it takes time for a tutor to know a student well enough to provide feedback that is both supportive and challenging. This suggests that relational trust is central to healthy critique culture.

The findings show that feedback and critique at UAL often work well. Many students value critique, find it constructive, and experience tutors and technicians as supportive. A majority of respondents agreed that feedback from tutors positively supports their wellbeing, and most had not experienced critique or feedback in ways that negatively affected their mental health.

However, the data also shows that critique remains a significant wellbeing issue for a substantial minority of students. Negative experiences are not only caused by critical feedback itself. They are often linked to tone, timing, and the difficulty of separating creative work from personal identity.

Recommendations for feedback, critique and wellbeing

1. Embed UAL's inclusive crits guidance consistently through course-level practice

UAL and Arts SU have already developed guidance on supporting inclusive crits. The findings from this survey suggest that the **priority is now consistent implementation across courses, rather than creating new principles from scratch.**

Course teams should be supported to translate the guidance into local practice, for example by agreeing crit ground rules with students, explaining the purpose and format of crits in advance, offering students different ways to participate, and making sure feedback is framed as developmental rather than personal judgement.

This would help **ensure that students experience critique as a structured learning process, not an unpredictable or emotionally unsafe event**.

2. Strengthen staff and student understanding of constructive feedback culture

The survey shows that students value critique when it is specific, respectful and actionable, but can be negatively affected when feedback feels harsh, vague, contradictory, last-minute or public in ways that feel exposing.

UAL should continue to build shared understanding among staff and students about what constructive critique looks like.

Practical steps could include short staff refreshers on inclusive feedback facilitation, student-facing guidance on how to give and receive peer feedback, and examples of effective critique language.

This should emphasise that critique can be honest and challenging while still being clear, respectful and supportive of wellbeing.

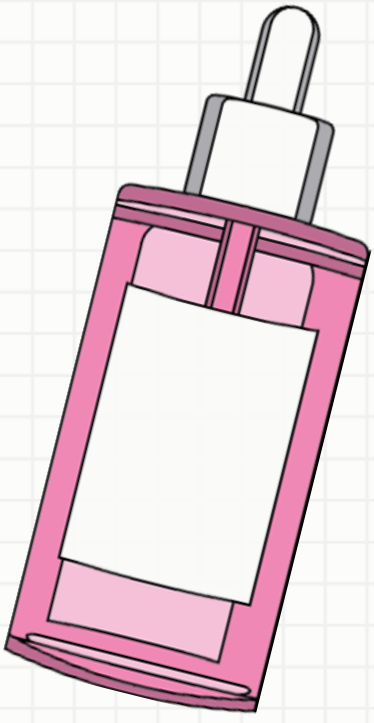
3. Review the timing and format of high stakes feedback

Some students described feedback as most difficult when it came too late to act on, required major changes close to deadlines, or was delivered in public without enough structure.

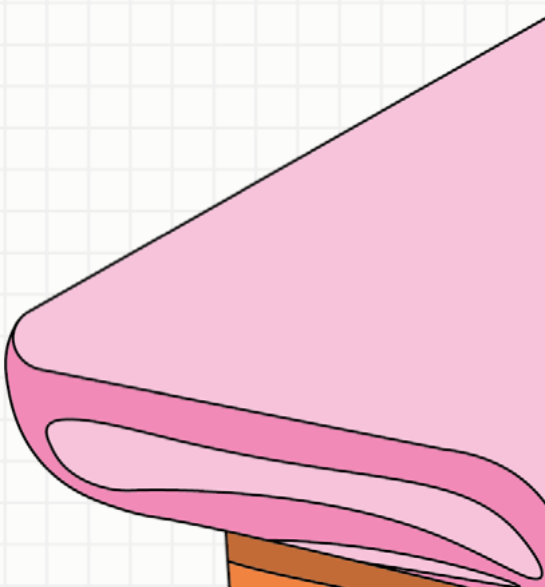
Course teams should review where high-stakes feedback sits within assessment timelines and **whether students have enough time, clarity and support to respond to it**.

This could include avoiding major new direction-setting feedback immediately before deadlines or breaks, ensuring written feedback clearly connects to assessment criteria, and providing opportunities for students to ask clarifying questions after significant critique.

This would **help reduce anxiety while preserving the creative and academic value of critical feedback**.



ALCOHOL AND DRUG USAGE IN RELATION TO STUDENT HEALTH



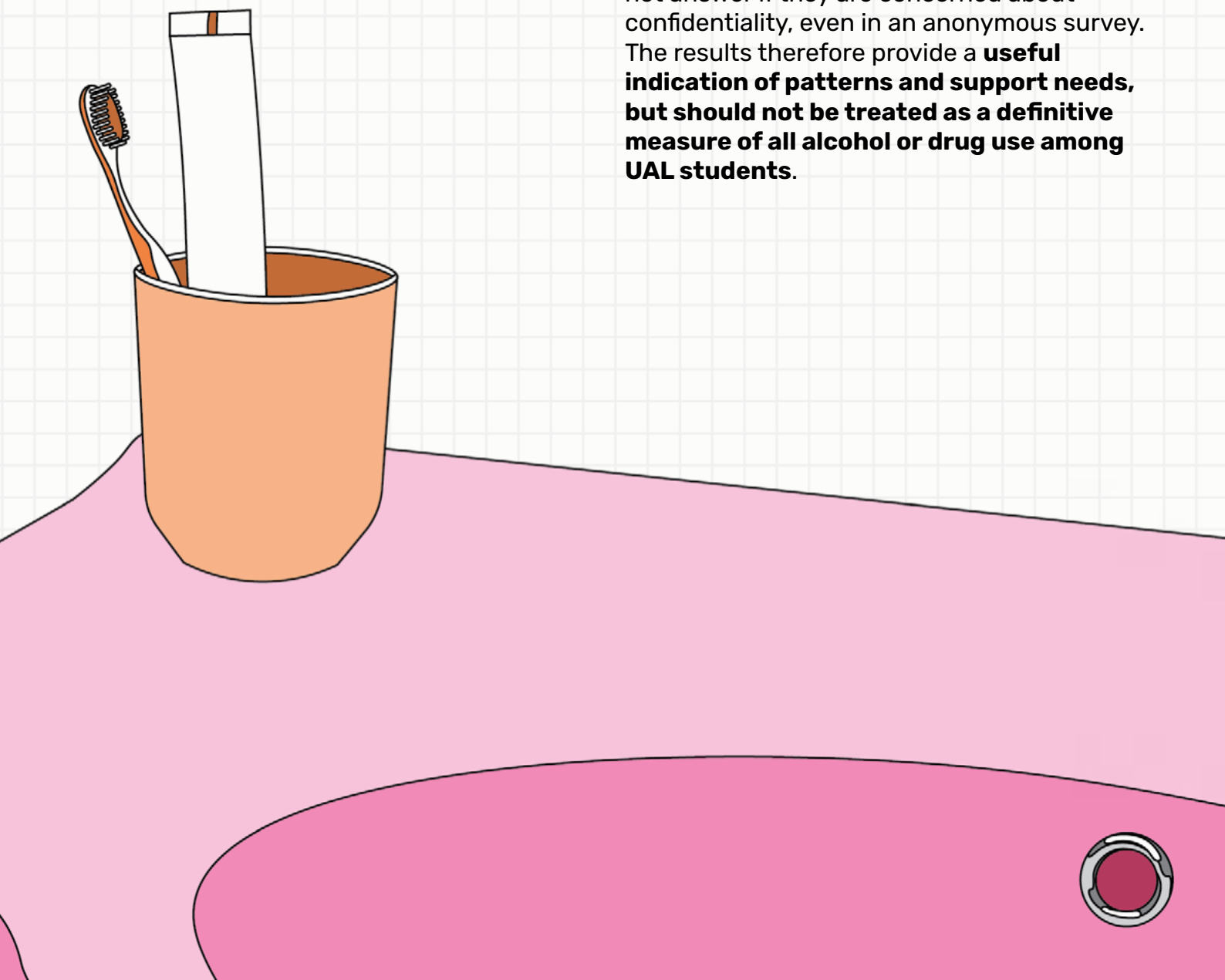
This section explores students' alcohol consumption and use of non-prescription drugs, including how these behaviours relate to assessment periods, mental health, social life and support needs.

This is a sensitive area of research. Students may feel shame, fear judgement, or worry about disciplinary consequences when answering questions about alcohol or drug use. For that reason, the survey made clear that responses were anonymous and that the purpose of the questions was not to identify or punish individual students, but to better understand student health and support needs.

The analysis in this section takes a **harm-reduction approach**. This means recognising that some students use alcohol or non-prescribed substances, and that the role of Arts SU and UAL should be to reduce risk, improve access to reliable information, and help students seek support without fear of judgement or punishment.

A harm-reduction approach does not encourage substance use; **it accepts that some students will use substances and focuses on keeping students safer, better informed and more able to access help**.

The findings should also be interpreted **with caution**. Alcohol and drug use are difficult to measure accurately through self-report surveys. Some students may underreport use because of stigma, fear, discomfort or uncertainty about what counts. Others may not answer if they are concerned about confidentiality, even in an anonymous survey. The results therefore provide a **useful indication of patterns and support needs, but should not be treated as a definitive measure of all alcohol or drug use among UAL students**.



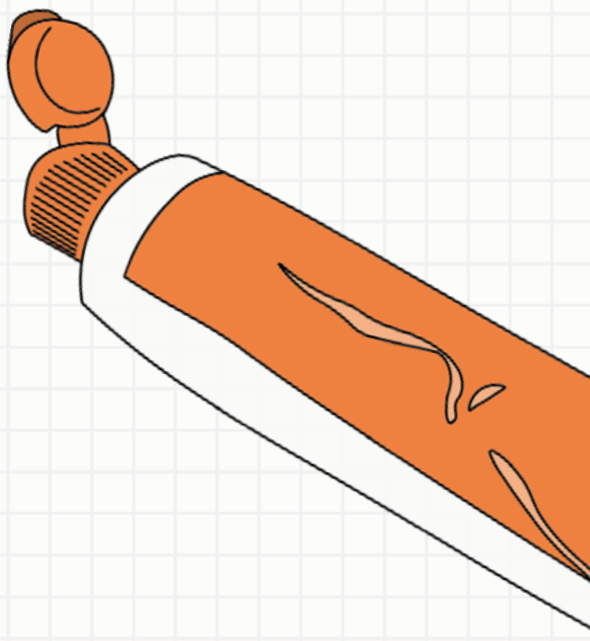
Alcohol consumption

Students reported a broad range of drinking behaviours. 27.5% said they never consume alcohol, while 25.1% drink monthly or less. A further 26.4% drink 2–4 times per month, 15.0% drink 2–3 times per week, and 4.4% drink four or more times per week. 1.6% preferred not to say.

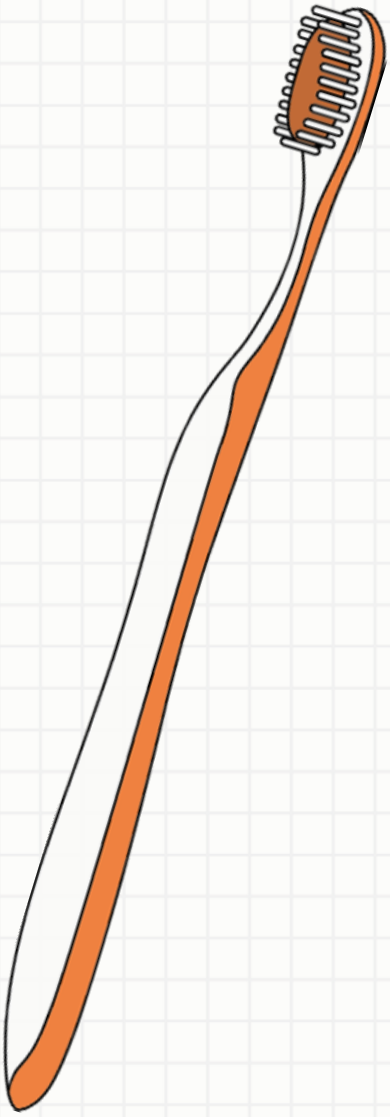
This suggests that non-drinking and low frequency drinking are common among respondents. More than half of respondents either never drink or drink monthly or less. This is relevant to wider conversations about changing drinking cultures among younger people, including the idea that many Gen Z students may be less centred around alcohol than previous student cohorts. However, the data does not suggest that alcohol is irrelevant to student life. A substantial proportion still drink socially or regularly, with around one in five respondents drinking at least two or more times per week.

The open text comments reflect this mixed picture. Some students said they do not use alcohol or drugs at all, while others described alcohol as a significant part of student social culture. One respondent said alcohol can be “a massive peer pressure thing,” particularly around going to the student bar after crits and being questioned about not drinking. Another said that not consuming alcohol can create “social barriers,” with some students feeling shame or pressure to drink in order to fit in.

This suggests that UAL and Arts SU should avoid assuming either that all students drink or that younger students have moved away from alcohol entirely. The more useful approach is **to create social environments where alcohol is available for those who choose it, but not treated as the default route to belonging**.



Alcohol during assessment periods

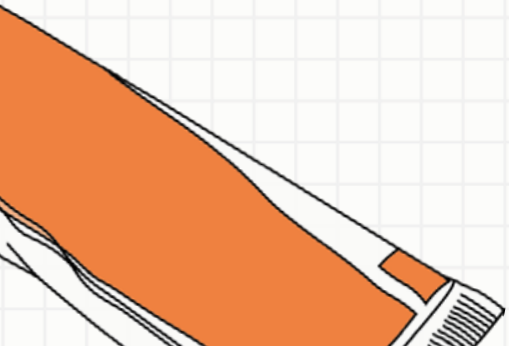


During busy assessment periods, 36.27% of respondents said their alcohol consumption stays the same, while 22.54% said it decreases. A smaller proportion, 8.03%, said it increases. 31.87% said they do not drink alcohol, and 1.30% preferred not to say.

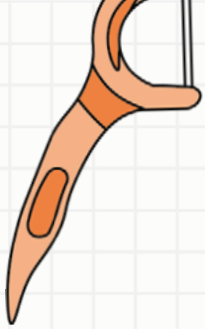
This suggests that assessment periods do not generally lead to increased alcohol consumption for most respondents. In fact, more respondents reported drinking less than drinking more during busy academic periods. This aligns with open text comments from students who said they avoid alcohol when they need to work, wake up for university, or maintain focus. One respondent explained that alcohol makes them need to sleep for much longer than usual, so they avoid drinking if they have university or work the next day.

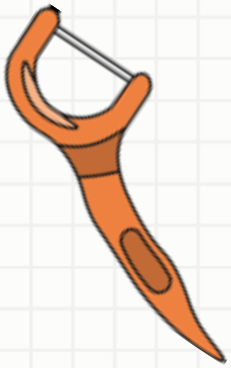
However, the smaller group whose drinking increases during assessment periods should not be overlooked. One respondent said their answers might be misleading because they drink more in stressful periods but much less otherwise.

This suggests that **for some students, alcohol may be used episodically as a response to stress, rather than as a regular social habit**. Occasional increases linked to stress may still carry risks, particularly if combined with poor sleep, anxiety, medication or other substances.



Changes in alcohol consumption since starting university





Compared with when they started university, 32.38% of respondents said their alcohol consumption had stayed the same, while 25.39% said it had increased and 14.77% said it had decreased. 25.91% said they do not drink alcohol, and 1.55% preferred not to say.

This shows that university has different effects on students' drinking habits. For some, alcohol consumption increases, potentially due to socialising, independence, stress, nightlife, societies, or the wider UK student drinking culture. For others, alcohol consumption decreases, perhaps because of health priorities, workload, cost, personal preference, or changing values.

The open text responses show both dynamics. One student said they had quit drinking during university and that going to university motivated them to want "a better life" for themselves. Another said they discovered they did not need substances to feel fulfilled.

By contrast, other students described drinking as a social expectation, particularly in UK student life. One respondent suggested that there should be "less bars and more cafes," arguing that alcohol is too central to student social life and that more late-opening cafés, sober events and cultural spaces would make student life feel healthier.

This is particularly relevant for Arts SU, who run a bar, but also support a wide range of student communities. The data suggests that **student social provision should be varied**. A student bar remains integral for many members, but it should continue to sit within a wider social offer that includes alcohol-free, low cost, evening, and community-based spaces.

Use of non-prescribed drugs

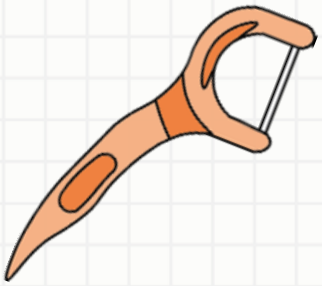
Respondents were asked whether they had used any non-prescribed drugs in the past 12 months, including substances such as cannabis, stimulants or party drugs. 69.21% said no, while 9.74% said yes, once or twice, 11.58% said yes, occasionally, and 5.53% said yes, regularly. 3.95% preferred not to say.

Overall, 26.85% of respondents reported some non-prescribed drug use in the past 12 months. This indicates that drug use is not the majority experience among respondents, but it is also not marginal. More than one in four respondents reported some level of use, and a small but important group reported regular use.

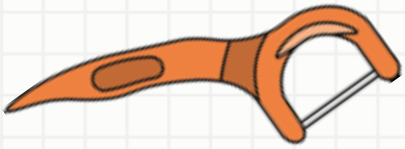
Given the sensitivity of the topic, this may be an underestimate. Some students may have chosen “prefer not to say” or “no” because of discomfort, fear of judgement or concern about consequences, despite the survey being anonymous. The finding should therefore be used as a basis for harm-reduction support, not as a disciplinary or reputational measure.

Open text comments suggest that even students who do not use drugs are aware of drug use among peers. Some respondents said they personally do not use substances, but know other students who do. One respondent wrote that “many UAL students need support” and that drug use can be “a very social thing.” Another said the main issue was not simply that students take drugs, but that some do so unsafely and end up in risky situations with little guidance or assistance.

This supports the case for **realistic, non-judgemental harm-reduction education**. Students do not need to use drugs themselves to be affected by drug use in their peer groups, accommodation, social spaces or nightlife.







Contexts for drug use

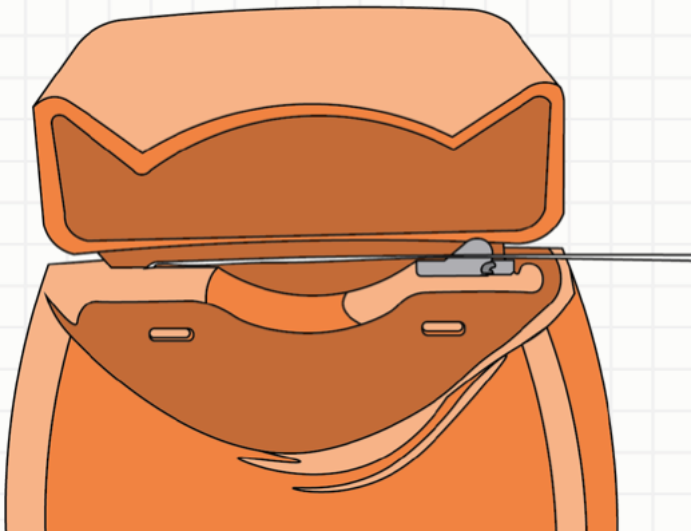
Students were asked when drug use most commonly occurs for them. The largest response was not applicable, selected by 65.95%, reflecting the high proportion of respondents who do not use non-prescribed drugs.

Among those for whom the question was applicable, the most common contexts were with friends in informal settings (19.84%) and social events or parties (19.03%). This suggests that drug use is most commonly social rather than directly academic. Smaller proportions reported using drugs to manage stress or anxiety (9.12%), to support creativity or focus (5.09%), alone (5.63%), or during assessment or deadline periods (2.41%). 4.02% preferred not to say.

The relatively low figure for use during assessment or deadline periods suggests that drug use is not primarily reported as an assessment strategy by most respondents. However, the figures for managing stress or anxiety and supporting creativity or focus are important. They suggest that for some students, drug use is connected to self-management, emotional regulation, concentration or creative practice.

The open text comments support this interpretation. One respondent said that “most ADHD students use [non-prescription drugs] to concentrate” because they do not have access to medication or are on waiting lists. This is not something the survey can verify, but it highlights a perception among some students that non-prescribed substances may be used where formal support or treatment is delayed. This reinforces the importance of linking harm-reduction work to wider mental health, ADHD, disability and healthcare access concerns.

The data also shows that a small proportion reported using drugs alone. This may carry different risks from social use, particularly where use is linked to mental health, isolation, dependency or coping. **Harm-reduction messaging should therefore avoid focusing only on nightlife or parties**.



Negative effects from alcohol or drug use

Students were asked whether they had experienced negative effects from drug or alcohol use. 52.41% reported no negative effects, while 12.35% preferred not to say. Among reported negative effects, the most common were mental health effects such as anxiety or low mood (25.00%) and impact on sleep (22.89%). 14.46% reported physical health effects, 10.24% reported financial impact, 7.83% reported impact on study or attendance, and 4.52% reported mixing substances without knowing the risks.

These findings suggest that where students experience harm, it is often connected to mental health and sleep rather than only immediate physical health incidents. This is important because students may not identify these effects as "serious" or may normalise them as part of student life. Anxiety, low mood and poor sleep can also interact with assessment stress, attendance, academic performance and social withdrawal.

The open text comments reinforce the link between substances and mental health. One respondent described arriving at university with established alcohol and substance use issues and feeling unable to be open about them because they worried services would be dismissive of their mental health if drugs or alcohol were mentioned. They said they felt "ashamed and deterred" because there was little visible mention of drugs or support at university. This shows how fear of judgement can prevent students from disclosing substance-related concerns even when they want help.

Other comments highlighted risks around mixing substances, overdose, intoxication, comedowns, and unsafe use. One student said young people often do not understand the effects of mixing drugs or how to use drugs more safely.

Another said students need information on how to identify and help someone who is having an overdose. These comments suggest **a need for practical safety information that is framed around care, safeguarding and peer support rather than punishment**.

