





RESEARCH ARTICLE

# “This doesn’t feel like living”: How the COVID-19 Pandemic Affected the Mental Health of Vulnerable University Students in the United Kingdom

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**Introduction:** Concerns about student mental health have been rising globally. The COVID-19 pandemic triggered unprecedented disruption in higher education as universities were forced to close and adapt their education delivery. Understanding the impact of this on vulnerable students can inform higher education’s response to future similar events.

**Aims:** To understand the lived experience of first year university students studying in the United Kingdom, who had a history of poor mental health and lived on a low income, we examined the inter-relatedness between mental health, financial strain, remote learning and engagement, and well-being.  
**Methods:** At the start of their first year of study, whilst the UK was in periods of lockdown, we conducted in-depth semi-structured interviews with 20 diverse first-year university students. We analyzed data using interpretative phenomenological analysis.

**Results:** The pandemic’s impact on student mental health, engagement and learning remained pervasive and serious. Key themes conveyed how isolation triggered past mental health difficulties and a perception that the universities – and government – had forgotten about them. Students also experienced greater difficulty in navigating the liminal threshold between being a child and an adult, and having the additional worry of financial instability left students with fewer coping resources.

**Conclusions:** To mitigate the impact of future pandemic responses, constant and effective communication is needed between faculty and students to safeguard against isolation and low motivation. Vulnerable students need guidance in coping skills to manage mental health risks when they are away from family and familiar support networks.

**Keywords:** COVID-19 pandemic, mental health, university, socioeconomic, qualitative

## Introduction

In response to the COVID-19 pandemic, the World Health Organisation in January 2020 declared a Public Health Emergency of International Concern (WHO, 2020). During lockdowns, educational institutions, including universities, were required to “close their doors” and find alternative ways to deliver education and to support students online. When lockdowns were lifted, many UK universities did not permit students back on campus and continued to deliver degrees remotely. Anticipation of future pandemic waves partly drove this, along with inadequate teaching spaces to permit social distancing (Burns et al., 2020). Whilst some universities reopened

their campuses for the 2021–22 academic year in October, the majority adopted a hybrid approach with lectures online and small-group teaching in person. In late 2021, many UK universities began preparing for another full campus closure due to the emergence of another virus variation (Omicron). Whilst the impact of the pandemic on adolescent mental health and educational attainment is being examined (e.g., Azevedo et al., 2021), we know less about pandemic-related mental health experiences, and their impact, on students in tertiary education.

Globally and in the UK, student mental health was already of concern pre-pandemic (Klepac et al., 2021; Thorley, 2017), as the start of the university coincides with the mean age of onset for many psychiatric disorders (Reavley et al., 2012). A WHO survey by Auerbach et al. (2016) reported that, globally, approximately 20% of college students had a mental health disorder, and evidence exists that mental health can deteriorate over the course of university (Andrews & Wilding, 2004). Young people's mental health appears to have been particularly affected by the pandemic; Kumar and Nayar (2021) report that the 25% increase in anxiety and depression is mostly in the under 25s. Additionally, Cao et al.'s (2020) survey of Chinese university students reported that 25% of participants ( $n = 7,143$ ) had experienced anxiety and rising worry about the academic interruption, economic impacts and effects on daily living. Bland et al. (2021) reported that isolation and virtual communications were associated with sadness, disconnectedness, fear and anxiety among UK university students. However, we still know relatively little about the impact of the pandemic, and universities' responses, on student mental health and even less about the most vulnerable people in this population.

COVID-19 research is showing that people who have experienced poor mental health pre-pandemic are more likely to experience negative psychological and physical health impacts (Daly et al., 2020). Young people appear to be particularly vulnerable in this area. In a UK survey of 3,077 members of the public during the first six weeks of the UK lockdown, young adults (aged 18–29y) and people with pre-existing mental health problems, experienced the greatest increase in depression, anxiety and feelings of loneliness (O'Connor et al., 2020). Furthermore, a worldwide survey of students reported that 83% of the 2,011 participants, aged 15–25y, felt that the pandemic had worsened their pre-existing mental health conditions. Reasons cited include university closures, lack of routine, and lack of social interaction (YoungMinds, 2020).