Information and support needs

WHAT KIND OF INFORMATION OR SUPPORT ABOUT ALCOHOL AND DRUGS WOULD BE MOST USEFUL? (SELECT ALL THAT APPLY)

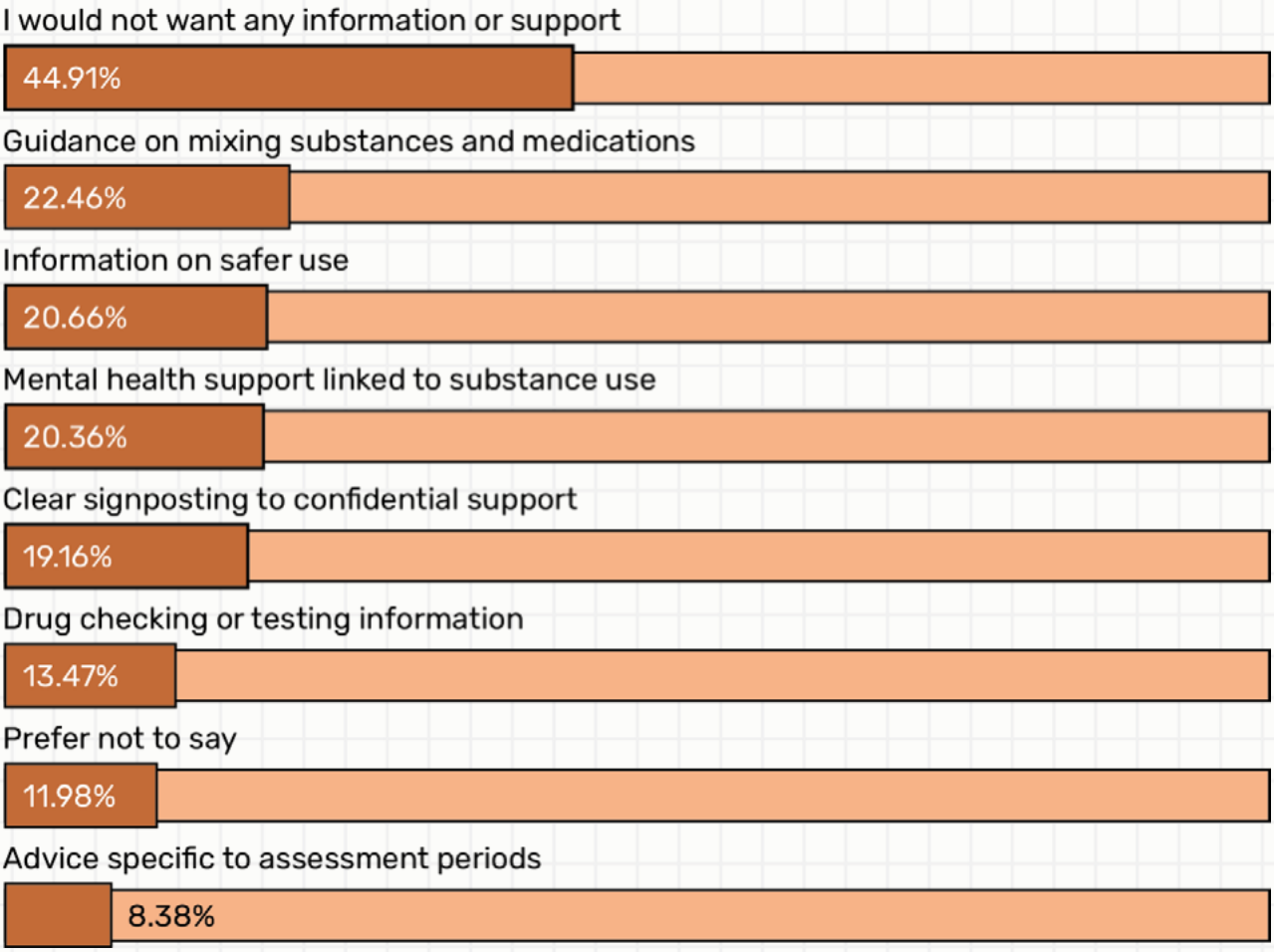


Diagram 23: What kind of information or support about alcohol and drugs would be most useful? (select all that apply)

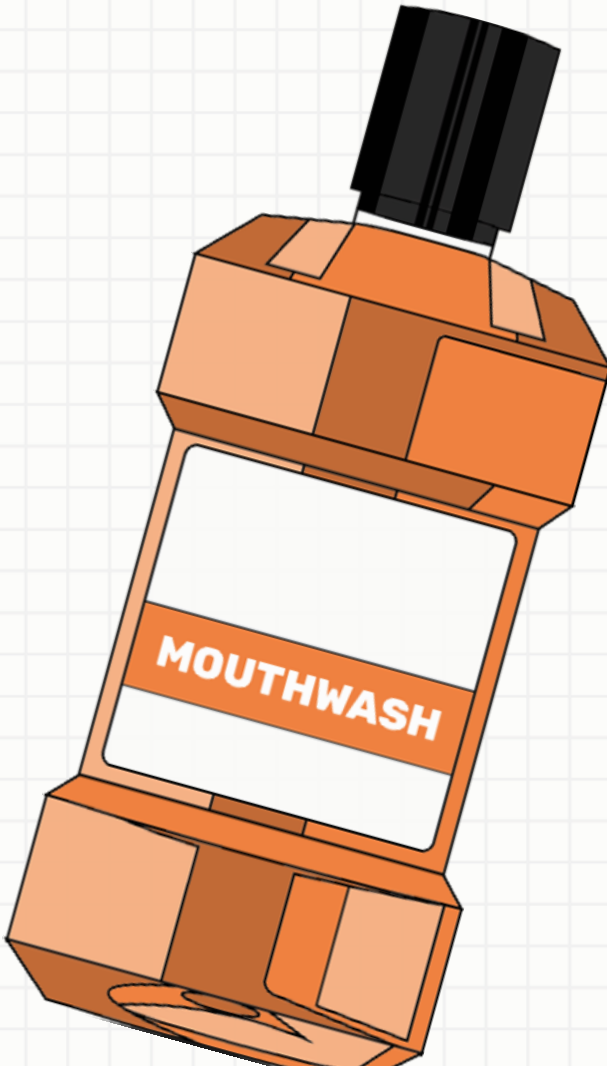
Students were asked what kind of information or support about alcohol and drugs would be most useful. The most common response was I would not want any information or support, selected by 44.91%. This is unsurprising given that many respondents do not drink, do not use drugs, or do not feel they need support.

However, there was still clear demand for harm-reduction information. 22.46% wanted guidance on mixing substances and medications, 20.66% wanted information on safer use, 20.36% wanted mental health support linked to substance use, and 19.16% wanted clear signposting to confidential support. 13.47% wanted drug checking or testing information, and 8.38% wanted advice specific to assessment periods. 11.98% preferred not to say.

The strongest support needs therefore relate to safer use, medication interactions, mental health and confidentiality. This is important because it suggests students are not primarily asking for moral messaging or abstinence-only education. Where students do want support, they want practical, confidential and health-focused information.

Open text comments strongly support this. One respondent wrote that “you can’t stop someone from using drugs and alcohol,” but that informative guidance on safer use could be more effective. Another said that access to support outside UAL would be vital because some students may be more comfortable speaking to someone not connected to their university, particularly if they fear being exposed or judged. Others asked for more discussion of addiction, safe drug use, and how to help students who are intoxicated or struggling.

This suggests that confidentiality is central. Students may be more likely to seek help if they believe they can do so without being disciplined, shamed or automatically escalated. **Clear boundaries are still needed where there is immediate risk, but the general tone should be supportive and health-led**.



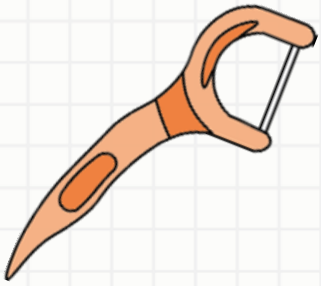
International student and cultural considerations

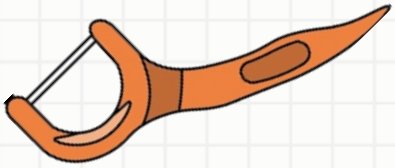
The findings should also be considered in relation to international students. Students arrive at UAL with different cultural norms around alcohol, drugs, nightlife, healthcare, family expectations and disclosure. Some may come from contexts where drinking is less socially acceptable, where drug use carries harsher stigma or legal consequences, or where seeking help for substance use feels particularly risky.

The open text comments suggest that alcohol-based socialising can create barriers for students who do not drink. One respondent noted that not drinking can create "social barriers" and that social pressure may lead some students to start or increase drinking. This may be especially relevant for international students who are navigating UK student culture for the first time and may feel pressure to participate in alcohol-centred social spaces in order to belong.

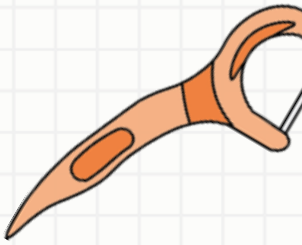
This has practical implications for Arts SU. If student social life is too closely associated with alcohol, some students may feel excluded or pressured. **A more inclusive student social offer should continue to include alcohol-free spaces and events that are genuinely socially appealing, not framed as lesser alternatives**.



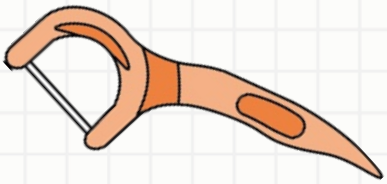




Chapter overview



The findings present a nuanced picture. Many respondents do not drink, or drink infrequently, and most do not report using non-prescribed drugs. However, alcohol remains part of student social culture for many, and over a quarter of respondents reported some non-prescribed drug use in the past 12 months.



The data does not support a simplistic assumption that UAL students either reject alcohol and drugs entirely or are defined by high-risk substance use. Instead, it shows a mixed landscape of non-drinkers, occasional social drinkers, students whose drinking has increased at university, students who avoid alcohol during assessments, students who use drugs socially, students who use substances to manage stress or focus, and students who want practical harm-reduction information.

The most important finding for policy and practice is that students need support that is confidential, non-judgemental and realistic. Many report they do not want information or support (perhaps due to lack of engagement with these practices), but a substantial minority do want guidance on safer use, mixing substances and medications, mental health, drug checking, and confidential support. Open text responses suggest that shame, fear of judgement and uncertainty about consequences can prevent students from being honest about substance use or seeking help.

For Arts SU and UAL, this points to **the need for a health-led approach**. The aim would not be to normalise risky behaviour or ignore harm, but to **create conditions where students can access accurate information, make safer choices, support peers, and seek help early**.

This is particularly important in a diverse student community where drinking and drug use patterns vary by culture and personal values.

Recommendations for supporting harm-reduction around alcohol and non-prescription drugs at UAL

1. Co-create a UAL and Arts SU harm-reduction strategy from the ground up

UAL and Arts SU should work together to develop a student-centred harm-reduction strategy for alcohol and non-prescription drug use.

This should start from the ground up, involving students, Arts SU, UAL wellbeing services, safeguarding, accommodation, bar and events staff, societies, sports clubs and relevant external harm-reduction organisations.

The strategy should go **beyond providing information**. It should establish a shared institutional approach to prevention, education, disclosure, signposting, crisis response, peer support and event safety. It should also make clear that students can seek help for alcohol or drug-related concerns without fear of automatic punishment, while maintaining clear safeguarding processes where there is immediate risk.

A co-created strategy would **help ensure that support is realistic, trusted and relevant to students' actual experiences**. It could cover safer use, mixing substances and medication, alcohol-free social life, drug checking information, overdose response, support for friends, links between substance use and mental health, and routes into confidential internal and external support.

2. Further embed and resource alcohol-free student social life

Arts SU already does significant work to create inclusive, alcohol-free social opportunities, including through societies, sports clubs, daytime and evening events, community-building activities, and café-style social spaces. The findings from this survey suggest that this work is important and should be further embedded as part of UAL's wider approach to student wellbeing, belonging and harm reduction.

UAL should work with Arts SU to expand and sustainably fund alcohol-free social opportunities that feel genuinely appealing and visible to students, rather than treating them as niche alternatives to drinking culture. This could include further university funding for:

- late-opening café-style events
- creative socials
- games nights
- sober club-style events
- cultural programming
- low cost food-led events
- society-led social activity
- relaxed evening spaces where students can meet without alcohol being the main focus.

This would recognise that alcohol-free social provision is not only relevant to students who do not drink.

It also supports international students, students in recovery, students with health conditions or medication interactions, students with caring or work responsibilities, students who drink less during assessment periods, and students who want more varied ways to connect. Embedding this work through sustained university support would help Arts SU **build on existing good practice and make non-drinking social life a more visible and normal part of the UAL student experience**.

3. Strengthen signposting to confidential and external substance-use support

Some students may be reluctant to disclose alcohol or drug use to university services because of shame, fear of judgement, or concern about consequences.

Arts SU and UAL should provide clear signposting to confidential support, including external organisations where students can seek advice without feeling that they are disclosing directly to the university.

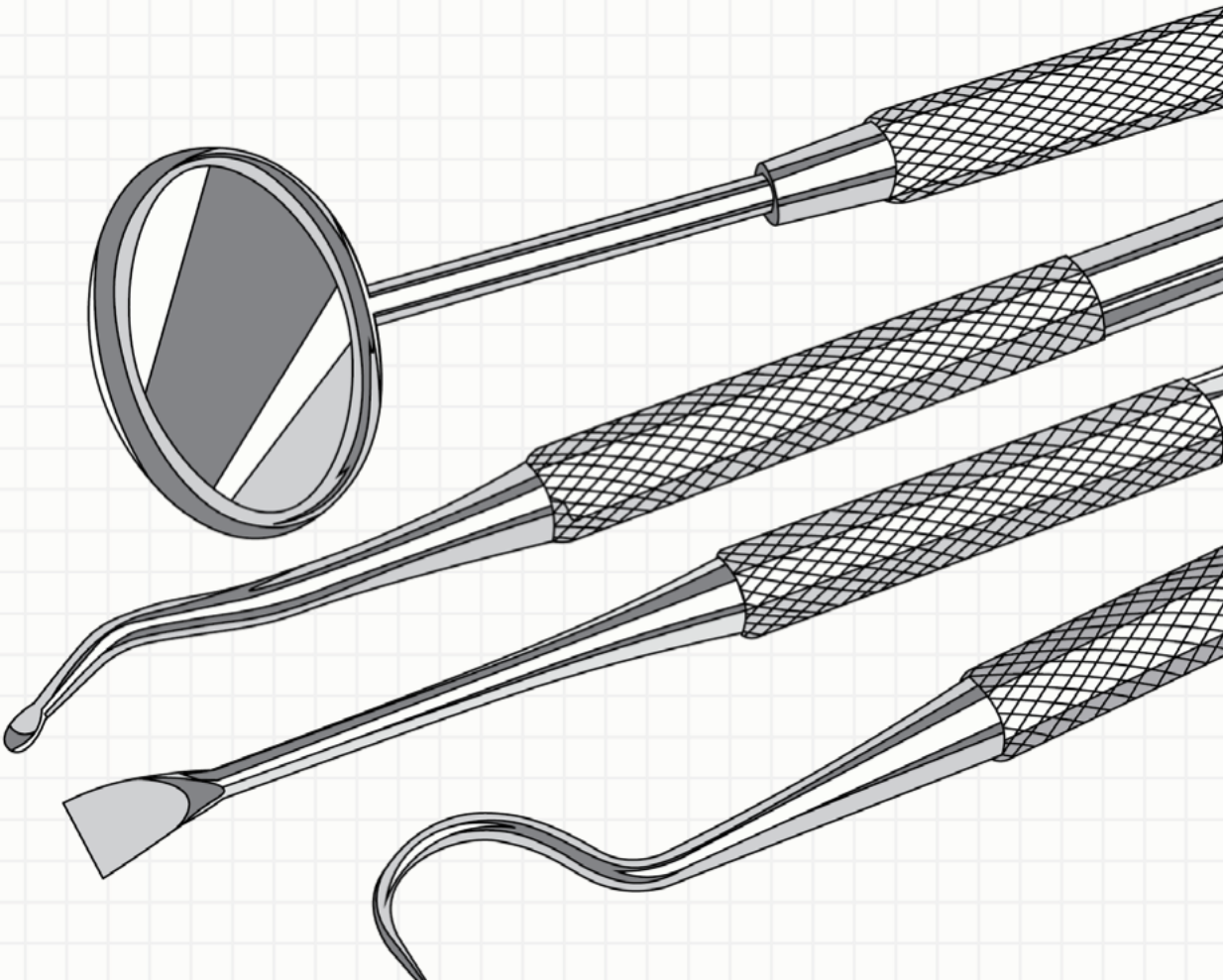
This should include support for students who are worried about their own use, students concerned about a friend, and students whose substance use is linked to mental health, trauma, stress, loneliness or assessment pressure. Communications should make clear that asking for help will be treated as a health and wellbeing issue, not as a disciplinary issue.

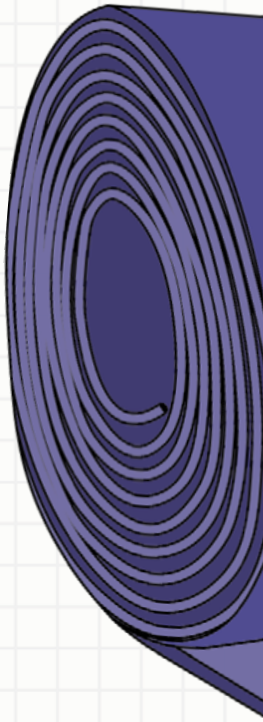
4. Train student-facing staff and student leaders in supportive responses to substance-related concerns

Students may disclose alcohol or drug-related concerns to a range of people, including SU staff, bar staff, society committee members, sports club leaders, residence staff, tutors or wellbeing services.

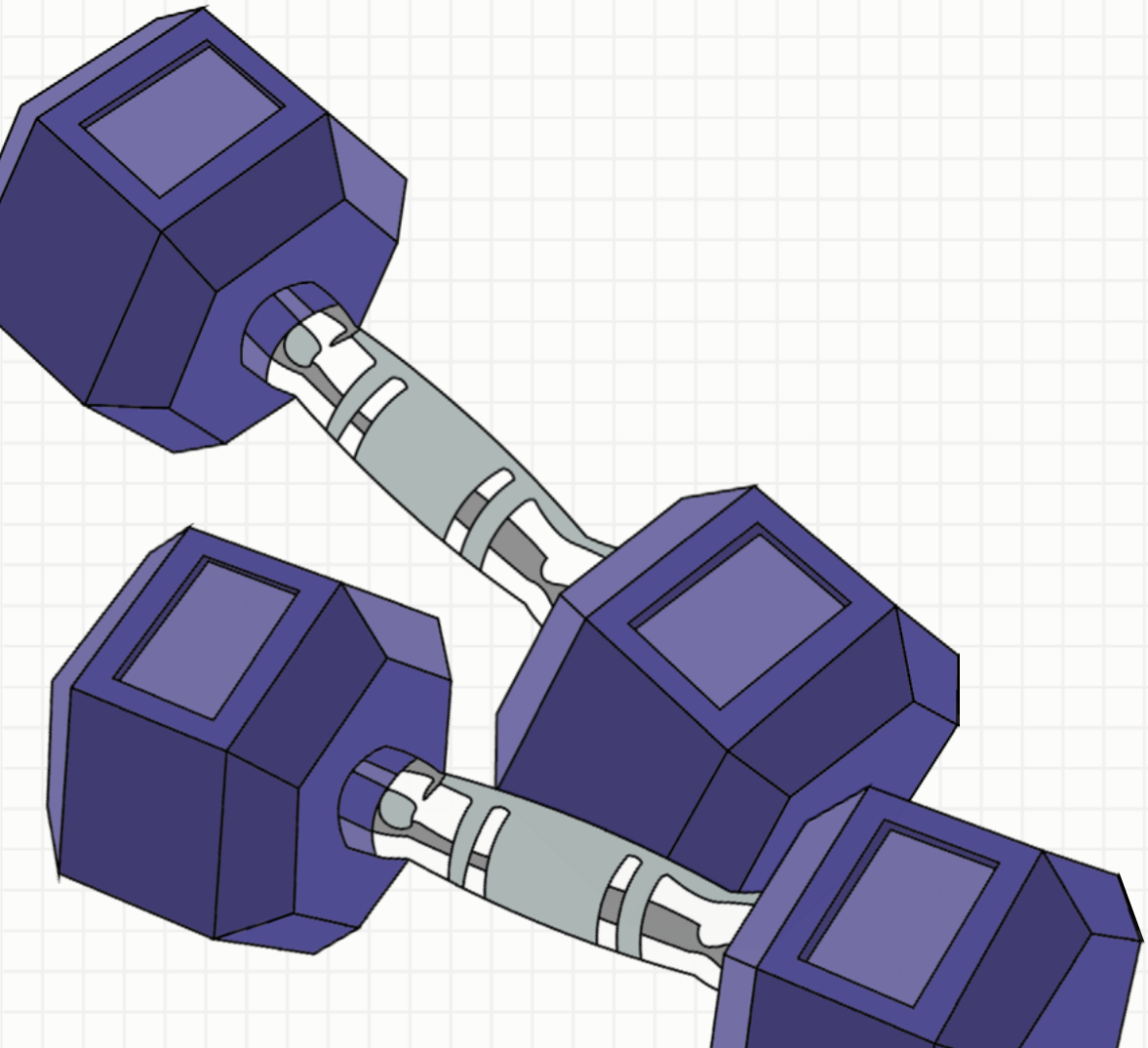
Arts SU and UAL should ensure that **key student-facing staff and student leaders know how to respond calmly, safely and without judgement**.

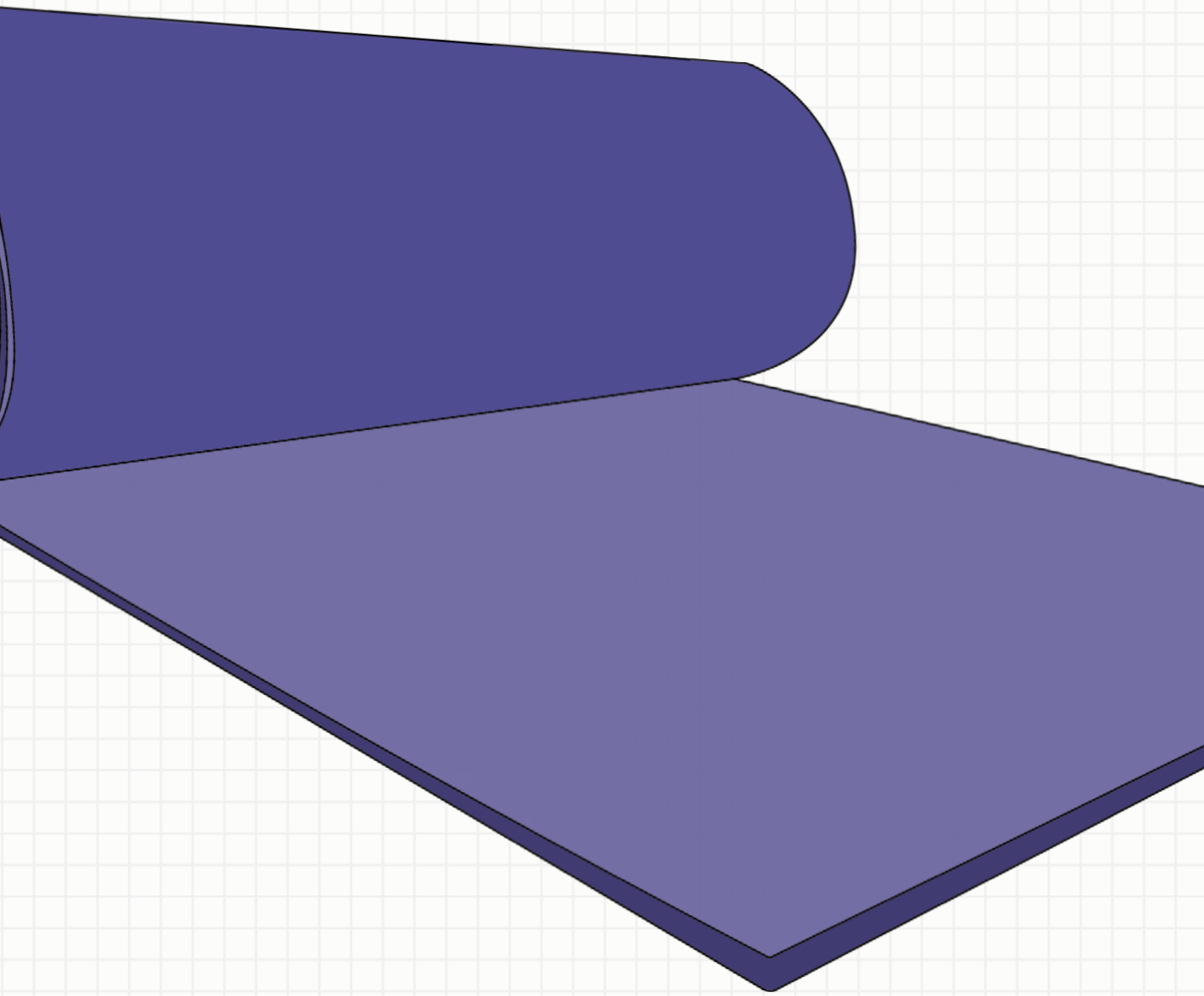
This could include basic harm-reduction training, guidance on when to escalate concerns, how to respond to intoxication at events, how to support a student after a difficult experience, and how to signpost to confidential help. For Arts SU, this would be particularly relevant to bar operations, events, sports clubs, societies and student community spaces.





SPORT, LEISURE AND HEALTHY LIFESTYLES AT UAL





This section explores students' engagement with sport and structured physical activity, the barriers that prevent them from participating more, and what UAL could provide to support healthier lifestyles.

The findings show that many students recognise the value of physical activity for their physical and mental health, but face practical, financial and spatial barriers that limit participation.

The most consistent theme across the responses is the absence of accessible UAL sports facilities. Students repeatedly asked for a university gym, sports centre, campus-based exercise spaces, subsidised gym memberships, partnerships with local leisure centres, and more accessible recreational activities near their colleges. This was not framed only as a desire for competitive sport, but as a health, wellbeing, affordability and belonging issue.

Participation in sport and structured physical activity

Respondents reported mixed levels of engagement with sport or structured physical activity. 36.32% said they engage in sport or structured physical activity weekly or more, while 15.79% do so monthly. However, a large proportion are less active: 31.58% said they rarely engage, and 16.32% said they never do.

This means that 47.90% of respondents rarely or never take part in structured physical activity. Given the wider findings in this report around anxiety, exhaustion, social withdrawal, assessment pressure and worsening mental health, this is significant. Physical activity is not a solution to every health issue, but it is one of the most accessible ways many students manage stress, build routine, improve confidence, reduce isolation and support physical wellbeing.

The open text comments suggest that students are not necessarily uninterested in being active. Many respondents described wanting to swim, go to the gym, play basketball, take part in yoga, attend football practices, join tennis, go walking, or access casual sport. The issue is that participation often feels too expensive, too far away, too formal, too competitive, or too difficult to fit around study and work.

One respondent summarised the issue clearly: “I would love a free/low cost gym/pool. Regularly socialising and doing sport is great for my mental health and helps with some of my physical conditions to build up strength but it can be unaffordable when my pay is pretty low.”

This captures the **dual role of physical activity as both preventative health support and a form of social connection**.

Barriers to participation

WHAT BARRIERS PREVENT YOU FROM PARTICIPATING MORE, IF AT ALL? (SELECT ALL THAT APPLY)			
Time	57.63%	Accessibility of health barriers	9.47%
Cost	54.47%	Not interested	8.68%
Travel distance	38.42%	Concerns about discrimination (e.g. racism, sexism, transphobia)	7.11%
Lack of availability of space on campus	36.84%	Others (please specify)	5.26%
Confidence	34.47%	Not applicable	3.68%

Diagram 24: What barriers prevent you from participating more, if at all? (select all that apply)

The two most common barriers were time, selected by 57.63%, and cost, selected by 54.47%.

These findings show that students' ability to exercise is heavily shaped by the realities of student life in London. Many students are balancing course demands, paid work, commuting, rent, food costs, materials and other pressures. For these students, exercise may be one of the first things to drop when time or money becomes tight.

The comments strongly support this. Students repeatedly described gyms, swimming pools and recreational activities as too expensive. One respondent said: "Gyms in my area for student memberships range from £40 upwards, I cannot in any capacity afford this." Another wrote: "I had to quit the gym as I couldn't afford it any longer."

An international student explained: "I'm on a tight budget to afford my everyday life. Exercise is one of the first things I'll give up if money is tight."

This makes the case for UAL-supported facilities especially strong. Students report that the cost of London leisure provision makes healthy activity inaccessible, particularly for those with lower incomes, international students on tight budgets, students who work alongside study, and students already managing high course costs.

The third most common barrier was travel distance, selected by 38.42%, followed closely by lack of availability of spaces on campus, selected by 36.84%. These two findings should be read together. Students are not only asking for more sport in the abstract; they are asking for provision that is physically accessible from where they study and live.

Some open text comments describe Arts SU sports clubs and external venues as too far away or too concentrated in particular parts of London. Students mentioned difficulty travelling from Wimbledon, LCC, CSM and LCF to sports venues elsewhere. One respondent said: "London is massive and it's unreasonable to expect everyone can travel to the same part." Another said they loved swimming society but stopped going because it was "so far away from South London" and "too exhausting." Another described wanting to join basketball but giving up because it was too far to travel.

This is a particularly important finding for a multi-campus university like UAL. If sport and physical activity provision is distributed unevenly across London, students' access depends on campus location, commute, travel cost, timetable, energy levels and safety concerns. **Students are therefore making a strong case for campus-based or campus-adjacent provision, rather than relying solely on centralised clubs or external venues**.

Confidence, inclusivity and beginner friendly activity

34.47% of respondents selected confidence as a barrier. Students asked for smaller group sessions, beginner friendly activities, casual sports, more inclusive environments, women-only sessions, and activities outside formal societies.

One respondent wrote that activities should be “free and for beginners because I think the main barrier is cost and anxiety that I’m not gonna know what I’m doing.” Another said sports societies can feel “cliquey and exclusive,” and that it would be helpful to have sports activities as part of SU events rather than only through societies.

Several students said they did not want to join a club or compete, but wanted casual opportunities to move, dance, swim, stretch, walk, or play sport informally. Arts SU’s sports clubs are valuable, but the findings suggest that they do not meet the needs of all students who want to be active.

Some students want more opportunities for low pressure, drop-in, recreational activity without the commitment, competitiveness or social barriers they associate with organised clubs.

9.47% selected accessibility or health barriers, and 7.11% selected concerns about discrimination, such as racism, sexism or transphobia. While these are lower than the cost, time and distance barriers, they are still important.

They indicate that some students may not feel safe, welcome or able to participate in existing provision. Comments calling for women-only sessions, spaces for marginalised groups, friendly environments and less competitive activity suggest that any expansion of sport provision should be designed with inclusion from the outset.

Student demand for a UAL gym or sports facilities

The clearest theme in the open text comments was demand for a UAL gym or dedicated sports facilities. Some direct quotes include:



Many students positioned this as a gap in UAL's wider student offer compared with other universities.

One respondent wrote: "Can we pleeeaaaasseee get a gym, it's so rare for unis to not have one, especially in London." Another said: "All unis have gyms… it's MAD that UAL doesn't." Another described UAL's sports facilities as "significantly lacking" compared with other UK universities.

These open text comments make a persuasive case, as students acknowledge they are not asking for or expecting luxury provision. Several suggested that facilities could be modest. One respondent wrote that university gyms "don't need to be huge, just a few treadmills, weights, and mats would be enough." Others suggested small campus gyms, gyms in halls, mini gyms, yoga rooms, sports halls, or partnerships with local facilities where UAL cannot provide space directly.

Students also linked facilities to mental health. One respondent said it would be great if UAL had gyms on campus because "many students would use it and it is great for mental health too." Another said sport is "great for my mental health" and helps manage physical conditions. These comments suggest that a gym or sports facility should not be seen only as a recreational amenity, but as part of UAL's health and wellbeing infrastructure.

Arts SU's experience of managing the Activities Studio at High Holborn shows that demand for physical activity space already exists within the UAL community, but current access is constrained.

During term time, the studio is heavily booked, particularly between 3pm and 8pm, by sports clubs and by students using the space for activities such as yoga, pilates and dance. However, changes to building opening hours have reduced the availability of the space in the evenings and at weekends, limiting when students can take part.

This creates a tension between student finances, access to space and UAL's sustainability commitments. When on-campus spaces are unavailable, Arts SU has to fund external venues, increasing costs for clubs and limiting affordability for students. Students may also need to travel further across London to access activity spaces, adding both financial and time pressures while increasing reliance on transport. If UAL wants to support student wellbeing, **reduce unnecessary travel and make better use of its estate, access to existing activity spaces should be considered part of a wider health, inclusion and sustainability agenda**.

Partnerships, subsidies and local leisure access

Where students recognised that space constraints may make on-campus facilities difficult, they frequently suggested partnerships with local gyms, leisure centres, swimming pools and other universities. This included suggestions for discounted gym memberships, subsidised swimming access, student passes, partnerships with leisure centres near campuses, and use of nearby university sports facilities.

Examples included students at LCC suggesting partnerships with London South Bank University's Active Sports Centre or The Castle Centre, students at LCF East Bank mentioning the London Aquatics Centre, and students at CSM referring to nearby gyms and possible running routes. One respondent suggested that UAL should "identify and partner with recreational centres for a favourable subsidy for UAL students."

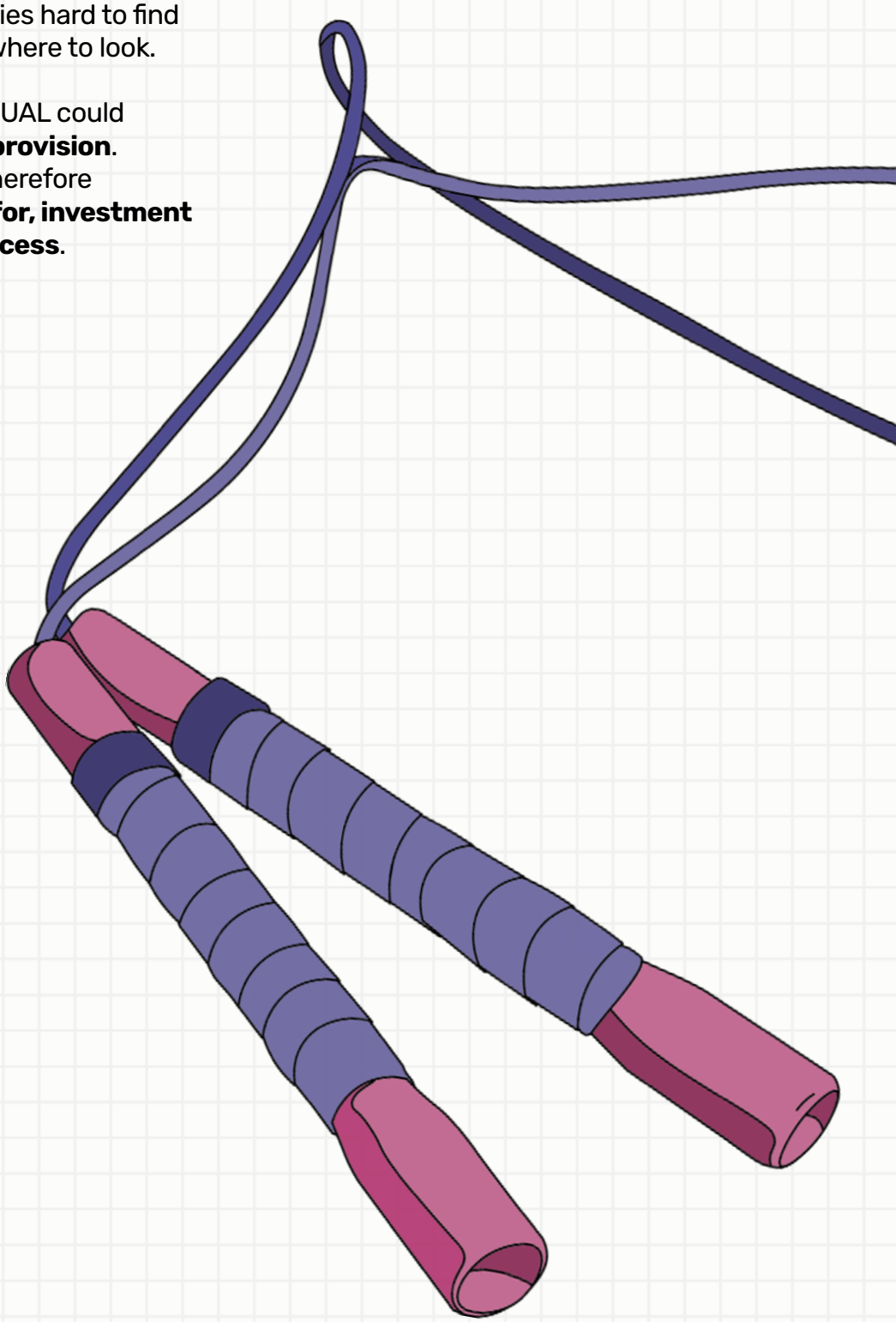
This suggests a practical intermediate route forward. If a fully university-owned gym is not immediately possible, UAL could still make significant progress through funded partnerships, campus-specific leisure agreements, subsidised access, or negotiated student discounts. However, students were clear that ordinary commercial "student discounts" may not be enough if memberships remain unaffordable. To address cost as the most significant barrier after time, any partnership would need to be genuinely subsidised and clearly accessible.

Communication and awareness

Some students were unsure what UAL or Arts SU already offers. Respondents said they did not know what athletic or recreational activity was available, wanted better signposting to sports societies, or found it hard to know how to join clubs.

One student said they had wanted to join UAL tennis but did not know how. Another said every society seems to promote itself on separate socials, making activities hard to find unless students already know where to look.

This suggests that Arts SU and UAL could **improve visibility of existing provision**. Improved signposting should therefore **complement, not substitute for, investment in facilities and subsidised access**.



Recommendations for improving sport, leisure and healthy lifestyles at UAL

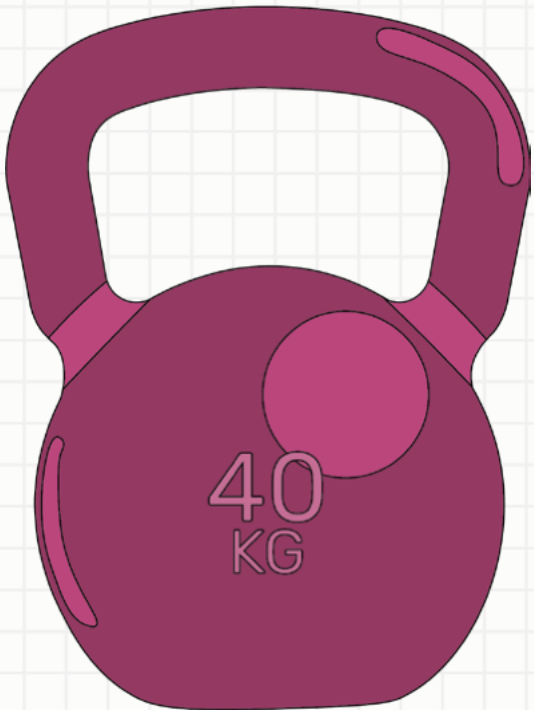
1. Develop a funded UAL sports and physical activity facilities plan

UAL should develop a funded plan for improving student access to sports and physical activity facilities, with the **long-term aim of providing a university gym and dedicated recreational exercise spaces**.

The survey findings show strong student demand for a UAL gym, with students repeatedly identifying the absence of affordable, campus-based facilities as a barrier to staying active. This demand is also reflected in Arts SU's experience of delivering physical activity provision. Previous Arts SU gym access partnerships through Arts Active, including with London School of Economics Students' Union, had strong student take-up, but were limited by geography, restricted access times and financial sustainability. A single centrally located gym, available only at specific times, did not meet the needs of students across UAL's dispersed campuses, particularly those with part-time work, caring responsibilities, long commutes or limited travel budgets.

This suggests that UAL's approach should be phased and multi-site. It does not need to begin with a large-scale sports centre. In the short term, UAL could explore lower-cost options such as pop-up gym provision, fitness equipment in suitable rooms, bookable movement spaces, yoga and stretching rooms, and basic facilities with mats, weights or cardio equipment. In the longer term, UAL should explore dedicated recreational exercise spaces and a university gym as part of its student health and wellbeing infrastructure. The key principle should be that physical activity is treated as part of student health infrastructure, not as an optional extra.

UAL should also review how existing spaces are used and whether current building opening hours support student wellbeing. Arts SU's Activities Studio at High Holborn is already heavily booked during term time by sports clubs and by students using the space for activities such as yoga, pilates and dance. However, reduced evening and weekend access has limited when students can use the space and increased reliance on external venues. This creates a tension between student finances, access to space and UAL's sustainability commitments: when students and clubs cannot use existing UAL spaces, they may face additional venue, travel and time costs. Making better use of existing spaces should therefore be part of any wider plan for student physical activity.



2. Fund local partnerships and genuinely affordable access to gyms, pools and leisure centres

Given UAL's multi-campus geography and space constraints, UAL should **fund partnerships with local leisure providers near each college as an intermediate solution to the demand for student gym provision**.

This could include subsidised gym memberships, swimming passes, discounted or free access to sports halls, or agreements with nearby universities, local authority leisure centres and community sports providers. These partnerships should be campus-specific, so that students can access affordable activity near where they study, rather than relying on a single central London location.

Arts SU's previous gym access provision shows that student demand exists, but also that centrally located, time-limited access can exclude students whose timetables, work commitments or travel costs make attendance difficult. Future partnerships should therefore prioritise flexibility, proximity and affordability. Access should be available across a wider range of times, including evenings and weekends where possible, and should be designed around UAL's dispersed student population.

Standard commercial student discounts are unlikely to address the scale of the barrier identified in the survey. Students need genuinely affordable or free access if cost and travel are to be meaningfully reduced. UAL should therefore consider centrally funding a package of local leisure partnerships as part of its wider commitment to student wellbeing, rather than relying on Arts SU or individual students to absorb the cost.

3. Support Arts SU to further expand inclusive, beginner friendly physical activity

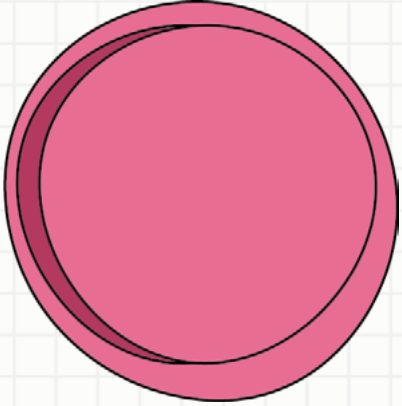
Arts SU already provides a wide range of sports clubs, societies, recreational activities and student-led opportunities that support students to be active, social and connected.

The findings from this survey suggest that this work is highly relevant to student health and wellbeing, particularly for students who may not see themselves as "sporty" or who are looking for low-pressure ways to move, meet others and manage stress. This is also reflected in demand for Arts SU's existing activity spaces and programmes, including students using the Activities Studio for informal movement activities such as yoga, pilates and dance, as well as formal sports club activity.

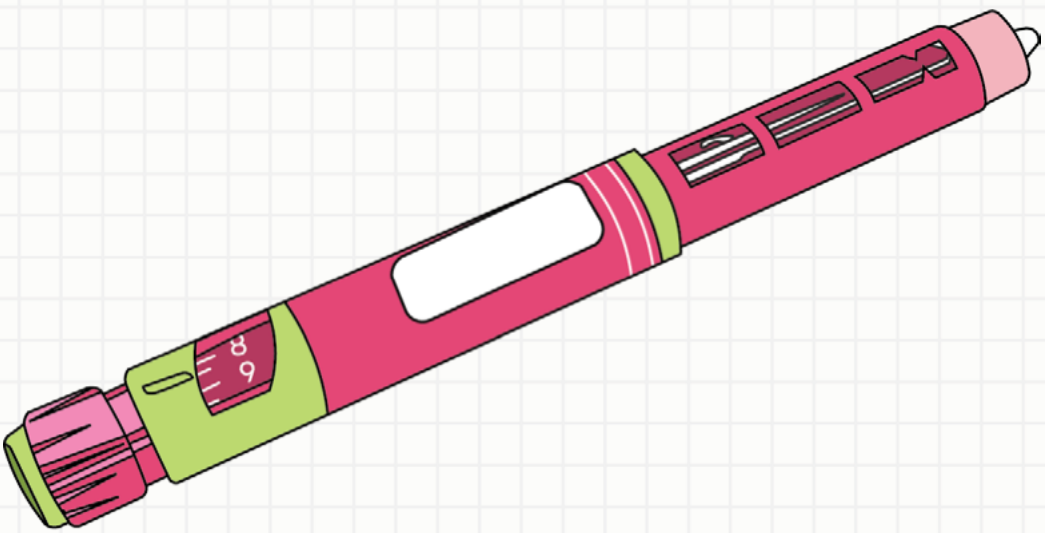
UAL should work with Arts SU to identify how this existing offer could be further supported, resourced and made more accessible across UAL's campuses. This could include additional funding for beginner friendly and non-competitive activity, support with venue hire, more campus-based taster sessions, women-only or identity-specific sessions where there is student demand, casual drop-in sport, group walks, yoga, dance, swimming socials, pop-up fitness sessions, and assessment period movement breaks.