Yet poor mental health bears not the only dimension of vulnerability, as this often intersects with other adversities such as financial hardship. A meta-analysis of 65 global papers found that 41.7% of students with a mental health disorder are in debt, compared to 17.5% without, and that significant associations exist between debt and depression, and suicide completion or attempt (Richardson et al., 2013). A longitudinal study of 454 first-year British students by Richardson et al. (2017), reported that more severe financial difficulties predicted greater depression, stress and anxiety, which in turn predicted a worsening financial situation; this suggests a vicious cycle of financial struggles and mental health. In the UK, student fees are approximately £9,250 per year, with government subsidized loans on a sliding scale according to household income. However, these loans are typically inadequate to cover most student living expenses (National Union of Students, 2021) and many students from low-income households must get part-time work to survive. Economic concerns quickly converge with psychological and health risks for students in the pandemic as most students work in industries where infection risk and associated anxiety are high; e.g. catering, retail, warehouses (Trueblood et al., 2020).

## The Present Study

Being a student in financial hardship and with prior or existing mental health difficulties can constitute a double-whammy of vulnerability during the pandemic (Liu et al., 2020). We do not yet know how this cohort of vulnerable young people have experienced the pandemic, nor how their prior or existing mental health difficulties, financial context and changes to university provision have intersected.

The present study brings attention to university students who often fall between the cracks of youth and adult research (Ketchen et al., 2015; Thorley, 2017; Copeland et al., 2021). This study's aim was to understand the lived pandemic experience of particularly vulnerable students, namely first-year students who had a history of poor mental health and who were on a low income.

Our research question asked "What is the experience of first-year students with prior or ongoing mental health difficulties who are on a low income?" Investigating the impact of the pandemic on vulnerable students can contribute to an understanding of student mental health, and the ways that institutions and mental health services can work towards mitigating the legacy of the pandemic. As university education remains unlikely to return to its pre-pandemic form for some time, if ever, higher education institutes and associated professionals must have a good understanding of whether this new form of education exacerbates inequalities by disproportionately affecting some student groups compared to others (Burki, 2020).

The present study reports Time Point 1 (October 2021) from a longitudinal study (October 2021 – June 2022). The very nature of a pandemic is longitudinal and at present, no cut-off exists at which to measure “an impact”. Our study responds to calls for qualitative, longitudinal research to detail the longer-term impacts of the pandemic (O’Connor et al., 2020).

## Methods

### Design

This was a qualitative study involving semi-structured interviews with university students, analyzed via Interpretative Phenomenological Analysis (IPA). IPA affords an in-depth analysis of lived experience where each IPA participant represents a perspective, not a population (Tuffour, 2017).

### Ethics and Recruitment

Ethical approval was gained from the University of Leeds ethics committee, number PSYC-147, 23/11/2020.

The target sample size was 20, which is suitable for an in-depth, longitudinal qualitative study given the potential for participant attrition (Mason, 2010). The inclusion criteria for the study were that participants: (1) be first-year university students at a UK university; (2) self-report as having experienced a period (between 3–12 weeks) of poor mental health since March 2020, compared to their usual levels of mental well-being, constituting mental health difficulties prior to starting university; (3) be entitled to the full UK student maintenance loan; (4) be able to take part in an interview in English; (5) feel well enough to take part. As per Keyes (2002), this study conceptualized “poor mental health” as part of a continuum from flourishing through to mental health disorder. We did not define “poor mental health” in recruitment material as it involves the subjective experience of feeling one’s mental health being poor compared to the usual state that mattered (as per Peters, 2010). Participants with a mental health diagnosis or receiving ongoing professional support were excluded for safety reasons. Entitlement of the full UK student maintenance loan was our criterion for “low-income”. The government provides maintenance loans to assist in student living costs (rent, bills, food, etc.). To be eligible for this study, students had to be in the lowest income bracket of £25,000 per year or less, leading to a yearly loan of £9,488 if living away from home (Student Finance England, 2020). Participants were recruited through social media posts in September–October 2021, as they remotely began their first year of university education. They were invited to contact the researcher if they wished to find out more or to sign up for the study, with monetary incentives set at £25 after the first interview (with all necessary information obtained) and £30 after the final two (Time Points 2 and 3).