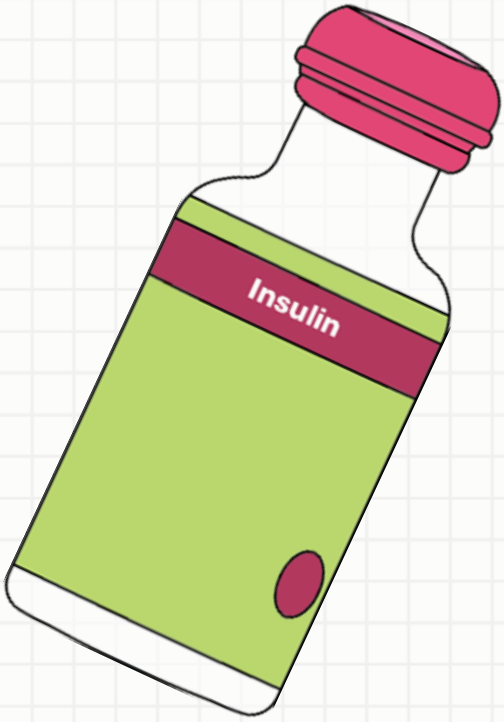
UAL should also recognise that access to space is a key condition for this work to be sustainable. Where UAL spaces are unavailable, have limited opening hours, or cannot be used at weekends, Arts SU may need to fund external venues, increasing costs and reducing the affordability of student activity. Stronger university support should therefore include not only funding for programmes, but also practical support with space, opening hours and access to suitable facilities.

With stronger university support, Arts SU could help reduce barriers around confidence, cost, travel and belonging, while offering forms of physical activity that feel inclusive, social and connected to UAL student life.



DISCRIMINATION IN HEALTHCARE





This section explores whether students have avoided seeking healthcare because they were worried about being treated unfairly, and what forms of discrimination or stigma they were concerned about.

This is another sensitive area of the report. Students may find it difficult to disclose experiences of discrimination, particularly where these relate to healthcare, trauma, mental health, gender identity, immigration status, race, disability, body size, sexuality or reproductive health.

The findings should therefore be interpreted carefully. Some students may have chosen not to answer, selected “prefer not to say”, or avoided sharing details in open text because the subject felt too personal. However, the responses that students did provide are important. They show that fear of unfair treatment is a real barrier to healthcare access for a significant minority of respondents, and that this concern is often shaped by previous experiences of being dismissed, disbelieved, stereotyped or treated without care.

Many of the themes in this section also appear elsewhere in the report. Students have already described feeling dismissed in healthcare settings, struggling to access mental health support, relying on overseas providers because of trust or familiarity, and finding it difficult to navigate trans healthcare, reproductive healthcare, disability-related care or support for long-term conditions. This section brings those issues together through the specific lens of discrimination, stigma and trust.

Avoiding healthcare due to fear of unfair treatment

Respondents were asked whether they had ever avoided seeking healthcare because they were worried about being treated unfairly. 29.4% said yes, 63.8% said no, and 6.8% preferred not to say.

Nearly three in ten respondents reported that fear of unfair treatment had at some point prevented them from seeking healthcare. Barriers in accessing healthcare for some of our students are not only practical, such as waiting times or appointment availability. For some students, the barrier begins earlier, with the expectation that they may not be listened to, believed or treated with respect.

The 6.8% who preferred not to say should also be noted. Given the sensitivity of the question, some students may have been reluctant to disclose experiences or fears of discrimination. The true level of concern may therefore be higher than the proportion who selected “yes”.

The open text responses show that avoidance is often rooted in previous negative experiences. Students described being dismissed, misdiagnosed, mocked, shouted at, stereotyped, or made to feel that their symptoms were not real or not serious. One respondent wrote that “all of my medical anxiety comes from years of being mistreated by doctors,” which had led to “years of me just waiting for symptoms to go away, even when they’re very concerning.” This illustrates how discrimination or poor treatment can have long-term consequences: it can make students less likely to seek help even when they need it.

Concerns about unfair treatment

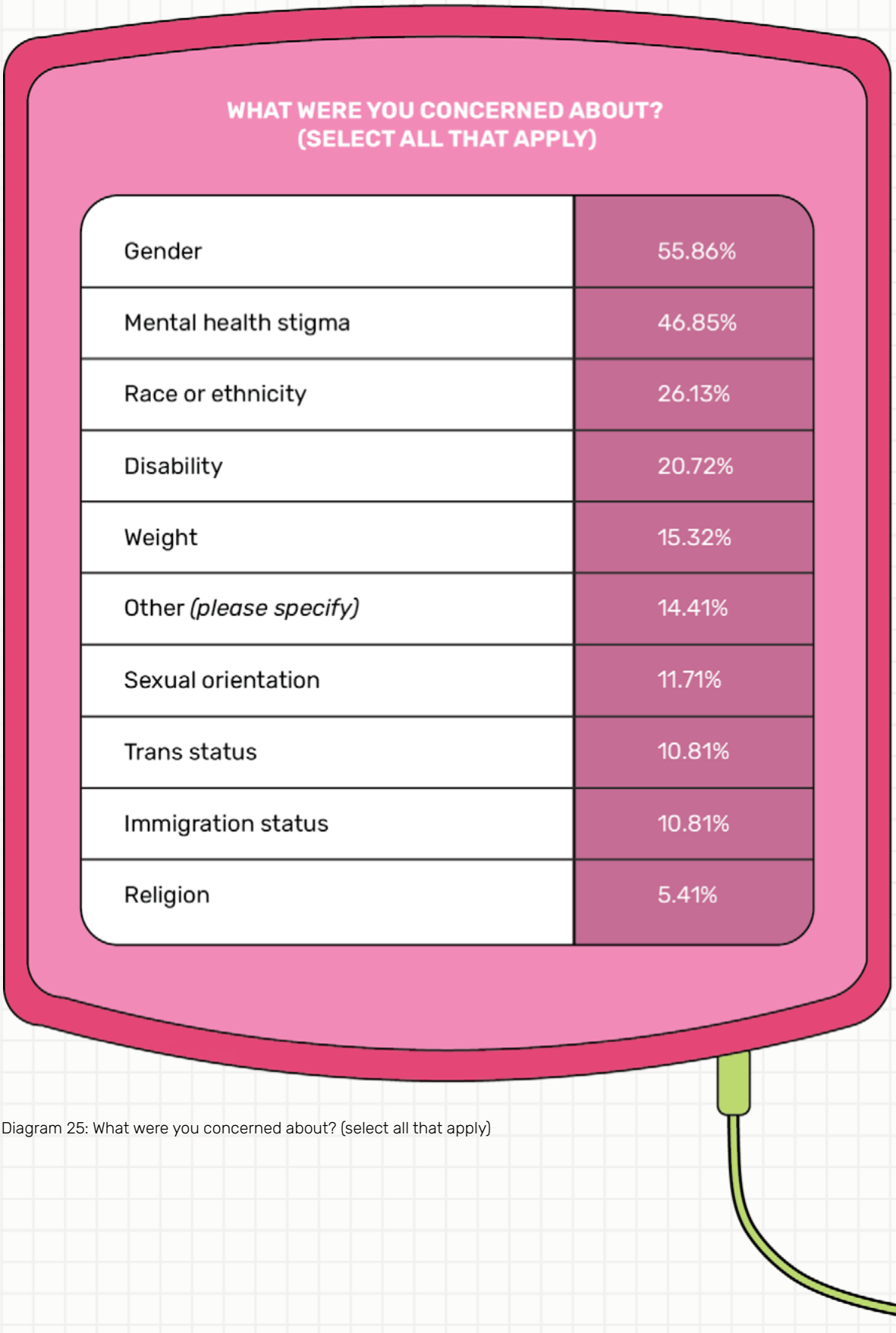


Diagram 25: What were you concerned about? (select all that apply)

Among students who had avoided healthcare due to fear of unfair treatment, the most frequently cited concern was gender, selected by 55.86%.

This was followed by mental health stigma at 46.85%, race or ethnicity at 26.13%, disability at 20.72%, weight at 15.32%, sexual orientation at 11.71%, trans status and immigration status, both at 10.81%, and religion at 5.41%. 14.41% selected another concern.

The prominence of gender is one of the clearest findings. The open text comments include many examples of students (particularly women) feeling that their pain or symptoms were dismissed, minimised or attributed to periods, anxiety, contraception, menopause or being "dramatic."

Several respondents specifically mentioned period pain, reproductive health, gynaecology, endometriosis, contraception and sexual health. One student wrote that "women's health isn't taken seriously," while another said, "Menstrual struggles [are] not taken seriously." Another described giving up trying to get help for suspected endometriosis and instead missing university.

These comments suggest that gendered dismissal in healthcare can affect both health and academic participation. When students feel their symptoms are not taken seriously, they may delay care or internalise the idea that they are overreacting. One respondent explained that repeated dismissal led them to "gaslight myself into believing that I am not unwell," causing them to go beyond their limits.

Mental health stigma was also a major concern. 46.85% of respondents who avoided healthcare due to unfair treatment were concerned about mental health stigma. The comments show that students worry physical symptoms will be attributed to anxiety, that mental health concerns will not be taken seriously, or that substance use will affect whether they can access support.

One respondent wrote that doctors "love to brush off symptoms as anxiety," while another said that when someone has mental health issues, healthcare practitioners can "fob you off and put it down to health anxiety."

Mental and physical health are often connected, but students may experience this connection as a reason to be dismissed rather than supported holistically. If a student believes their physical pain, chronic symptoms or distress will be reduced to anxiety, they may be less likely to seek help.

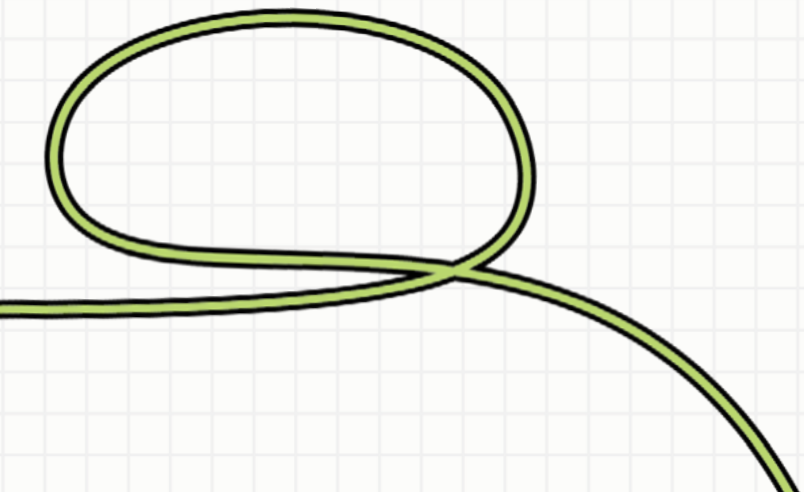
Race and ethnicity were selected by 26.13%. Several comments described fears or experiences of racialised dismissal, unequal treatment, or concerns linked to nationality, accent or language. One respondent said they had been told not to worry about a condition because of their race, which made them less likely to go to their GP because they felt unheard. Another described differences in how they were treated when attending appointments with a white native English-speaking parent compared with a non-native English-speaking parent. They expressed concern that friends who are not native English speakers may be ignored, overlooked or met with impatience.

These comments show how race, ethnicity, nationality and language can shape trust in healthcare. For students who are international, multilingual or from non-white backgrounds, fear of being misunderstood or dismissed may be a significant barrier to access.

Disability was selected by 20.72%. Open text comments include examples of students with neurodivergence, chronic illness, physical disability and long-term conditions feeling judged, misunderstood or required to repeatedly justify their needs. One respondent said their condition was disregarded for years before they were properly diagnosed.

Another said they are often dismissed because they present as "high functioning and articulate" despite significant struggles. These comments reflect a wider issue already seen elsewhere in the report: students with ongoing or less visible conditions may face additional labour in having to prove that their needs are real.

Weight was selected by 15.32%, and the open text comments suggest this can be a particularly harmful form of dismissal. Students described symptoms being attributed to weight, being yelled at or judged because of weight, or being discharged from investigation because weight loss was assumed to be the solution. One respondent wrote simply, "Fat women are never listened to or believed." These comments indicate that weight stigma can discourage students from seeking care and can delay proper investigation of symptoms.



Trans status was selected by 10.81%. The comments show that trans students may experience healthcare access as especially intimidating where providers lack knowledge of gender-affirming care. One respondent wrote that "being trans makes it very intimidating to find new care" because it is difficult to know which providers are supportive or knowledgeable. Another said they had never had a GP or non-gender specialist who knew anything about trans people, and that they had to explain "basic endocrinology," their life story, and answer invasive questions to receive basic care.

These comments echo earlier findings on trans healthcare and the difficulty of transferring gender-affirming care into the UK. They suggest that trust, knowledge and safety are central to whether trans students feel able to access healthcare.

Sexual orientation was selected by 11.71%, and comments suggest that fears may be particularly relevant in sexual health contexts. One respondent said they were initially worried a sexual health clinic might be "weird about the gay thing," although their eventual experience was positive. This is a useful reminder that inclusive practice can make a real difference, where fears of discrimination may be reduced when services respond respectfully and competently.

Immigration status was selected by 10.81%. While fewer comments discussed this directly, this finding should be read alongside earlier sections on international students' experiences of the NHS, the Immigration Health Surcharge, overseas healthcare, and uncertainty about eligibility or access. International students may worry about being judged, misunderstood, charged, or treated differently because of nationality, accent, immigration status or unfamiliarity with UK systems.

Intersecting experiences of discrimination

The open text comments make clear that students' concerns often do not fit neatly into a single category. Several respondents described overlapping experiences involving gender, race, weight, mental health, disability, trans status, language, trauma or immigration background.

For example, students described being dismissed as women while also managing mental health conditions, reproductive health concerns, chronic illness or neurodivergence.

Others described healthcare experiences shaped by both race and language, or by trans status and mental health stigma. One respondent described being a trans man with BPD, and said this led to assumptions about their character and made them less likely to seek or receive adequate support.

Another described being a victim of domestic abuse and sexual violence and struggling to find safe spaces because their experience felt "unique."

This intersectional dimension is important. **Students are concerned about how healthcare professionals interpret their body, identity, communication style, symptoms, history and credibility**. For some students, the fear is that they will be blamed, judged, mocked, disbelieved or retraumatised, which would offset any potential health benefits in seeking healthcare support.

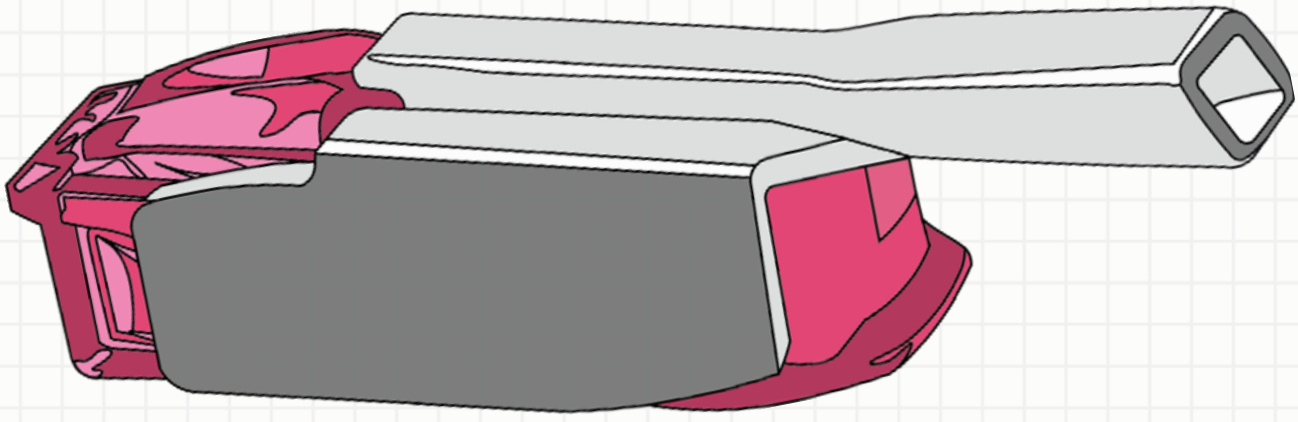
Trust, avoidance and academic impact

A repeated theme to emerge from the open text comments was loss of trust.

Students described previous experiences that made them reluctant to return to healthcare services, even when they had concerning symptoms. Some said they now wait for symptoms to go away, seek private therapy, rely on family members with medical knowledge, access healthcare abroad, or avoid particular clinicians or services.

This has clear implications for student health and study. If students delay seeking care because they fear discrimination, conditions may worsen, mental health may deteriorate, and students may miss teaching or struggle with deadlines. Several comments linked healthcare dismissal directly to missing university, needing support, or pushing beyond healthy limits because they were not believed or could not access appropriate care.

The comments also show that fear of discrimination does not only arise from external NHS services. Some students connected healthcare fears with wider experiences of being dismissed or blamed in institutional settings. This reinforces the **importance of a whole-institution approach to trust, trauma-informed practice and respectful support**.



Recommendations for responding to discrimination in healthcare access

1. Develop appointment advocacy resources for students who fear being dismissed or treated unfairly

UAL and Arts SU should develop practical resources to help students prepare for healthcare appointments where they may be worried about being dismissed, misunderstood or treated unfairly.

This could include guidance on writing down symptoms, explaining impact on study and daily life, asking for investigations or referrals, requesting a second opinion, bringing someone to an appointment, and recording what was agreed.

This would be particularly useful for students seeking support around women's health, reproductive health, chronic pain, mental health, disability, weight stigma, trans healthcare or symptoms that have previously been dismissed. The aim should be to **help students feel more confident navigating healthcare systems, without placing the full burden of advocacy on them**.

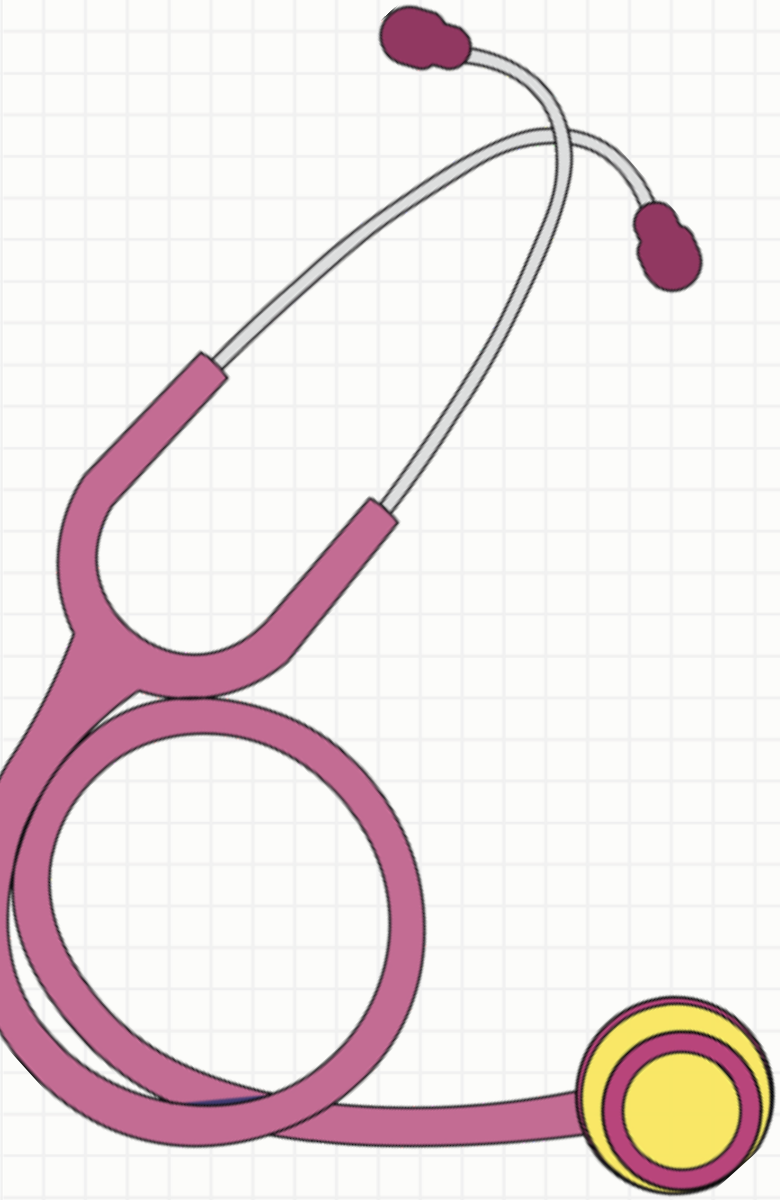
2. Use student evidence to inform conversations with local health partners

UAL and Arts SU should use the findings from this section to open constructive conversations with local health partners, including student-facing GP practices, NHS services, public health teams and voluntary sector organisations.

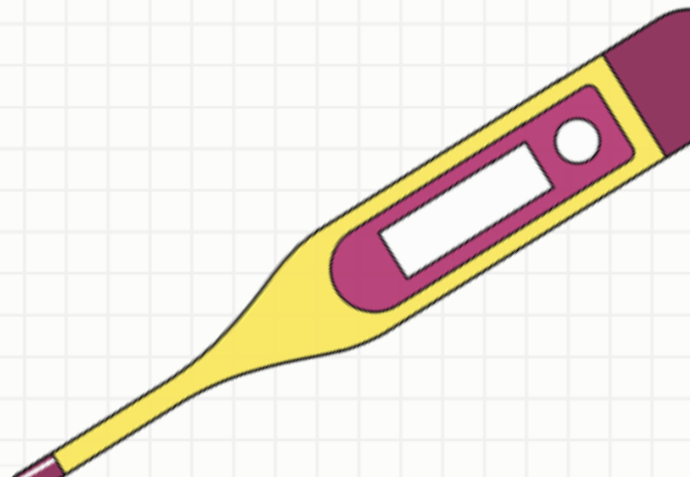
While UAL cannot control students' experiences across the healthcare system, it can share anonymised evidence about the barriers students report, including fears around gendered dismissal, mental health stigma, racism, disability, trans status, weight stigma and immigration status.

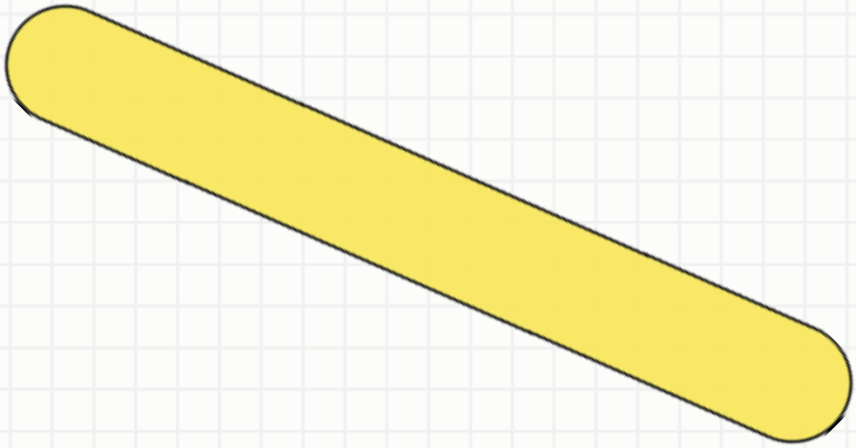
These conversations could support better understanding of student needs, improve referral and signposting pathways, and help local services recognise the specific concerns of a diverse creative student population.


Blood Glucose Meter
10:38
12· 11
5.8
mmol/L



TRANS AND GENDER AFFIRMING HEALTHCARE





This section explores the experiences of respondents for whom trans-related healthcare is relevant.