### Participants

Participants were 20 university students attending university in the UK; 15 were female and 5 were male. Fourteen identified as White/White British, 4 as Asian/Asian British, and 2 as “other”. Four identified as heterosexual, two as homosexual, three as bisexual and 11 as other. All participants self-reported having experienced poor mental health for between 3–12 weeks prior to the interview, compared to their usual level of well-being. This was assessed by initial interview questions that established the individual’s view on their mental health (e.g. “[The researcher] asked people to come forward who had past experience of poor mental health... Could you tell me a bit about how that applies to you?”). All were entitled to the full UK student maintenance loan. Participant mental health symptoms as self-reported in the interview were wide-ranging, including symptoms of depression ( $n = 19$ ), anxiety ( $n = 17$ ), eating disorders ( $n = 1$ ), anger ( $n = 2$ ), and attention regulation difficulties ( $n = 2$ ).

### Procedure

The first author, an experienced interviewer of students on mental health topics, conducted semi-structured interviews in October 2021. Given pandemic restrictions for face-to-face interviews, these were carried out and recorded via Microsoft Teams. Participants could choose whether they preferred a text-based or video (camera on) interview. Text-based meant using only the typing space on Teams, without the use of cameras or microphones. Prior to the interview, participants were asked to generate a safety plan to detail people, places, and organizations they could go to for support, if needed. Such plans in mental health research can limit risk, particularly when

participants might be suicidal (Hill et al., 2019) or are undergoing counselling (Ortiz & Levine, 2021). It was anticipated that interviews would last approximately one hour. Interviews began by rechecking consent (initially obtained via consent forms prior to interview) and outlining the interview schedule. Demographic information was obtained prior to the interview.

Interviews explored four main areas: (i) how their mental health was impacted by the pandemic; (ii) how the pandemic impacted their financial situation; (iii) how they managed remote and online education; and (iv) how they had coped during the pandemic. At the interviews' end, participants were reminded of their safety plan and asked whether they felt well settled to exit the interview.

## Data Preparation

For text-based interviews, data was copied onto a word document in a format suitable for analysis. Video calls and automatically generated transcriptions from MS Teams were downloaded via Microsoft Stream and deleted from online storage. Transcription was improved to playscript standard (Gibson & Hugh-Jones, 2012) and data was anonymised. The mean interview length was 76.05 minutes.

## Method of Analysis

We utilized IPA, which is a systematic, idiographic approach to the analysis of rich, lived experience data, including the meaning that participants give to those experiences (Smith et al., 2021; Smith & Osborn, 2008). Analysis progresses from individual cases to an exploration of similarities and differences in themes across the dataset. Our authors included the primary researcher (CH), a support analyst (CSS) who was an experienced mental health support worker in university settings, a third experienced qualitative analyst (SHJ) and a further independent supervisor (EJS). A team approach is common in IPA studies; it can create a supportive unit to enrich the analytic process and be an early form of accountability and sense checking in the analysis process (Guest & MacQueen, 2008).

The analysis followed five steps, based on Miller, Chan and Farmer (2018). The driving analytic question was “What are the lived experiences of students in relation to mental health and financial strain?” All aspects of the data were coded for completeness. Initial stages involved researchers familiarizing themselves with the data before open-coding to capture either semantic (e.g., “difficulty budgeting”) or latent (e.g., “shadow of anxiety”) meaning (Smith, 2011). We worked with primary and secondary coders for each transcript, where the secondary coder was a challenger/developer of primary coding proposals, and jointly they worked up themes per transcript. A final list of themes was generated after the input from the supervisory team. The above steps were repeated across all transcripts and then patterns were explored across the dataset to develop a final set of themes (Smith & Shinebourne, 2012).

## Results

We present analytic outcomes in the form of themes and sub-themes that represent the mental health experiences of our participants, namely: (i) Trapped With Too Much Time and Too Many Thoughts, (ii) The Challenge of Liminality, and (iii) Conflict of Health vs Wealth (see Table 1 for a theme map). In general, the pandemic appeared to have a multi-faceted impact on participants' mental health, and in turn, their mental health influenced how they responded to the pandemic. Negative internal and external factors appeared to dynamically intensify each other, meaning the overall experience of participants was extremely challenging.

### Theme 1: Trapped with Too Much Time and Too Many Thoughts

Being alone and unable to leave their room, the students' usual coping mechanisms were not available, and they had few ways of distracting themselves from the often overwhelming sense of *Feeling Isolated, Lonely and Forgotten* (sub-theme 1a). As the lockdown kept students within their student accommodation, they were unable to do what normally helps their mental health, thus leading to a sense of *sliding back* (sub-theme 1b) into negative ways of thinking. Additionally, participants struggled with being *sapped of drive* (sub-theme 1c) in their environment; being in the same, uninspiring place on a daily basis made it difficult to summon motivation for challenging work, which intensified challenges to their mental health.

Table 1. Participant Characteristics and Theme Mapping

ID	Gender	Theme Presented		
		Too Much Time, Too Many Thoughts	Challenges of Liminality	Health vs Wealth
F573	Male	✓	✓	X
S621	Female	✓	✓	✓
B662	Female	✓	✓	✓
D678	Female	✓	✓	✓
M388	Female	X	✓	✓
G554	Male	✓	✓	✓
H065	Female	✓	✓	X
N859	Female	✓	✓	X
H349	Female	✓	✓	X
R852	Female	✓	✓	✓
B456	Female	✓	✓	✓
M918	Male	✓	X	✓
J213	Female	X	✓	✓
S974	Female	✓	✓	X
S256	Male	✓	✓	✓
M240	Female	✓	✓	✓
H422	Female	✓	X	✓
G997	Female	✓	✓	✓
M993	Female	✓	✓	X
A135	Male	✓	✓	✓

### *Sub-theme 1a: Feeling Isolated, Lonely and Forgotten*

A frequent experience was that of loneliness and isolation as a result of lockdowns, with some students finding it especially difficult to cope with the lack of social energy and support that they would otherwise access: “I’m a very sociable person so it’s very essential for me to stay in touch with people [...] And this year I’ve been almost completely deprived of that” (#N859 F). Isolation was distressing for all participants as they felt caught in a cycle of sadness and loneliness. Many felt that the world around them, including their university institute and the UK government, had forgotten them, and this led to losing confidence in themselves and in their ability to learn and succeed at university. Some felt “left alone” with their spiraling negative thoughts, without the distraction or help of people nearby: “I tend to... to just be like... over thinking, I’m thinking about stuff over and over again” (#G997 F). The isolation also caused many students to feel disconnected from their university community and stuck by the lack of reinforcing feedback about their abilities as students:

I’ve felt lonely as I haven’t been able to see or make friends. It feels like everything is on hold and I’m not making progress because the outcome of my time studying and engaging with university resources online is intangible... I feel like I’ve been forgotten. The feeling of not being able to make a friend is really isolating. (#H349 F)

### *Sub-theme 1b: Trapped and Sliding Back*

Worsening mental health was reported by most participants, often via the metaphor of “sliding back”, suggesting their pre-pandemic climb to recovery had been voided as they now regressed into their previous difficulties. One



participant explained how “Not being able to live at all right now” (#F573 M) meant a “slide back into all of the issues I used to have”. He explained that feeling trapped and prevented from the usual form of help was a major driver of this “sliding”: “The biggest things that helped me get better and stay better after I had been ill before I haven’t been able to do”. This had knock-on effects via his ability to study as his slide back “into all the negative ways I was thinking before [...] destroyed any motivation I’ve had” (#F573 M). Others talked about the impact of being prevented from managing their anxiety through social challenges. Lockdown gave them a reason to not leave their home, meaning their avoidance behaviors went unchallenged: “To be honest, I think I always looked for reasons to not leave the house so COVID-19 was a good excuse” (#M993 F). Thoughts of social re-engaging became harder the longer they went without social contact. For others, unhelpful habits resurfaced as mental health worries grew stronger and they were prevented from enacting their usual coping mechanisms. For example, one participant began to obsess over their weight as they were prevented from going to the gym: “[I] did gymnastics and swimming since I was a kid. But I can’t do any of that, and gained weight [...] and really hate it, so I stopped eating anything apart from dinner now” (#A135 M).