The findings should be interpreted with care, as this section is based on a small number of responses. To protect respondent anonymity and avoid overstating the precision of the data, the exact number of respondents is not reported here.

The small sample size, however, does not make the findings unimportant. Trans and gender-diverse people form a smaller and more marginalised group within the student population, and their experiences are often less visible in large-scale student research. Where respondents did share their experiences, the responses point to serious and consistent barriers around cost, waiting times, provider knowledge, disrespect, fear of discrimination and difficulty navigating gender-affirming healthcare.

This section also connects to existing Arts SU work. Arts SU has previously trialled a Gender Expression Fund to support students undergoing or exploring gender transition by covering costs associated with gender expression and wellbeing. The fund covered gender-affirming products such as clothing, binders, packers and beauty products, as well as travel to medical or therapy appointments, although it did not cover treatment or medical procedures. The fund was limited in scale, supporting up to ten students with grants of up to £100, with a total fund of £1,000 for 2024/25.

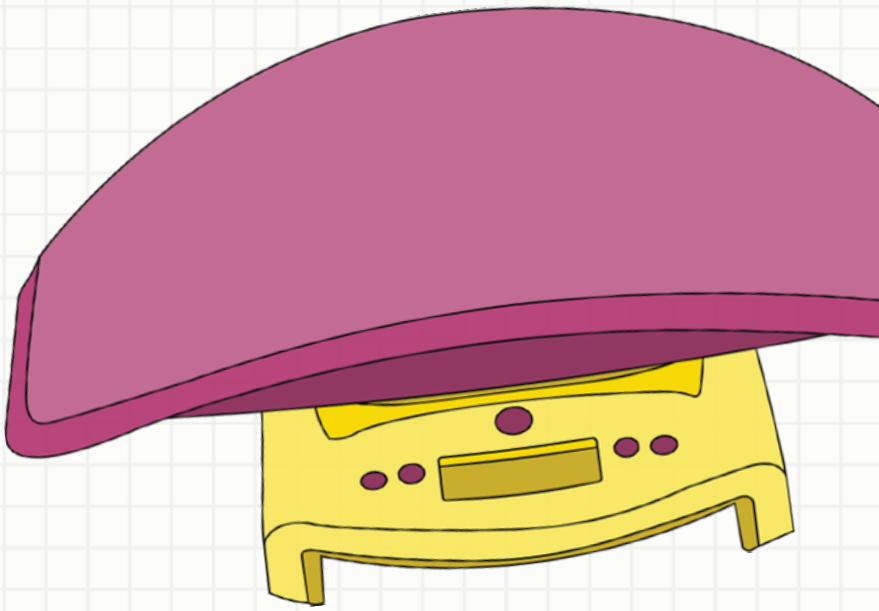
The findings from this survey suggest that this kind of practical support is valued by students and could form part of a more sustainable UAL-supported approach to trans student wellbeing.

Relevance of trans healthcare

A small proportion of respondents said that the trans healthcare section was relevant to them. 4.95% selected “yes”, 92.71% selected “no”, and 2.34% preferred not to say.

This reflects the fact that trans and gender-diverse students are a smaller proportion of the overall student population. This should not be interpreted as meaning that trans healthcare is a marginal issue for the university. For students who need gender-affirming healthcare, barriers to access can have a significant impact on mental health, physical health, safety, belonging, academic engagement and ability to continue studying.

The small number of respondents also means the percentages in this section should be read as indicative rather than definitive. A single response can affect the overall percentage more than in larger sections of the survey. The value of this section lies in identifying themes, barriers and support needs that may otherwise be hidden in whole-population data.



Seeking trans-related healthcare in London



Among respondents for whom this section was relevant, 52.6% had sought trans-related healthcare in London since studying at UAL, while 47.4% had not.

This suggests that the respondent group was almost evenly split between those who had actively sought care and those who had not. Some students may not currently require trans-related healthcare, but others may be deterred by cost, waiting times, lack of information, uncertainty about safe providers, fear of discrimination or reliance on healthcare outside the UK.

The open text comments suggest that navigation itself is a major issue. Students asked for “shared knowledge on which providers are knowledgeable, supportive, and a safe space,” “more information about what is available in London,” and advice on “how to access private trans healthcare since the wait times on the NHS are astronomical.”

These responses suggest that students **may struggle not only to access care, but to know where it is safe and worthwhile to begin**.



Feeling safe accessing healthcare as a trans or gender-diverse person

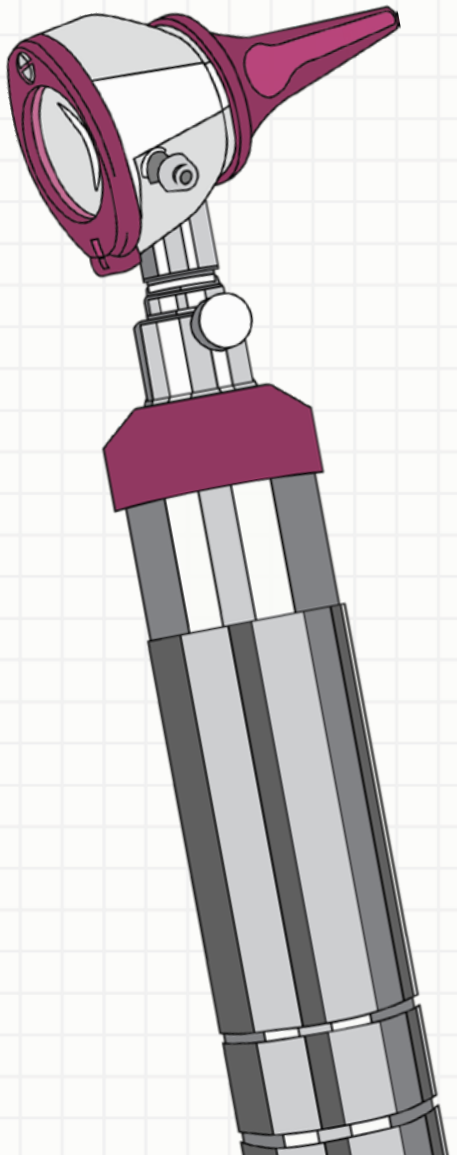
Respondents were asked whether they feel safe accessing healthcare as a trans or gender-diverse person in London. 42.11% agreed, while 21.05% neither agreed nor disagreed. However, 26.32% disagreed and 10.53% strongly disagreed. No respondents strongly agreed.

This is a concerning finding. While some respondents do feel safe accessing healthcare, more than a third expressed disagreement or strong disagreement, and none strongly agreed that they feel safe. This suggests that even where healthcare is theoretically available, confidence and trust are not guaranteed.

The open text comments help explain why. Students described not knowing which providers are trans-affirming, feeling intimidated by the process of finding care, and wanting someone who understands how the system works.

One student asked for "a person to talk to about specifics who might be aware on how the processes work, how to apply, what is needed to access care." Another asked for guidance on switching care from one country to another because they were concerned about "losing access or having to pay for prescriptions."

These comments show that safety is not only about individual interactions with clinicians. It is also about predictability, knowledge, trust and continuity. **Students need to know that a provider will understand their needs, respect their identity, and not create additional barriers**.



Barriers to trans-related healthcare

WHAT BARRIERS HAVE YOU EXPERIENCED, IF ANY? (SELECT ALL THAT APPLY)			
Cost of private care	78.95%	Gatekeeping	21.05%
Long waiting times	73.68%	Travel distance	10.53%
Misgendering or disrespect	57.89%	None	10.53%
Lack of provider knowledge	42.11%	Prefer not to say	5.26%
Fear of discrimination	42.11%		

Diagram 26: What barriers have you experienced, if any? (select all that apply)

The most commonly reported barrier was cost of private care, selected by 78.95% of respondents. This was followed by long waiting times at 73.68%. These two findings should be read together. Long waits within NHS gender-related pathways can push students towards private care, but private care is often expensive and therefore inaccessible or financially stressful.

This creates a difficult position for trans students. Students may feel unable to wait, but also unable to pay. This is especially important in a student population already facing high living costs, rent, course materials and financial pressure. The open text comments reflect this clearly, with students asking for advice on private care, help accessing medical healthcare directly, and health funds.

The next most significant barrier was misgendering or disrespect, selected by 57.89%. This is particularly important as it points not only to access barriers, but to the quality and safety of care. Misgendering and disrespect can make healthcare settings feel unsafe, humiliating or emotionally draining. They may also deter students from seeking care again.

Lack of provider knowledge and fear of discrimination were both selected by 42.11%. These findings suggest that trans students may anticipate having to educate providers, justify their needs, or risk being misunderstood. This theme also appeared elsewhere in the report, where trans respondents described having to explain basic aspects of gender-affirming care or answer invasive questions when accessing general healthcare.

Gatekeeping was selected by 21.05%, indicating that some students experience or anticipate processes where access to care feels controlled, delayed or conditional in ways that are difficult to navigate. Travel distance was selected by 10.53%, while 10.53% reported no barriers and 5.26% preferred not to say.

Overall, the barrier profile is stark. These are structural barriers that require institutional attention, partnership and advocacy.

Support trans students would find helpful

Students were asked what support from Arts SU or UAL would help most with gender-affirming healthcare and health as a trans or gender-diverse person.

The responses centred on four main themes: information, navigation, funding and community.

Safe and knowledgeable providers

Students wanted shared knowledge about which providers are trans-affirming, supportive and knowledgeable. One respondent specifically referred to information about trans-friendly GPs, noting that resources based on trans people's experiences exist but can be "exceptionally hard to find."

This suggests that UAL and Arts SU could help by making trusted external resources more visible, while being careful not to create unsafe or unverified lists.

Navigation support

Students asked for drop-in sessions, helplines, talks about resources, and someone who understands how the process works. They wanted help knowing "how and what to access," how to apply, what is needed to access care, and how to transfer care between countries. This is especially relevant for international students and students already receiving gender-affirming care elsewhere.

Financial support

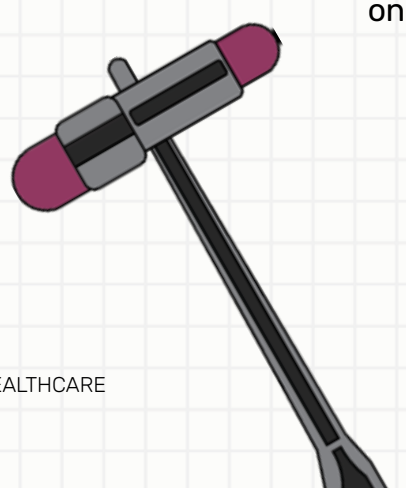
Students referred positively to Arts SU's previous trans funding and suggested it should be introduced every year. One respondent said the fund was "a great incentive" and could help with the cost of binders so that trans students can bind safely.

This aligns with the Gender Expression Fund model trialled by Arts SU, which provided grants for gender-affirming products and travel costs. With sustainable funding, a similar scheme could become a practical partnership opportunity for UAL and Arts SU.

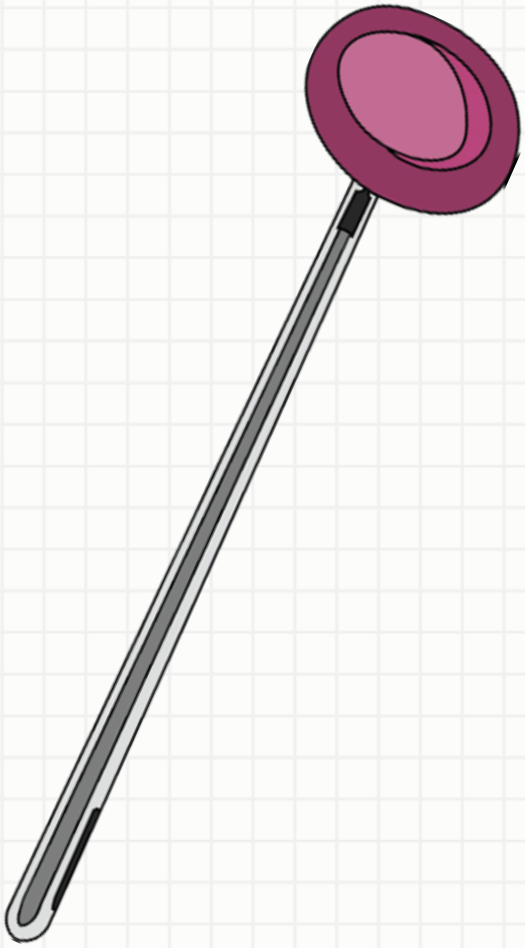
Community and peer connection

Students asked for more support and community, trans support groups, and opportunities for trans people to discuss access to care. One respondent noted that some LGBT events may not feel relevant to trans women, suggesting that general LGBTQ+ programming does not automatically meet the needs of all trans and gender-diverse students.

Trans inclusion requires specific attention, not only broad LGBTQ+ visibility.



Chapter overview



The findings from this section should be read cautiously because of the small sample size, but they are nonetheless important. The responses provide a clear indication that trans and gender-diverse students can face serious barriers to healthcare in London, particularly around NHS waiting times, private care costs, misgendering, lack of provider knowledge and fear of discrimination.

The data also shows that students are asking for practical, trans-specific support: help identifying safe providers, guidance on navigating NHS and private routes, support transferring care from another country, confidential advice, sustainable funding for gender-affirming items and travel, and spaces to connect with other trans students.

Arts SU has already trialled a small Gender Expression Fund, demonstrating a practical model for supporting trans students' wellbeing. The survey findings suggest that this type of support is valued, but that a more sustainable and better-resourced approach would be needed to meet ongoing need.

UAL cannot resolve national waiting times or the wider crisis in trans healthcare alone. It can, however, reduce some of the barriers students face while studying. It can support accurate information, safe signposting, community-building, staff awareness, and targeted financial support.

Given the vulnerability of the student group affected, even relatively small interventions could have a meaningful impact on safety, wellbeing and belonging.

Recommendations for supporting trans healthcare

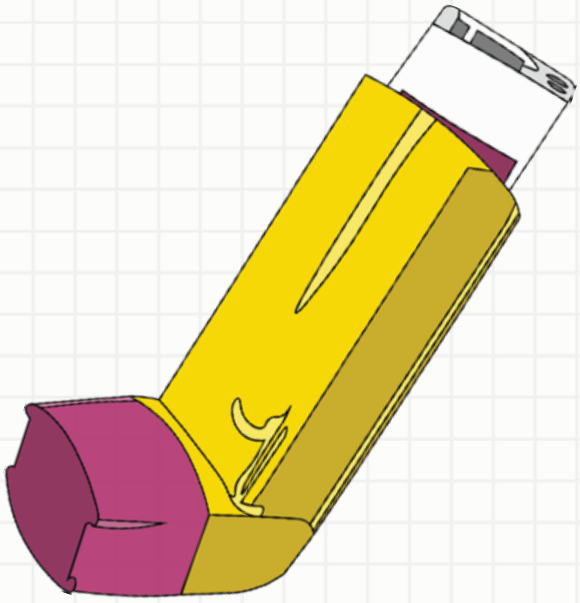
1. Establish a sustainable UAL-funded gender affirmation support scheme

Arts SU's Gender Expression Fund provides a strong model for practical, student-centred support, but the survey findings suggest that this kind of provision needs to be more sustainable.

UAL should work with Arts SU to **establish a recurring, university-funded gender affirmation support scheme for trans and gender-diverse students**.

This could support costs associated with gender expression, safe binding, travel to healthcare appointments, wellbeing-related items, and other non-clinical costs that affect trans students' health, safety and belonging.

A sustainable fund would recognise that even relatively small costs can create barriers, particularly alongside the high cost of private care and long NHS waiting times.

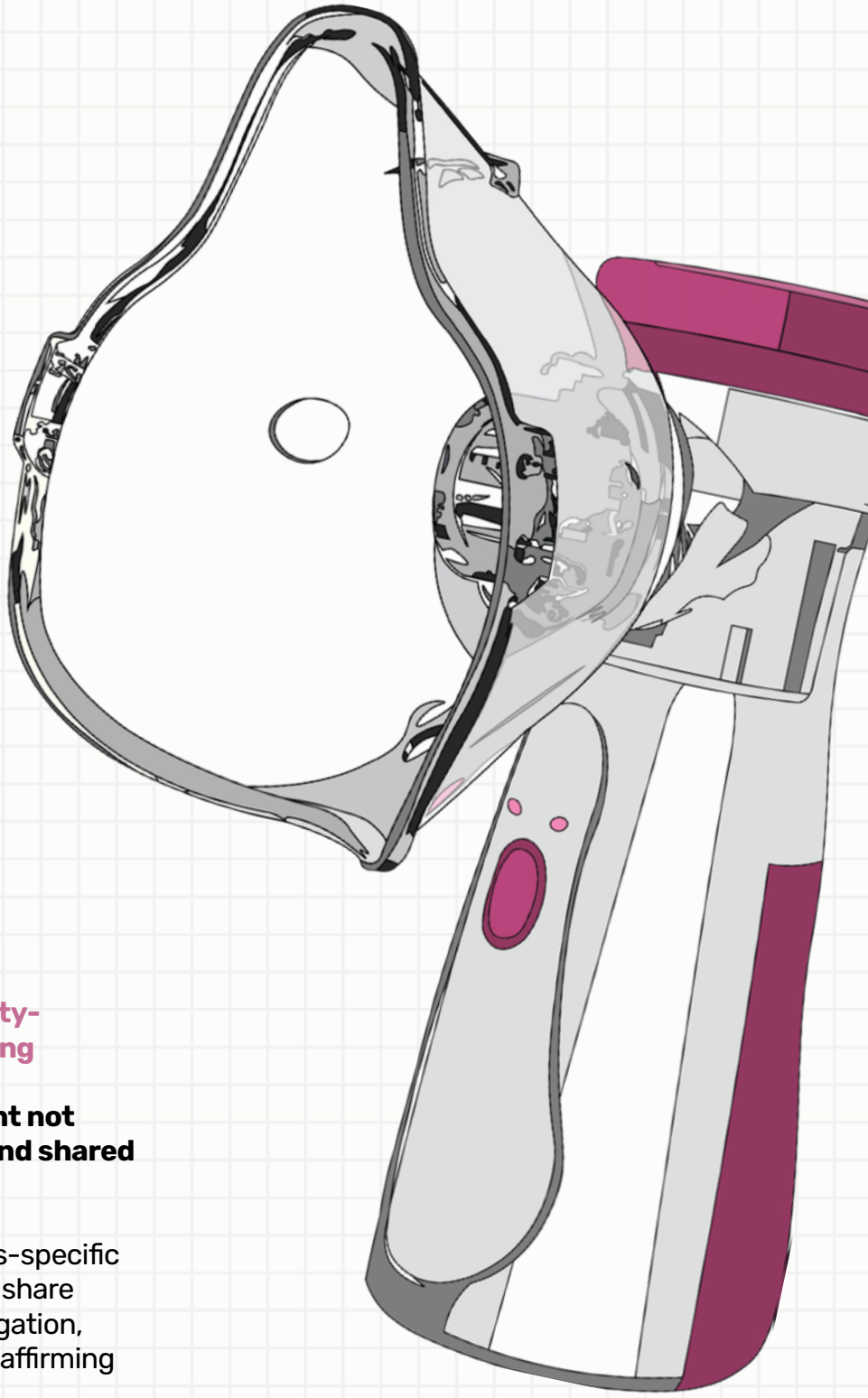


2. Develop trans-specific healthcare navigation support

UAL and Arts SU should provide **clearer, trans-specific support to help students navigate gender-affirming healthcare in London and the UK**.

This should include information on NHS and private pathways, what students may need to prepare before appointments, how to speak to a GP about gender-affirming care, and how to seek support if they experience misgendering, gatekeeping or lack of provider knowledge.

This should also include guidance for international students or students already receiving care elsewhere, including how to think about transferring prescriptions, maintaining continuity of hormone therapy, and reducing the risk of losing access to existing care.



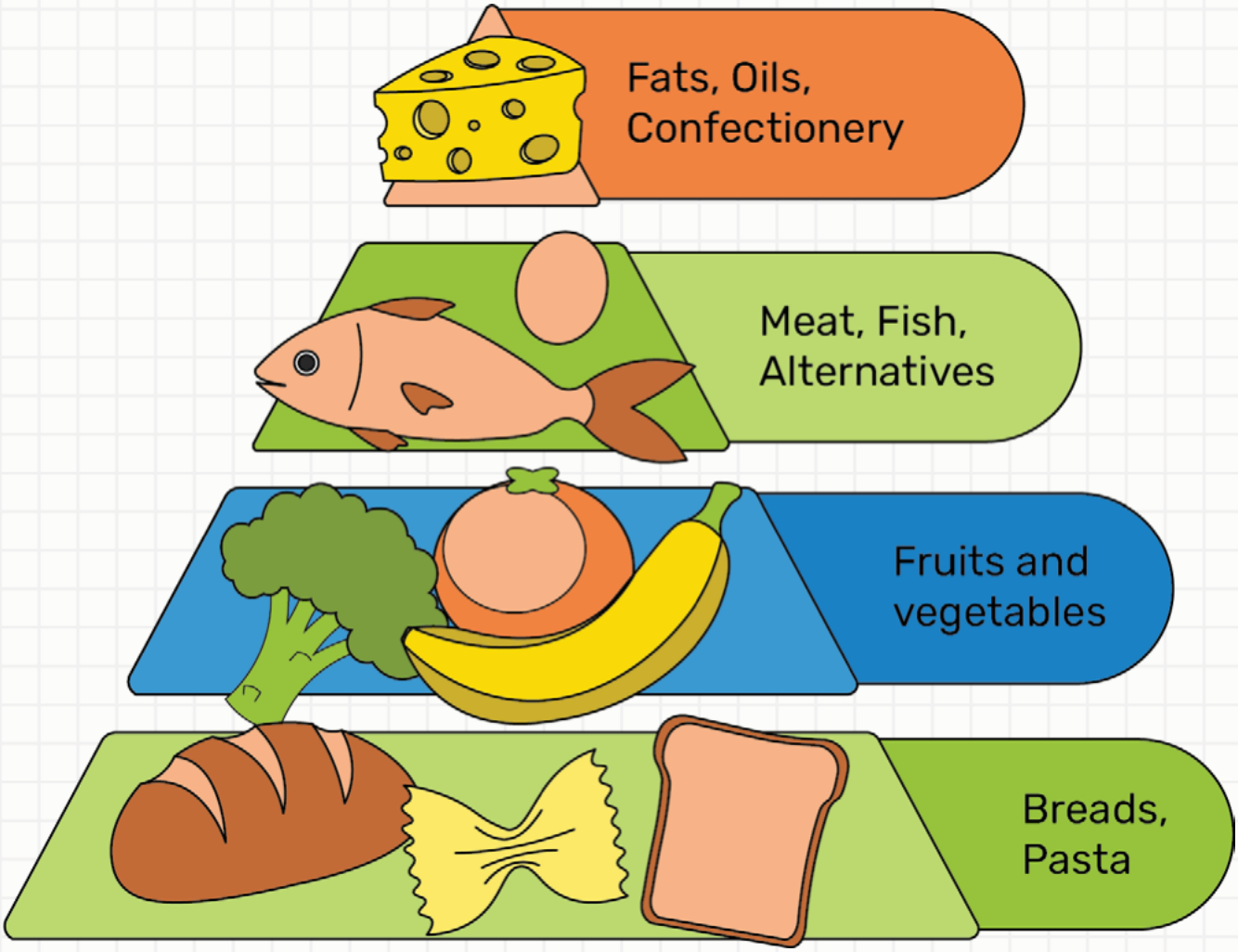
3. Support trans student community-building and peer knowledge-sharing

The findings show that **students want not only information, but community and shared knowledge**.

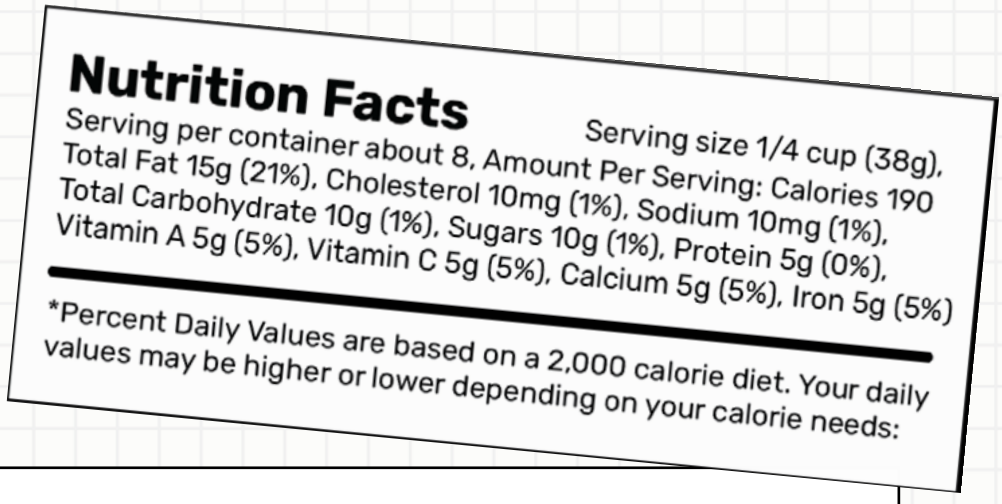
UAL and Arts SU should support trans-specific spaces where students can connect, share experiences, discuss healthcare navigation, and access signposting in a safe and affirming environment.

This could include facilitated peer support sessions, trans student meet-ups, health-focused drop-ins, or collaboration with external trans-led organisations.

This should be distinct from general LGBTQ+ programming, recognising that trans and gender-diverse students may have specific healthcare and wellbeing needs that are not always met by broader LGBTQ+ events.



STUDENT PRIORITIES AROUND HEALTH INTERVENTIONS



The final section of the survey asked students to identify which changes would most improve student access to healthcare at UAL.

This section functions as a summation of the wider report, bringing together the themes explored across healthcare access, mental health, assessment pressure, sport, trans healthcare, harm reduction and communication.

Relevance of trans healthcare

Which THREE changes would most improve student access to healthcare at UAL? (select up to 3)

Responses	% Value
More affordable sport/ leisure access	60.73%
Faster mental health traige	33.77%
Better communication about services	32.46%
Clear GP registration guidance	31.41%
Assessment period wellbeing reforms	25.92%
Dedicated healthcare navigation support	23.56%
Improved accommodation health standards	17.28%
Harm reduction education	12.30%
Staff training on inclusion & cultural safety	12.04%
Nothing	5.76%
Other *(please specify)*	4.45%

	Calories:	2000	2500
Total Fat	Less than	65g	60g
Sat Fat	Less than	65g	60g
Cholesterol	Less than	65g	60g
Sodium	Less than	65g	60g
Total Carbohydrate		65mg	60mg
Dietary Fiber		65mg	60mg

Diagram 26: What THREE changes would most improve student access to healthcare at UAL? (select all that apply)

Respondents were asked to select up to three interventions that would have the greatest impact on improving their health and access to healthcare at university.



The results show a clear hierarchy of priorities. The strongest response was more affordable sport and leisure access, selected by 60.73% of respondents.

This was followed by faster mental health triage at 33.77%, better communication about services at 32.46%, clear GP registration guidance at 31.41%, and assessment period wellbeing reforms at 25.92%.

Other priorities included dedicated healthcare navigation support at 23.56%, improved accommodation health standards at 17.28%, harm reduction education at 12.30%, and staff training on inclusion and cultural safety at 12.04%. Only 5.76% selected “nothing,” suggesting that most respondents could identify at least one practical change that would improve student health and healthcare access.

Overall, the findings suggest that students want UAL and Arts SU to **approach health holistically**. Students identified sport and leisure access, mental health triage, communication, GP registration, assessment reform and accommodation as health interventions.

This reinforces one of the central arguments of the report: student health is shaped by the whole student experience, including academic structures, housing, physical activity, cost of living, access to services and confidence navigating healthcare systems.



Affordable sport and leisure access as the strongest priority

The clearest finding is that more affordable sport and leisure access was the most selected priority, chosen by 60.73% of respondents. This is a strong mandate for UAL and Arts SU to treat physical activity as a student health issue, rather than as an optional extra or solely a matter of competitive sport.

This finding aligns closely with the previous section on sports, leisure and healthy lifestyles, where students identified cost, travel distance, lack of campus spaces, time and confidence as major barriers to participation.

It also aligns with open text responses in this final section. One respondent wrote that if the university could prioritise sport and physical exercise, which they described as “integral to mental health,” it would make “a huge difference” to the student experience. Another said that leisure centre and sports wellbeing facilities are a “corner stone of most large university institutions,” offering accessible alternatives to less healthy recreational activities and supporting work-life balance.



Several respondents again raised the **absence of UAL sports infrastructure** directly, with comments such as “There should be a UAL sports hall/gym” and “Besides the lack of sport facilities pretty good.” These responses strengthen the case that students see sport and leisure provision as a gap in UAL’s current student offer. Given the strength of the quantitative response, this should be understood as one of the most persuasive and actionable findings in the report.

Mental health triage and support remain central

The second strongest priority was faster mental health triage, selected by 33.77% of respondents. This reflects findings across the report showing high levels of anxiety, low mood, overwhelm, physical exhaustion and mental health-related disruption to study.

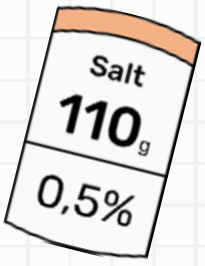
Open text responses reinforce both the value of existing UAL support and the need to strengthen access. Some students were highly positive. One respondent said they were “very pleased with the care that UAL provided” and would not have been able to attend university if those services were not in place.



Another said UAL had done “a lot more” for them in terms of mental healthcare than the NHS, and that they were grateful for the support received. Others specifically praised counselling staff and disability services, describing them as helpful, reassuring and important.

At the same time, other responses pointed to gaps in capacity, depth and timing. One respondent argued that UAL attracts students who may already have long-standing mental health needs before arriving, and that “entry level” provision may not always match the complexity of students’ experiences. Another said they had trouble booking counselling because there were no spaces. Another wished counselling was longer than 20 minutes, describing shorter appointments as insufficient.

These comments suggest that students value UAL’s mental health support, but want it to be easier to access, better matched to complex needs, and more responsive when students first seek help. Students are not necessarily asking UAL to replace NHS or specialist mental healthcare, but they do want quicker identification of need, clearer next steps, and timely support before problems escalate.



Communication, visibility and navigation

Better communication about services was selected by 32.46%, while clear GP registration guidance was selected by 31.41%, and dedicated healthcare navigation support by 23.56%. Taken together, these findings show that students want support not only in the form of services, but in understanding how to access and use them.

This reflects a recurring theme throughout the report. **Students may be aware that support exists but not know what it offers, how to access it, whether it is right for them, what to expect, or how it connects to NHS and external healthcare pathway**s. One respondent in the final open text responses said that the support offering is "already good but it isn't very visible." Another said that more focused support and clearer guidance for international students would significantly improve access.

Students with more complex needs also described the difficulty of navigating multiple systems. One respondent with more than one chronic condition said they had found it difficult to navigate the system alone and believed that "regular and practical support from the university" would improve the situation. Another respondent, living with a chronic immune system disorder, described having kind and supportive advisers but still needing to make "multiple attempts and contact several different departments" because the support structure felt fragmented and difficult to navigate.



These comments show that communication is not simply about better promotion. It is about making pathways clearer, reducing fragmentation, and helping students understand where to go when their issue crosses healthcare, disability, accommodation, academic support and wellbeing.

Assessment period wellbeing and academic structures

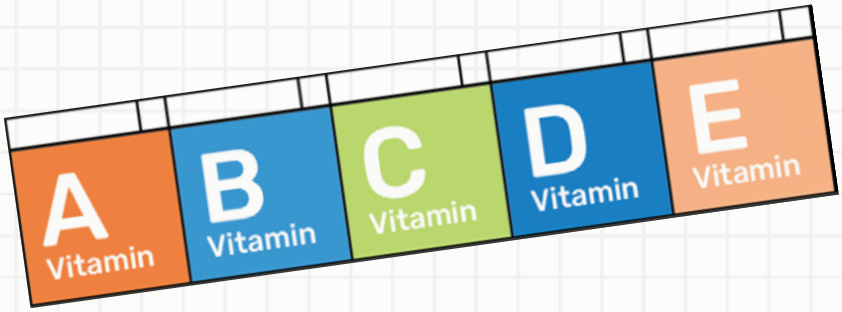
Assessment period wellbeing reforms were selected by 25.92% of respondents. This reflects the earlier findings that many students feel pressure to push beyond healthy limits during assessment periods, and experience sleep reduction, anxiety, social withdrawal, physical symptoms and reduced appetite.



Open text responses in the final section reinforce that workload and assessment structures have direct health impacts. One respondent said it is difficult to balance wellbeing with workload and described painful eye and skin problems during stressful periods. They added that holidays do not always provide recovery time because of “never-ending to-do lists” from teaching staff.

Another student said they wished there was a more prioritised understanding of how negatively these periods can affect students.

This supports the argument that **health interventions cannot sit only within student services**. Academic policies, course culture, assessment timing, workload expectations and staff understanding all shape student wellbeing. Assessment reform is therefore a health intervention as well as an academic quality intervention.

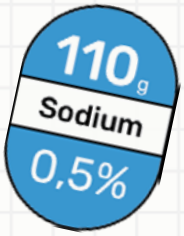


Accommodation, disability and health standards

Improved accommodation health standards were selected by 17.28%. While this was not among the top three overall priorities, the open text responses show that for affected students, accommodation can have serious implications for health, disability access and wellbeing.

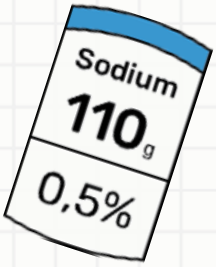
One respondent said they had faced multiple issues with accommodation services related to disability, and that promised additional services had not been provided by the time they were close to graduation. Another described UAL accommodation as negatively affecting their mental health, citing delays in resolving reported issues. These comments indicate that accommodation-related health concerns may be less universal than sport or mental health access, but can be highly significant for students affected by them.

This finding should also **be read alongside the wider report's emphasis on holistic health**. Students' living conditions influence sleep, hygiene, and physical wellbeing. Where accommodation issues are unresolved, the impact can extend into academic engagement and continuation.



Inclusion and trust

Staff training on inclusion and cultural safety was selected by 12.04%, while the open text responses also raised issues around staff sensitivity, disability, trauma and discrimination. Although this option was selected by a smaller proportion of respondents than sport, mental health or communication, it remains important because it relates to the quality and safety of students' interactions with institutional systems.



One respondent highlighted staff training for accessibility, saying they had seen disabled students encounter staff who were not trained enough or were insensitive to medical emergencies and health issues. Another described a health-related situation where they felt blamed or spoken to inappropriately after sexual violence. These examples are distressing and point to the need for careful, trauma-informed and disability-aware practice across student-facing roles.

This theme links to earlier sections on discrimination in healthcare, critique culture, disability, mental health and accommodation. For some students, health support is primarily determined by the people in support roles that they encounter responding in ways that are **respectful, informed and safe**.



Arts Students' Union

Doctor's Note

Patient's Name:

Recommendations have been integrated throughout this report so that they can be read alongside the findings that support them. This approach is intended to make the evidence base for each recommendation clear, with each proposed action responding directly to the data, open text responses and themes discussed in the relevant section.

This chapter brings those recommendations together in one place for ease of reference. The recommendations should be read as a connected programme of work rather than a set of isolated interventions. The findings of this research show that student health is shaped by multiple overlapping factors.

Improving student health at UAL will therefore require partnership working across Arts SU and UAL student services, as well as working with students themselves.

RECOMMENDATIONS

Recommendations on GP and primary care access

1. Develop clear online GP registration guidance for UAL students

UAL and Arts SU should work together to produce simple, accessible online guidance explaining how GP registration works, why it matters, and when students should consider registering with a London GP.

This guidance should be written in plain English and include step-by-step instructions, links to NHS registration tools, and answers to common questions.

The guidance should also address common areas of confusion identified in the survey, including: whether students need to register if they already have a GP elsewhere, how to choose a GP practice, what documents may be needed, and what students should do if they divide their time between London and another home address.

2. Provide targeted support for commuter students and students registered outside London

The data shows that many students remain registered with a GP outside London because they commute, live close enough to home, or trust their existing GP. We should avoid treating this as a simple knowledge deficit.

Instead, guidance should help students understand the benefits and risks of staying registered outside London, including what to do if they need urgent care, medical evidence, prescriptions or referrals while studying in London.

This could include a decision-making guide such as: “Should I register with a GP near university?” tailored to students who commute, live between addresses, or return home regularly.

3. Encourage GP registration before students become unwell

Students should be encouraged to consider the benefits of GP registration before they become unwell.

Messaging should make clear that GP registration can support access to prescriptions, referrals, mental health support and medical evidence for academic processes, and that difficulties can be compounded once already ill.

4. Produce specific guidance for students with long-term health conditions or ongoing prescriptions

Students with long-term conditions may face additional complexity when changing GP, transferring prescriptions, or coordinating specialist care.

UAL should develop specific guidance for students managing ongoing healthcare needs while studying.

This guidance should cover prescription continuity, specialist referrals, shared care arrangements, what to consider before changing GP, and what support is available if students are worried about disrupting existing care.

5. Address trust and confidence in accessing healthcare

The survey comments show that some students avoid registering or seeking care because of negative past experiences, anxiety, or fear of not being taken seriously.

UAL and Arts SU should ensure that healthcare guidance does not only explain administrative steps, but also acknowledges that some students may feel anxious or mistrustful about engaging with healthcare services.

Recommendations on health advice and interacting with healthcare providers

1. Improve visibility of UAL health and wellbeing information online

No respondents selected the UAL website or student services pages as their usual first source of health information (taking into consideration the margin of error). UAL should review how health information is presented online to ensure it is easy to find, clearly structured, and written around students' real-life needs.

Health and wellbeing pages should not only list services, but explain pathways. Students should be able to quickly understand what support exists, which service is appropriate, what to expect, and where to go next if they are unsure.

Arts SU should be involved in reviewing this content from a student perspective.

2. Promote reliable digital health literacy

Many students reported going first to search engines, AI chatbots, and friends and family for health advice, or waiting to see if symptoms improve when they are ill.

UAL and Arts SU should provide guidance on how to use online health information safely, including how to identify reliable sources, when NHS information should be prioritised, and when students should seek professional medical advice.

This should include specific guidance on the limits of AI chatbots for health-related questions. Rather than discouraging students from using tools they may already rely on, communications should help students understand how to use them cautiously with criticality, and when to escalate concerns to a qualified professional.

3. Embed "use the right service" messaging into student communications

Students are using a wide range of services, including pharmacies, NHS 111, urgent care and A&E.

UAL and Arts SU should develop communications that help students understand which service is most appropriate for different levels of need.

This could include a simple decision-making flowchart, campaign materials during winter, and integration into induction and international student communications. Messaging should make clear that pharmacies can be a useful first point of contact for minor illness or medication advice, NHS 111 can provide urgent guidance, and A&E should be used for emergencies.

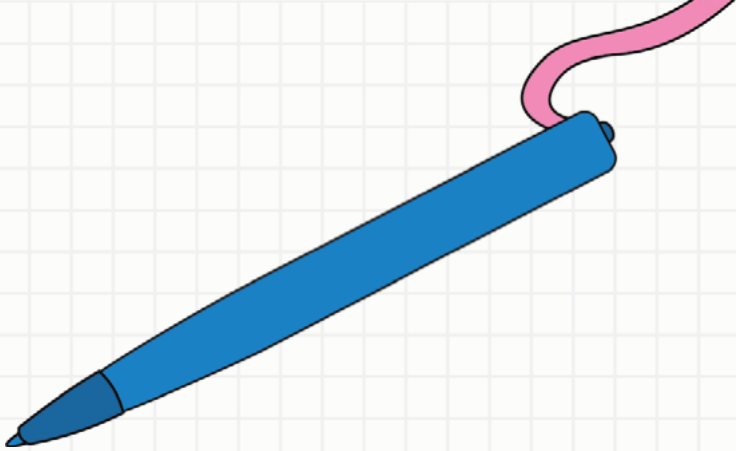
4. Support students to prepare for GP and remote consultations

The findings suggest that remote GP consultations are common but not always satisfactory.

UAL and Arts SU should provide practical guidance on how students can prepare for GP appointments, particularly phone or video consultations.

This could include advice on listing symptoms, explaining concerns clearly, asking for follow-up, requesting an in-person appointment where appropriate, and understanding what to do if they feel their concerns have not been addressed.

This guidance would be particularly useful for international students, neurodivergent students, disabled students, students with anxiety, and those managing complex or ongoing conditions.



5. Explore access to private spaces for healthcare calls on campus

Some students may struggle to take telephone or video GP appointments privately during teaching days or while on campus.

UAL should explore whether students can access confidential spaces for healthcare-related calls, particularly at larger campuses and sites with long studio days.

This could be part of a broader approach to supporting students with remote healthcare, disability-related appointments, therapy calls or urgent wellbeing conversations.











Recommendations for supporting moving to London and international student healthcare transition

1. Create an international student healthcare expectation briefing

UAL should develop a short, targeted briefing for international students that explains what healthcare in the UK is likely to feel like in practice.

This should go beyond factual information about the NHS, and address common differences students may experience compared with healthcare systems elsewhere, such as longer waiting times, GP-led referral pathways, limited direct specialist access, prescription rules, and the separation between NHS, private, dental and optical care.

This would help reduce the gap between what students expect after paying the Immigration Health Surcharge and what they experience once they arrive.

2. Introduce a healthcare transition checklist for students with existing treatment needs

UAL should provide a specific checklist for students who are already receiving treatment, taking regular medication, on a waiting list, or managing a long-term condition before starting at UAL.

This should prompt students to consider what they need to arrange before moving, including medication supply, documentation, diagnosis letters, prescription transfer, specialist referrals, and what to discuss with their existing doctor before relocating.

This would help students identify potential risks before care is interrupted.

3. Develop clearer support for students whose care is split between countries

The findings show that some international students continue to rely on doctors, prescriptions, or family-supported healthcare outside the UK.

UAL should recognise this as a common part of international student healthcare, rather than treating UK healthcare use as the only pathway.

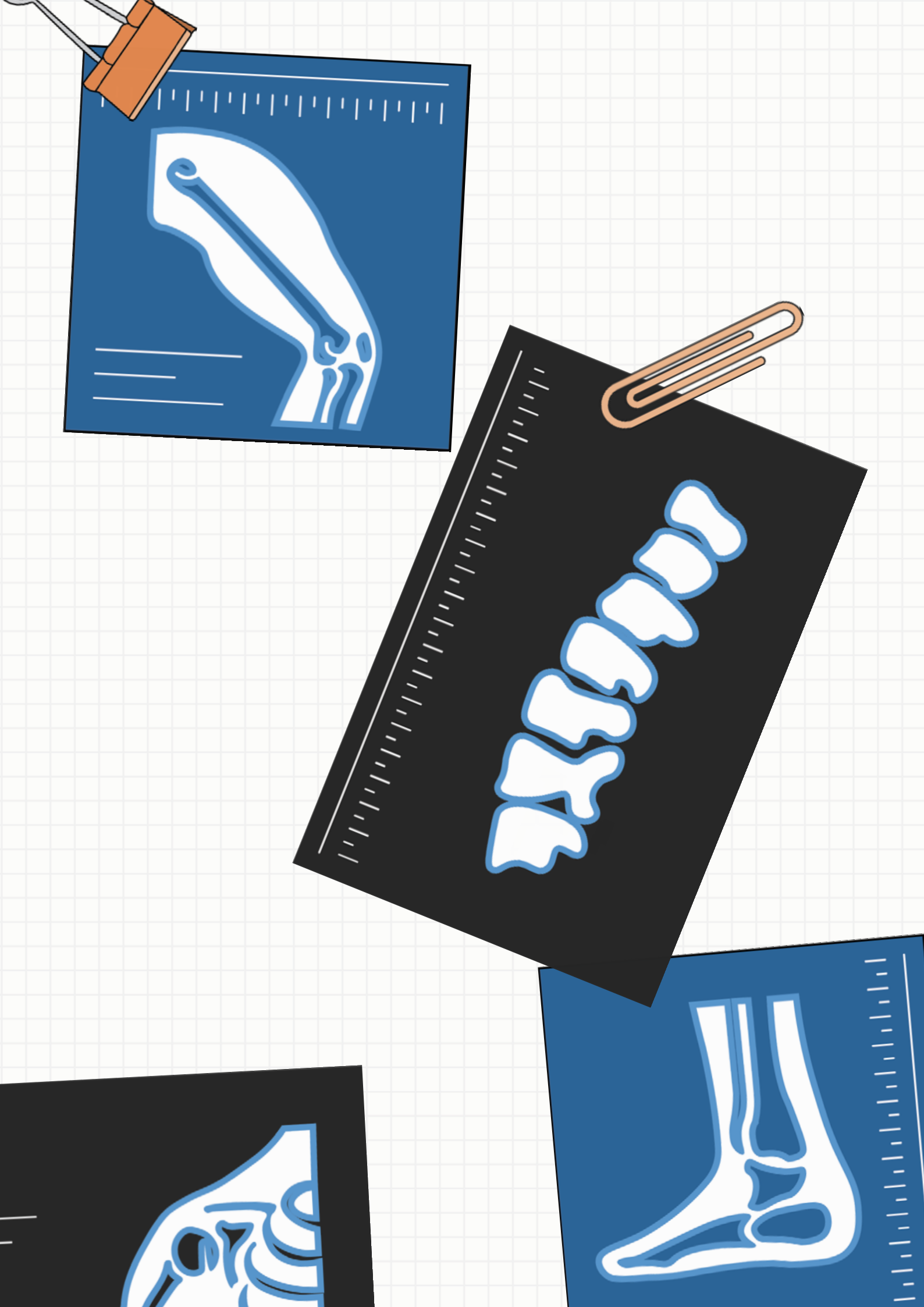
Support should help students understand how to manage cross-border care safely, including what to do if medication runs out, how to discuss overseas diagnoses with a UK GP, and when relying on overseas care may create risks during term time.

4. Improve advice on overseas prescriptions, diagnosis recognition and medication equivalence

UAL should work with Arts Students' Union to provide more specific information on issues that disproportionately affect international students, such as whether overseas prescriptions can be used in the UK, how to obtain a UK prescription for existing medication, what to do if a medication is not available or licensed in the UK, and how overseas diagnoses may be treated within NHS pathways.

This should include examples relevant to students, such as antidepressants, ADHD medication, contraception, hormone therapy and long-term condition medication.





Recommendations to strengthen UAL health and wellbeing services

1. Clarify the purpose, scope and limits of UAL wellbeing services

UAL should build on the high awareness of wellbeing and counselling services by giving students clearer information about what each service offers, who it is for, and what kind of support students can expect. This should include counselling, Health Advice, chaplaincy, workshops, online resources, wellbeing events and related support services.

This is particularly important because many students who had not used the services said they were not sure what they offer, while some students who had used them felt uncertain about whether the support was intended for short-term concerns, ongoing mental health difficulties, academic-related stress, or wider personal issues.

Clearer explanations would help students decide whether a service is right for them and reduce the risk of disappointment or disengagement.

2. Review the student journey into wellbeing support

UAL should review the practical route students take when trying to access wellbeing support, from first hearing about a service through to booking, confirmation, attendance, follow-up and next steps. The aim should be to identify any points where students may become confused, discouraged or lost in the process.

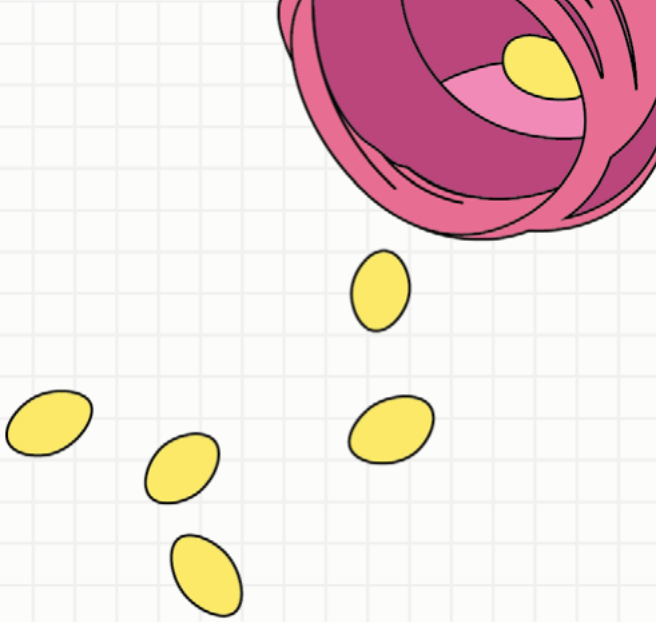
This should pay particular attention to first-time users, students in distress, neurodivergent students, and students who may struggle with administrative processes when seeking help. Students' comments suggest that booking systems, limited appointment visibility, uncertainty about next steps and missed follow-up can become barriers even when students are motivated to seek support.

3. Strengthen continuity and follow-up within wellbeing provision

Students placed high value on supportive relationships with individual staff, but some also described difficulties with cancelled appointments, unclear handovers, missed follow-up or having to repeat their story. UAL should review how continuity and communication are maintained within wellbeing services, particularly when students have ongoing or complex needs.

This could include clearer follow-up expectations after appointments, stronger communication when staff change or appointments are cancelled, and more consistent handover processes where a student is signposted or referred to another form of support. Improving continuity would help students feel held by the service rather than having to repeatedly restart the process.





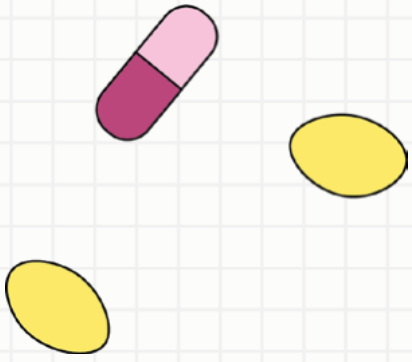
4. Increase the visibility and appeal of non-counselling wellbeing support

The data suggests that students' use of UAL wellbeing services is heavily centred on counselling, while workshops, group sessions, online resources, wellbeing events and chaplaincy are used by smaller proportions of respondents. UAL should consider how to make these wider forms of support more visible, accessible and appealing.

This could include clearer wellbeing activity calendars, more targeted promotion during high-pressure points in the year, and simpler explanations of how lower-intensity or preventative support can help. Strengthening the wider wellbeing offer could give students more routes into support and reduce the perception that counselling is the only meaningful option.

5. Reassure students that seeking support is appropriate, confidential and encouraged

Some students had not accessed UAL wellbeing services because of privacy concerns, uncertainty about whether their issue was appropriate, or reluctance to "burden" services. UAL and Arts SU should work together on messaging that reassures students about confidentiality, explains what happens when they disclose concerns, and makes clear that they do not need to be in crisis to ask for help.



Recommendations for access to mental health support

1. Introduce clearer interim support for students waiting for mental health provision

Long waiting times were the most common barrier to accessing mental health support, selected by 55.87% of respondents who had tried to access support.

UAL should review how students can be supported while waiting for counselling, NHS talking therapies, specialist support or external referrals.

This could include structured interim check-ins, short wellbeing planning appointments, guided self-help resources linked to a student's concern, peer support options, or proactive signposting to relevant external services. The aim should be to ensure that students are not left without any support between first contact and a full appointment.

2. Create a mental health support pathway map

The data shows that students seek mental health support through multiple routes, including UAL counselling, GPs, NHS talking therapies, crisis services, charities, private therapy and third-sector organisations.

UAL and Arts SU should develop a simple mental health support pathway map that helps students understand which route may be appropriate depending on urgency, type of need and desired support.

For example, the map could explain what to do if a student wants short-term counselling, needs medication, is in crisis, wants longer-term therapy, needs culturally specific support, or is unsure where to start. This would help address the 29.05% of respondents who said the referral process was unclear.

3. Improve appointment flexibility around study, work and caring responsibilities

Scheduling conflicts were reported by 34.64% of respondents who faced barriers to mental health support.

UAL should explore ways to make support easier to fit around students' lives, particularly where students have studio commitments, placements, paid work, commuting time, caring responsibilities, or fixed access to specialist facilities.

Practical improvements could include more early evening appointments, clearer options for online or in-person formats, protected appointment times during high-pressure periods, or easier rescheduling processes.

UAL could also consider whether students can be given clearer guidance on how to manage clashes between support appointments and teaching.

4. Address financial barriers to mental health support

Cost was a barrier for 29.61% of respondents, and 20.44% of students who sought support used private therapy.

This suggests that some students are turning to paid support where university or NHS provision does not meet their needs quickly enough or for long enough.

UAL should explore whether students facing financial hardship can be supported to access appropriate mental health provision. This could include clearer signposting to free or low-cost therapy services, partnerships with local or specialist charities, guidance on NHS self-referral routes, or targeted hardship support where mental health-related costs are affecting a student's ability to continue their studies.

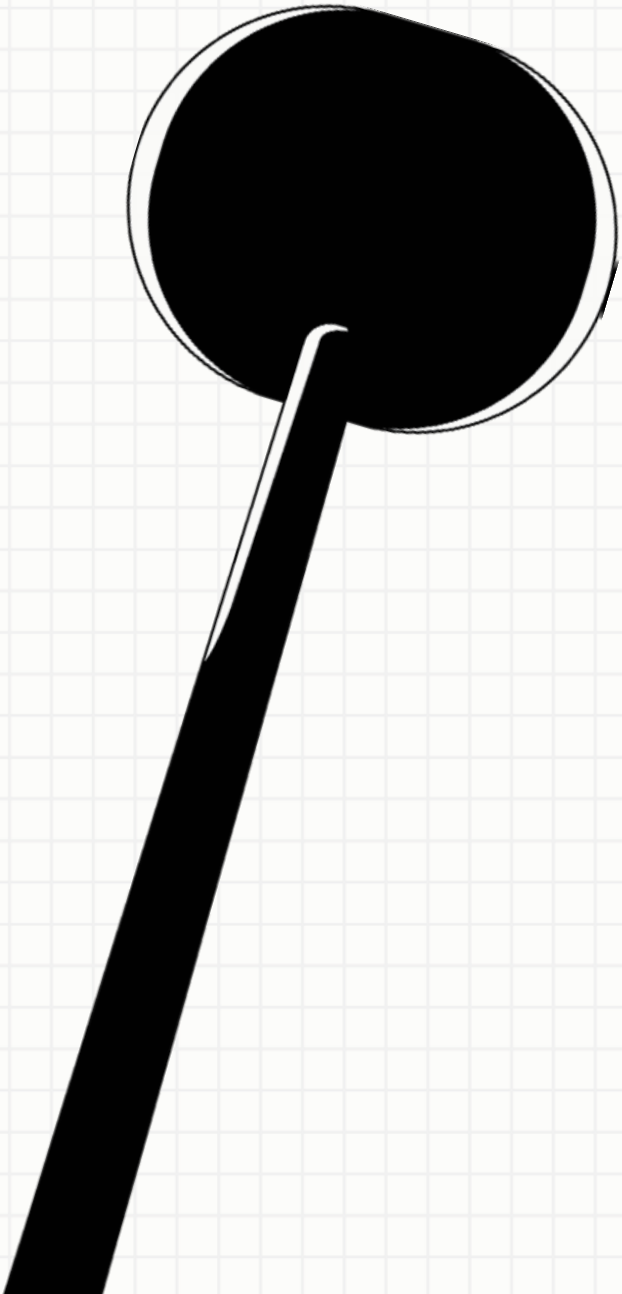
5. Strengthen pathways for students who feel dismissed, disbelieved or unsure whether support is for them

A significant minority of respondents reported feeling dismissed or not believed (18.99%), stigma (17.32%), concerns about discrimination (6.70%), or cultural and language barriers (4.47%) when trying to access mental health support.

UAL and Arts SU should work together to ensure students know what to do if they feel a support route has not met their needs.

Practical steps could include clearer escalation routes, guidance on seeking a second opinion, culturally specific and identity-informed signposting, and messaging that reassures students they do not need to minimise their concerns to be taken seriously.

This would help build confidence among students who may be hesitant to seek help, particularly those with previous negative experiences of healthcare or support services.



Recommendations for term-time and assessment-period health

1. Develop assessment-period wellbeing protocols at course level

UAL should encourage courses to develop simple assessment-period wellbeing protocols that set expectations for healthier working during peak periods. These should be owned locally by course teams and tailored to the realities of different disciplines, rather than operating as a generic university-wide message.

Examples could include agreed expectations around breaks during long studio or screen-based sessions, reminders that all-nighters should not be treated as normal practice, guidance on when students should stop working if unwell, and course-level check-ins during the final weeks before submission.

This would help shift the culture from individual students having to manage pressure alone towards a shared understanding of healthy creative practice.

2. Review deadline clustering and cross-unit workload during peak assessment periods

Students repeatedly linked assessment stress to overlapping deadlines, multiple units running at once, unclear deliverables and limited time to recover. UAL should review how deadlines, briefs and project expectations cluster within and across units, particularly on courses where students are balancing studio work, written work, exhibitions, group projects or external collaborations.

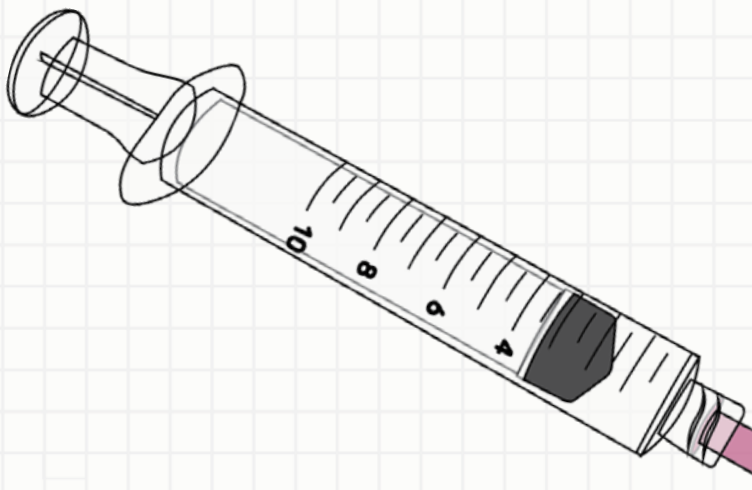
A practical approach could include course teams mapping assessment deadlines across the term, identifying "crunch points", avoiding non-essential sessions in submission weeks, and checking whether expected workload remains realistic for students who also have paid work, caring responsibilities, disability-related needs or commuting pressures.

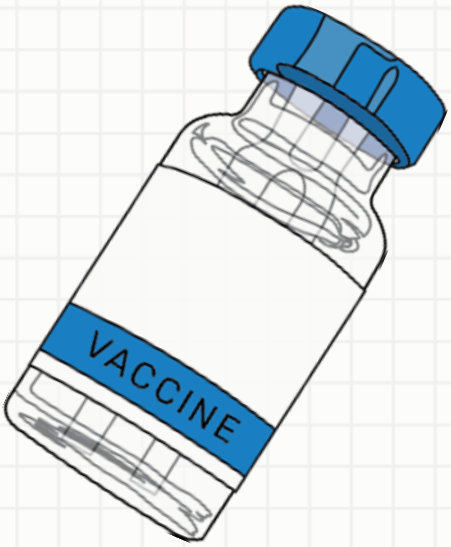
3. Build on Arts SU's Basic Needs work through assessment period health interventions

The survey responses show that students often struggle with basic health behaviours during assessment periods, particularly sleep, eating, hydration and taking breaks.

This connects directly to Arts SU's existing Student Basic Needs Project, which recognises that students need access to essential resources such as food, housing, healthcare, financial stability, travel, materials and signposting in order to thrive in higher education. Arts SU's Basic Needs work already includes practical support around food, accommodation, travel, materials and destigmatising access to support.

UAL should work with Arts SU to further support and expand this work during peak assessment periods, when students may be especially likely to deprioritise food, rest, hydration and recovery. This could include university funding to scale up existing Basic Needs interventions, such as free food markets, Nourish Boxes, affordable meal support, hygiene products, and practical signposting, alongside assessment-specific wellbeing initiatives. Arts SU's Free Food Markets provide students with free fresh produce, shelf-stable goods and basic hygiene items, while Nourish Boxes offer regular non-perishable food support for students who may need it.





Practical assessment period interventions could include:
- free fruit, healthy snacks or simple meal support on campus
- extended access to affordable hot meals during submission periods
- promotion of water stations and hydration points
- “take a break” prompts in studios, libraries and workshops
- demarcated quiet decompression spaces
- short movement, stretching or breathing sessions
- SU-led study breaks or low-pressure social activities
- clearer signposting to Basic Needs support during assessment weeks

These interventions would not remove assessment pressure, but they could reduce some of the immediate health harms students described. By supporting Arts SU’s Basic Needs work more sustainably, UAL could help ensure that students’ core needs are met during the periods when they are most likely to neglect them.

This would recognise that students cannot fully engage, create, study or succeed if they are hungry, exhausted, dehydrated, isolated or unable to access basic support.

4. Improve the physical conditions of intensive study and studio work

A significant proportion of respondents reported fatigue from long studio hours, back or joint pain, and headaches linked to screen or equipment use.

UAL should review the physical conditions of spaces students use intensively during assessment periods, with particular attention to comfort, ventilation, seating, lighting, screen use and access to breaks.

Practical improvements could include more ergonomic seating, standing desks or laptop risers in key workspaces, clearer guidance on safe screen-based working, and better ventilation checks in workshops. This would frame physical wellbeing as part of safe and sustainable creative practice.

5. Build recovery time into the academic rhythm after intense assessment periods

Many students described needing time to recover after submissions, exhibitions or major projects.

UAL should consider how courses can recognise the physical and mental toll of intense assessment periods by building in recovery time where possible.

This could include avoiding immediate new deadlines after major submissions, scheduling reflective or lower-intensity sessions after exhibitions, giving students clearer permission to rest after intensive project periods, and considering whether recovery time is particularly needed for students with ISAs, long-term health conditions or disability-related fatigue.

This would help students move from “pushing through” assessment periods towards more sustainable patterns of creative work.

Recommendations for feedback, critique and wellbeing

1. Embed UAL's inclusive crits guidance consistently through course-level practice

UAL and Arts SU have already developed guidance on supporting inclusive crits. The findings from this survey suggest that the priority is now consistent implementation across courses, rather than creating new principles from scratch.

Course teams should be supported to translate the guidance into local practice, for example by agreeing crit ground rules with students, explaining the purpose and format of crits in advance, offering students different ways to participate, and making sure feedback is framed as developmental rather than personal judgement.

This would help ensure that students experience critique as a structured learning process, not an unpredictable or emotionally unsafe event.

2. Strengthen staff and student understanding of constructive feedback culture

The survey shows that students value critique when it is specific, respectful and actionable, but can be negatively affected when feedback feels harsh, vague, contradictory, last-minute or public in ways that feel exposing.

UAL should continue to build shared understanding among staff and students about what constructive critique looks like.

Practical steps could include short staff refreshers on inclusive feedback facilitation, student-facing guidance on how to give and receive peer feedback, and examples of effective critique language.

This should emphasise that critique can be honest and challenging while still being clear, respectful and supportive of wellbeing.

3. Review the timing and format of high stakes feedback

Some students described feedback as most difficult when it came too late to act on, required major changes close to deadlines, or was delivered in public without enough structure.

Course teams should review where high-stakes feedback sits within assessment timelines and whether students have enough time, clarity and support to respond to it.

This could include avoiding major new direction-setting feedback immediately before deadlines or breaks, ensuring written feedback clearly connects to assessment criteria, and providing opportunities for students to ask clarifying questions after significant critique.

This would help reduce anxiety while preserving the creative and academic value of critical feedback.



Recommendations for supporting harm-reduction around alcohol and non-prescription drugs at UAL

1. Co-create a UAL and Arts SU harm-reduction strategy from the ground up

UAL and Arts SU should work together to develop a student-centred harm-reduction strategy for alcohol and non-prescription drug use.

This should start from the ground up, involving students, Arts SU, UAL wellbeing services, safeguarding, accommodation, bar and events staff, societies, sports clubs and relevant external harm-reduction organisations.

The strategy should go beyond providing information. It should establish a shared institutional approach to prevention, education, disclosure, signposting, crisis response, peer support and event safety. It should also make clear that students can seek help for alcohol or drug-related concerns without fear of automatic punishment, while maintaining clear safeguarding processes where there is immediate risk.

A co-created strategy would help ensure that support is realistic, trusted and relevant to students' actual experiences. It could cover safer use, mixing substances and medication, alcohol-free social life, drug checking information, overdose response, support for friends, links between substance use and mental health, and routes into confidential internal and external support.

2. Further embed and resource alcohol-free student social life

Arts SU already does significant work to create inclusive, alcohol-free social opportunities, including through societies, sports clubs, daytime and evening events, community-building activities, and café-style social spaces. The findings from this survey suggest that this work is important and should be further embedded as part of UAL's wider approach to student wellbeing, belonging and harm reduction.

UAL should work with Arts SU to expand and sustainably fund alcohol-free social opportunities that feel genuinely appealing and visible to students, rather than treating them as niche alternatives to drinking culture. This could include further university funding for:
- late-opening café-style events
- creative socials
- games nights
- sober club-style events
- cultural programming
- low cost food-led events
- society-led social activity
- relaxed evening spaces where students can meet without alcohol being the main focus.

This would recognise that alcohol-free social provision is not only relevant to students who do not drink.

It also supports international students, students in recovery, students with health conditions or medication interactions, students with caring or work responsibilities, students who drink less during assessment periods, and students who want more varied ways to connect. Embedding this work through sustained university support would help Arts SU build on existing good practice and make non-drinking social life a more visible and normal part of the UAL student experience.

3. Strengthen signposting to confidential and external substance-use support

Some students may be reluctant to disclose alcohol or drug use to university services because of shame, fear of judgement, or concern about consequences.

Arts SU and UAL should provide clear signposting to confidential support, including external organisations where students can seek advice without feeling that they are disclosing directly to the university.

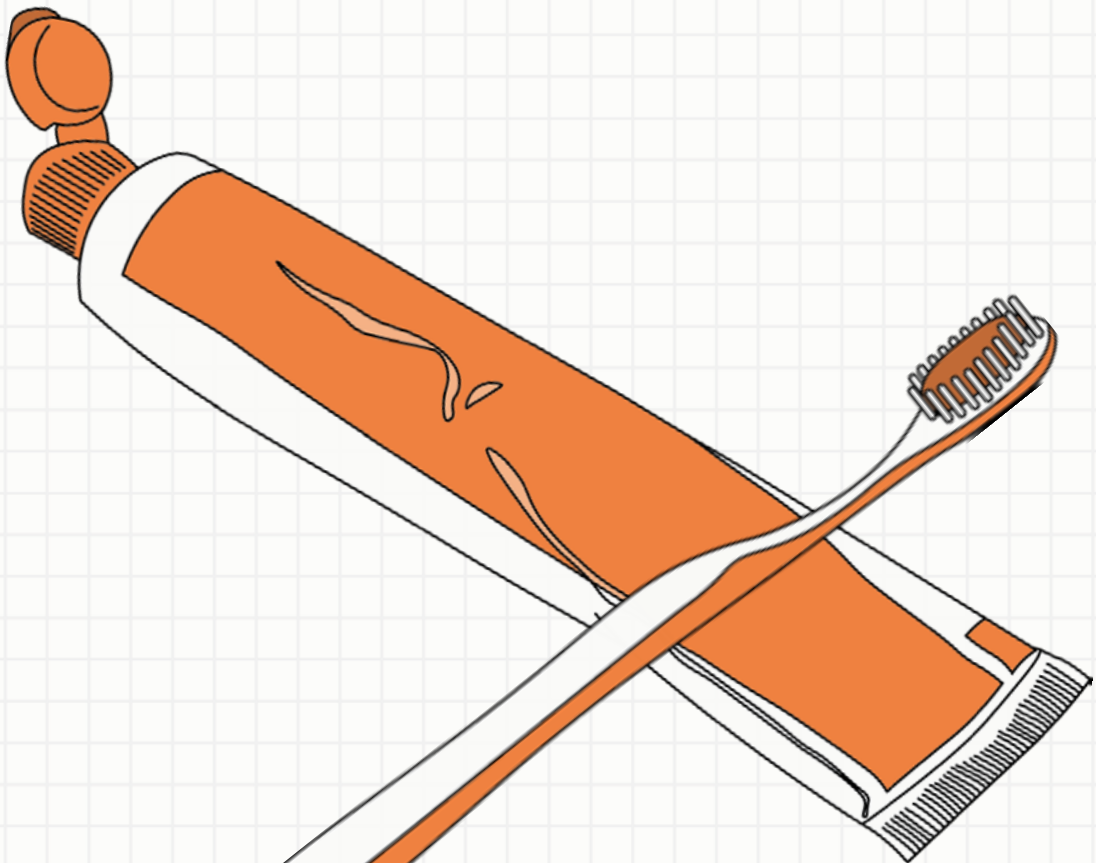
This should include support for students who are worried about their own use, students concerned about a friend, and students whose substance use is linked to mental health, trauma, stress, loneliness or assessment pressure. Communications should make clear that asking for help will be treated as a health and wellbeing issue, not as a disciplinary issue.

4. Train student-facing staff and student leaders in supportive responses to substance-related concerns

Students may disclose alcohol or drug-related concerns to a range of people, including SU staff, bar staff, society committee members, sports club leaders, residence staff, tutors or wellbeing services.

Arts SU and UAL should ensure that key student-facing staff and student leaders know how to respond calmly, safely and without judgement.

This could include basic harm-reduction training, guidance on when to escalate concerns, how to respond to intoxication at events, how to support a student after a difficult experience, and how to signpost to confidential help. For Arts SU, this would be particularly relevant to bar operations, events, sports clubs, societies and student community spaces.



Recommendations for improving sports, leisure and healthy lifestyles at UAL

1. Develop a funded UAL sports and physical activity facilities plan

UAL should develop a funded plan for improving student access to sports and physical activity facilities, with the long-term aim of providing a university gym and dedicated recreational exercise spaces.

The survey findings show strong student demand for a UAL gym, with students repeatedly identifying the absence of affordable, campus-based facilities as a barrier to staying active. This demand is also reflected in Arts SU's experience of delivering physical activity provision. Previous Arts SU gym access partnerships through Arts Active, including with London School of Economics Students' Union's gym, had strong student take-up, but were limited by geography, restricted access times and financial sustainability. A single centrally located gym, available only at specific times, did not meet the needs of students across UAL's dispersed campuses, particularly those with part-time work, caring responsibilities, long commutes or limited travel budgets.

This suggests that UAL's approach should be phased and multi-site. It does not need to begin with a large-scale sports centre. In the short term, UAL could explore lower-cost options such as pop-up gym provision, fitness equipment in suitable rooms, bookable movement spaces, yoga and stretching rooms, and basic facilities with mats, weights or cardio equipment. In the longer term, UAL should explore dedicated recreational exercise spaces and a university gym as part of its student health and wellbeing infrastructure. The key principle should be that physical activity is treated as part of student health infrastructure, not as an optional extra.

UAL should also review how existing spaces are used and whether current building opening hours support student wellbeing. Arts SU's Activities Studio at High Holborn is already heavily booked during term time by sports clubs and by students using the space for activities such as yoga, Pilates and dance. However, reduced evening and weekend access has limited when students can use the space and increased reliance on external venues. This creates a tension between student finances, access to space and UAL's sustainability commitments: when students and clubs cannot use existing UAL spaces, they may face additional venue, travel and time costs. Making better use of existing spaces should therefore be part of any wider plan for student physical activity.

2. Fund local partnerships and genuinely affordable access to gyms, pools and leisure centres

Given UAL's multi-campus geography and space constraints, UAL should fund partnerships with local leisure providers near each college as an intermediate solution to the demand for student gym provision.

This could include subsidised gym memberships, swimming passes, discounted or free access to sports halls, or agreements with nearby universities, local authority leisure centres and community sports providers. These partnerships should be campus-specific, so that students can access affordable activity near where they study, rather than relying on a single central London location.

Arts SU's previous gym access provision shows that student demand exists, but also that centrally located, time-limited access can exclude students whose timetables, work commitments or travel costs make attendance difficult. Future partnerships should therefore prioritise flexibility, proximity and affordability.

Access should be available across a wider range of times, including evenings and weekends where possible, and should be designed around UAL's dispersed student population.

Standard commercial student discounts are unlikely to address the scale of the barrier identified in the survey. Students need genuinely affordable or free access if cost and travel are to be meaningfully reduced. UAL should therefore consider centrally funding a package of local leisure partnerships as part of its wider commitment to student wellbeing, rather than relying on Arts SU or individual students to absorb the cost.

3. Support Arts SU to further expand inclusive, beginner friendly physical activity

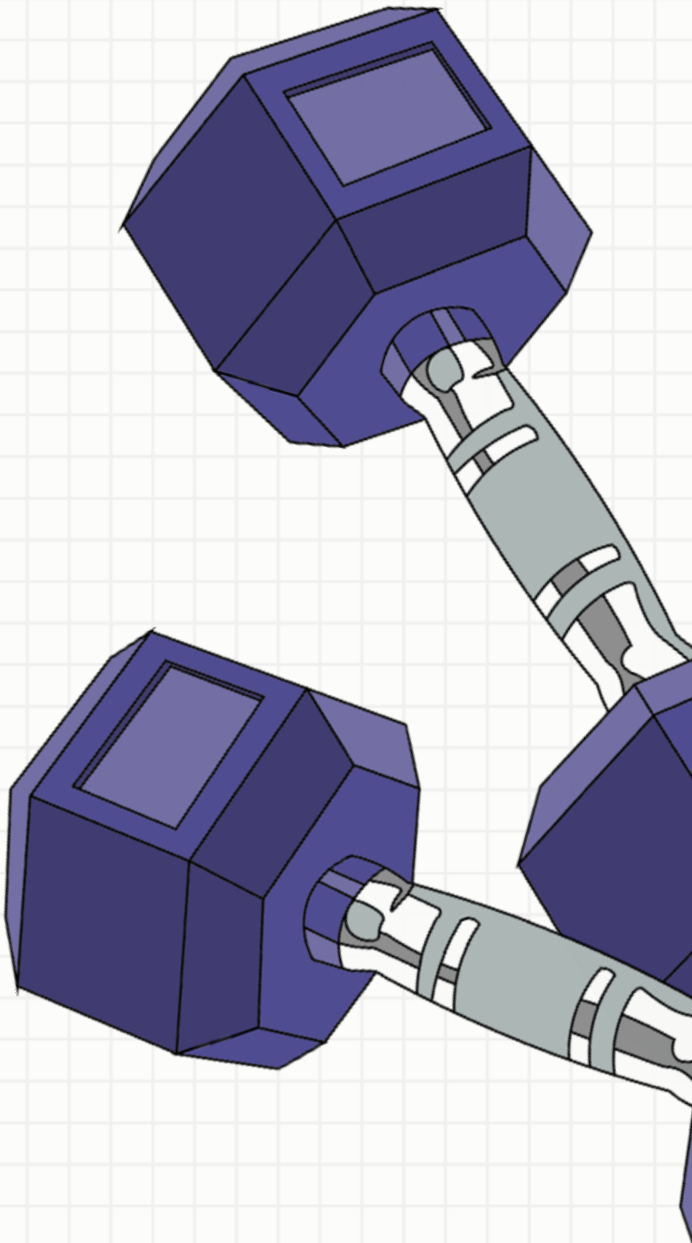
Arts SU already provides a wide range of sports clubs, societies, recreational activities and student-led opportunities that support students to be active, social and connected.

The findings from this survey suggest that this work is highly relevant to student health and wellbeing, particularly for students who may not see themselves as "sporty" or who are looking for low-pressure ways to move, meet others and manage stress. This is also reflected in demand for Arts SU's existing activity spaces and programmes, including students using the Activities Studio for informal movement activities such as yoga, Pilates and dance, as well as formal sports club activity.

UAL should work with Arts SU to identify how this existing offer could be further supported, resourced and made more accessible across UAL's campuses. This could include additional funding for beginner friendly and non-competitive activity, support with venue hire, more campus-based taster sessions, women-only or identity-specific sessions where there is student demand, casual drop-in sport, group walks, yoga, dance, swimming socials, pop-up fitness sessions, and assessment period movement breaks.

UAL should also recognise that access to space is a key condition for this work to be sustainable. Where UAL spaces are unavailable, have limited opening hours, or cannot be used at weekends, Arts SU may need to fund external venues, increasing costs and reducing the affordability of student activity. Stronger university support should therefore include not only funding for programmes, but also practical support with space, opening hours and access to suitable facilities.

With stronger university support, Arts SU could help reduce barriers around confidence, cost, travel and belonging, while offering forms of physical activity that feel inclusive, social and connected to UAL student life.



Recommendations for responding to discrimination in healthcare access

1. Develop appointment advocacy resources for students who fear being dismissed or treated unfairly

UAL and Arts SU should develop practical resources to help students prepare for healthcare appointments where they may be worried about being dismissed, misunderstood or treated unfairly.

This could include guidance on writing down symptoms, explaining impact on study and daily life, asking for investigations or referrals, requesting a second opinion, bringing someone to an appointment, and recording what was agreed.

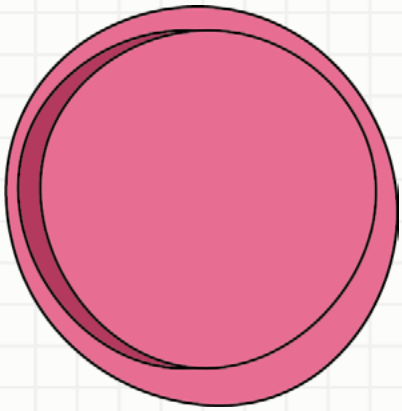
This would be particularly useful for students seeking support around women's health, reproductive health, chronic pain, mental health, disability, weight stigma, trans healthcare or symptoms that have previously been dismissed. The aim should be to help students feel more confident navigating healthcare systems, without placing the full burden of advocacy on them.

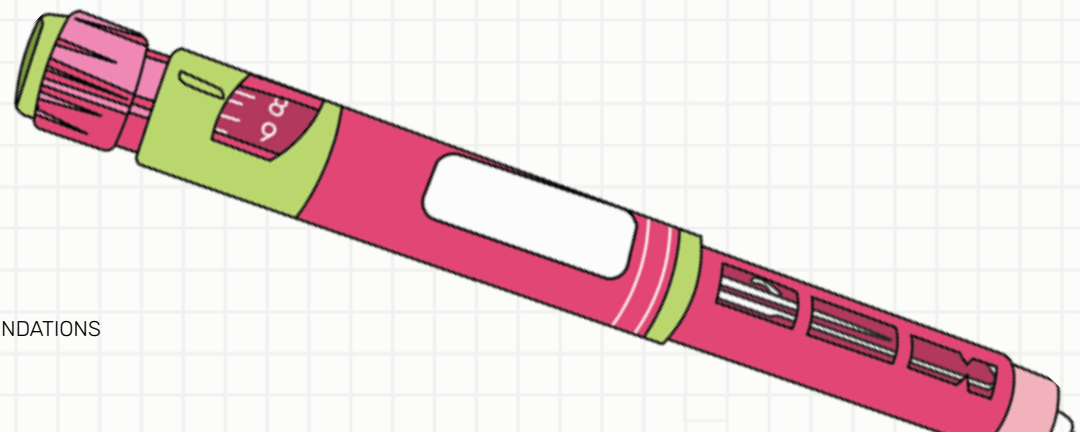
2. Use student evidence to inform conversations with local health partners

UAL and Arts SU should use the findings from this section to open constructive conversations with local health partners, including student-facing GP practices, NHS services, public health teams and voluntary sector organisations.

While UAL cannot control students' experiences across the healthcare system, it can share anonymised evidence about the barriers students report, including fears around gendered dismissal, mental health stigma, racism, disability, trans status, weight stigma and immigration status.

These conversations could support better understanding of student needs, improve referral and signposting pathways, and help local services recognise the specific concerns of a diverse creative student population.





Recommendations for supporting trans healthcare

1. Establish a sustainable UAL-funded gender affirmation support scheme

Arts SU's Gender Expression Fund provides a strong model for practical, student-centred support, but the survey findings suggest that this kind of provision needs to be more sustainable.

UAL should work with Arts SU to establish a recurring, university-funded gender affirmation support scheme for trans and gender-diverse students.

This could support costs associated with gender expression, safe binding, travel to healthcare appointments, wellbeing-related items, and other non-clinical costs that affect trans students' health, safety and belonging.

A sustainable fund would recognise that even relatively small costs can create barriers, particularly alongside the high cost of private care and long NHS waiting times.

2. Develop trans-specific healthcare navigation support

UAL and Arts SU should provide clearer, trans-specific support to help students navigate gender-affirming healthcare in London and the UK.

This should include information on NHS and private pathways, what students may need to prepare before appointments, how to speak to a GP about gender-affirming care, and how to seek support if they experience misgendering, gatekeeping or lack of provider knowledge.

This should also include guidance for international students or students already receiving care elsewhere, including how to think about transferring prescriptions, maintaining continuity of hormone therapy, and reducing the risk of losing access to existing care.

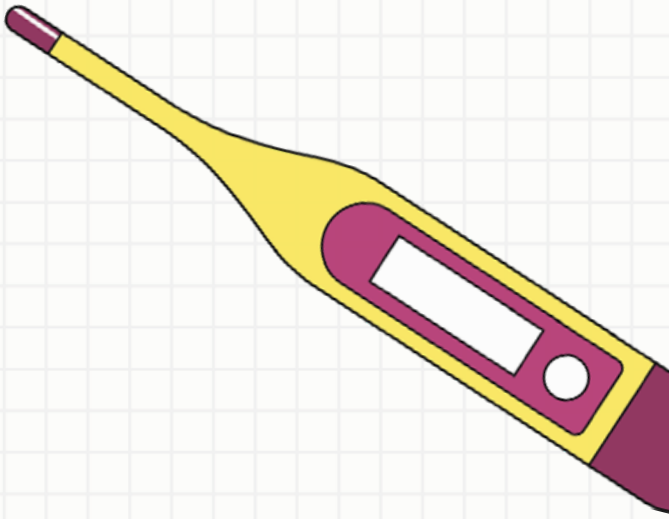
3. Support trans student community-building and peer knowledge-sharing

The findings show that students want not only information, but community and shared knowledge.

UAL and Arts SU should support trans-specific spaces where students can connect, share experiences, discuss healthcare navigation, and access signposting in a safe and affirming environment.

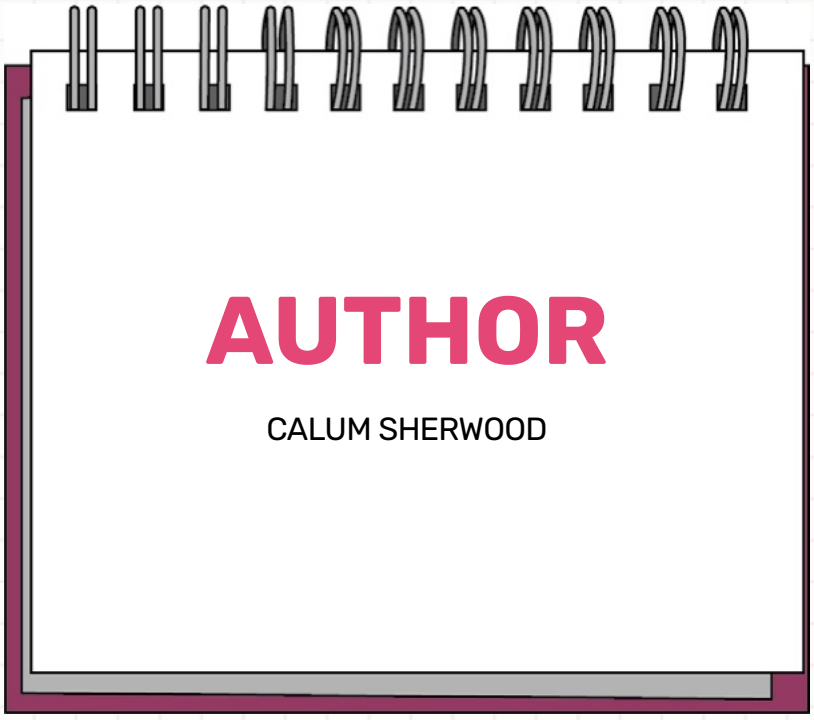
This could include facilitated peer support sessions, trans student meet-ups, health-focused drop-ins, or collaboration with external trans-led organisations.

This should be distinct from general LGBTQ+ programming, recognising that trans and gender-diverse students may have specific healthcare and wellbeing needs that are not always met by broader LGBTQ+ events.



DIAGRAMS REFERENCE LIST

Diagram 1	In general, how would you rate your health?
Diagram 2	In the past 2 weeks, how often have you felt...
Diagram 3	In the past 12 months, has your physical or mental health negatively affected your studies?
Diagram 4	What are the main reasons you are not registered? (Select all that apply)
Diagram 5	When you have a health concern, where do you usually go first for information?
Diagram 6	Thinking about the last time you tried to get an NHS GP appointment in London, how long did you wait?
Diagram 7	In the past 12 months, how have your GP appointments usually take place?
Diagram 8	I am satisfied with remote (phone/ video) GP consultations.
Diagram 9	Have you used any of the following services in the past 12 months? (Select all that apply)
Diagram 10	When you moved to London, did you experience any of the following? (Select all that apply)
Diagram 11	What would have made this transition easier?
Diagram 12	Before starting UAL, were you familiar with how the NHS healthcare works in the UK?
Diagram 13	Before arriving in the UK (if applicable), what did you understand the Immigration Health Surcharge to cover?
Diagram 14	Do you currently receive healthcare prescriptions from a doctor outside the UK?
Diagram 15	Since you began studying at UAL, which of the following UAL wellbeing services have you accessed? (Tick all that apply)
Diagram 16	Why have you not access UAL wellbeing services? (select all that apply)
Diagram 17	When did you see support?
Diagram 18	What was the outcome?
Diagram 19	What barriers did you face in getting access to mental health support? (Select all that apply)
Diagram 20	In the past 3 months (winter period), have you...
Diagram 21	During assessment periods, I experience...
Diagram 22	Have you experienced any of the following related to studio or workshop environments? (select all that apply)
Diagram 23	What kind of information or support about alcohol and drugs would be most useful? (select all that apply)
Diagram 24	What barriers prevent you from participating more, if at all? (select all that apply)
Diagram 25	What were you concerned about? (select all that apply)
Diagram 26	What barriers have you experienced, if any? (select all that apply)
Diagram 27	What THREE changes would most improve student access to healthcare at UAL? (select all that apply)



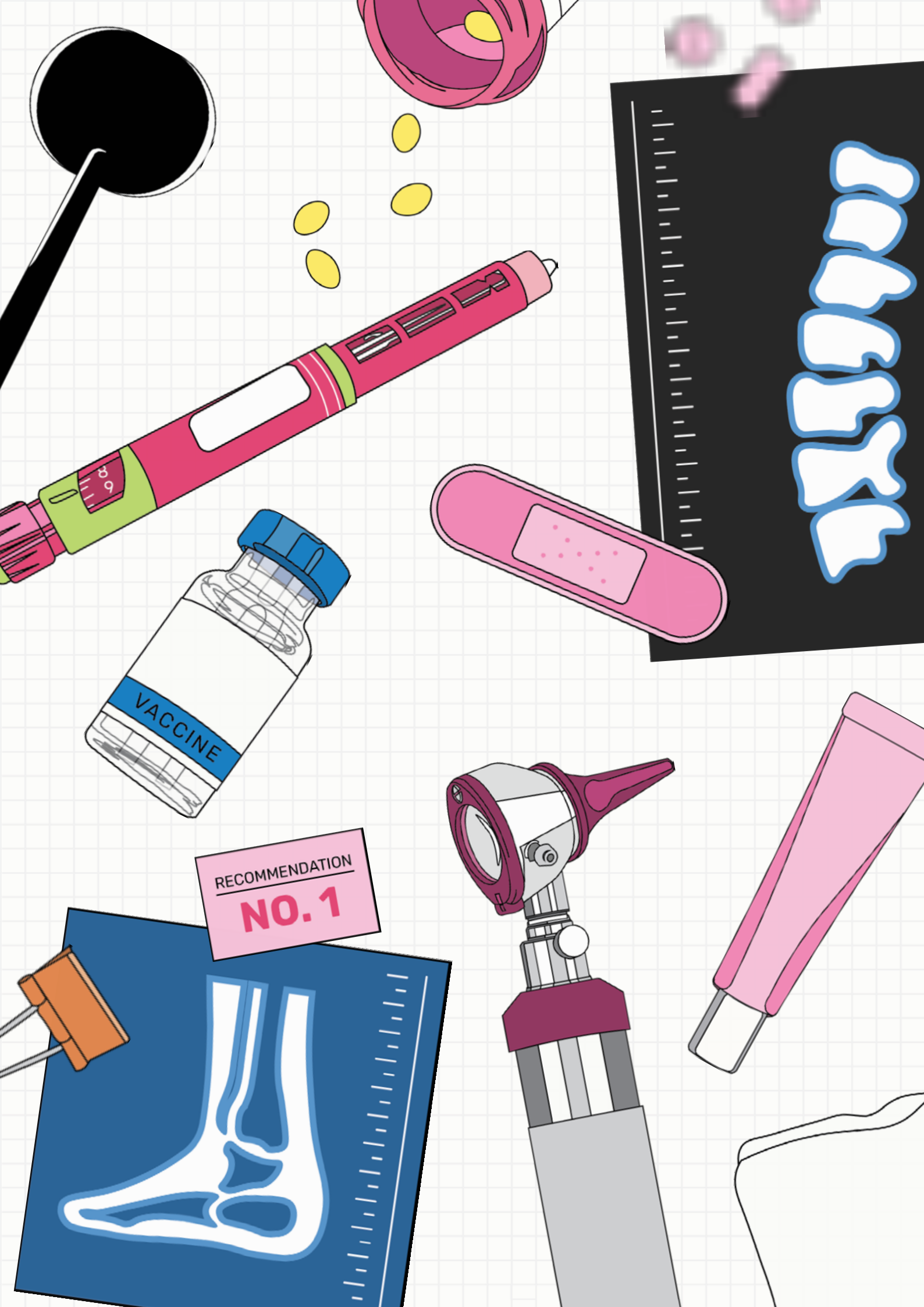
AUTHOR

CALUM SHERWOOD

Calum Sherwood is the Senior Policy and Research Officer at Arts SU. He has worked in education policy and social research since 2012.

Calum studied Politics and Sociology at the University of Bristol and holds an MSc in Social Research from Birkbeck, University of London.

If you have any questions about the report, contact Calum at c.sherwood@su.arts.ac.uk


VACCINE
RECOMMENDATION
NO. 1