### *Sub-theme 1c: Sapped of Drive*

Being trapped in the same small space made motivation a challenge for many, and they felt a lack of purpose regarding getting up and working. Most student accommodation involves one small room with a bed and desk as well as a communal kitchen and washroom. Living, eating, sleeping and working in the same place was not a healthy environment for mental health, nor for academic engagement and productivity: “Doing lectures and assignments, etc., all in my one tiny bedroom hasn’t been great [...] I feel like I never really have the chance to enjoy [...] the day because I’ll be holed up in my room” (#D678 F). The lack of daily distinctiveness and structure affected energy, focus and motivation.

Because I’m not walking into uni, I have no motivation to do work. I pretty much stay in this one room all the time. I sleep, I work, I hang out. So when I get up and do work... it’s mindless, I’m just sitting through the lecture... It’s all pre-recorded. I could watch it at midnight if I wanted... it’s quite hard ‘cause there’s no motivation to work, but that’s all I have to do. (#H063 F)

Being isolated from social and academic guidance also affected their confidence which also sapped their motivation to work: “I get up to do this thing but think I’m going to do it wrong. Or, I don’t know how to do it and I think, yeah, and then it turns into, like, more lower mood” (#G99). This sense of being static, without drive and confidence cut through many other aspects of the student experience, as their low mood and anxiety about finances were additional burdens which made self-motivation more difficult: “... wishing that I could be in their situation and not have to worry (about money), and like... having better self-esteem and feeling better about myself” (#R852 F).

## Theme 2: The Challenge of Liminality

Liminality can describe the psychological process of transitioning across life stages or rites of passage, and involves experiences of being in limbo or in transition between old and new identities, including being an adolescent to a student to an adult.

Our participants talked about difficulties related to two liminalities, namely feeling *In-between Child and Adult Mentalities* (sub-theme 2a) and being *Denied Space* (sub-theme 2b).

### *Sub-theme 2a: In-between Child and Adult Mentalities*

Given that this period was often the first time participants lived away from their family home, the disruption caused by the pandemic left many students exhausted as they struggled in-between their child and adult identities and associated mind-sets. We use these terms to loosely capture a sense of being young and in need of care versus feeling independent and able to cope. Students spoke about wanting to “Go home and have someone take care of [them]” (#H422 F) as a form of a reprieve from having to continuously be an adult. Participants had expectations about being self-reliant and responsible, but the pandemic made this more difficult than they anticipated as they had to be more self-reliant in uniquely challenging circumstances. Financial worries contributed to this feeling as the pandemic impact on job/wage security left students with no alternative than to ask parents for support – but this was anxiety-provoking for some: “I’ve been worried my mom and dad don’t have enough money, so I hate

asking them for help” (#R852 F). This period of life represents a difficult period during which the participants weren't fully an adult or a child, occupying an awkward middle ground where the desire for independence clashed with the need for support and care. Overall, this lack of space in needing to be an adult leaves these students in an uncomfortable middle ground where they are expected to begin adulthood, without the stability and resources to do so.

I feel like a very lazy and demotivated person at the moment and it's just like I'm just trying to power through and wait for me to fly home ... I'm 20 and probably shouldn't say that I want someone to take care of me, but I just want to come home... it just feels like I've had a lot of responsibilities lately, and if someone could take [them] away from me... it would be so nice. (#N859 F)

### *Sub-theme 2b: Denied Space*

Studenthood as liminal psychological space occurs in the transitional space of university campuses and towns. Participants had ventured to new cities and campuses, but as much of that space was shut down, they felt disoriented, with a sense that nothing was moving and their lives were static. They felt awkward and disconnected from their course and the world around them, only able to watch things unfold as “helpless passengers” (#N859 F). These experiences were very unsettling and participants found it hard to tolerate this sense of unreality that sapped motivation and affected their mood. The level of disconnectedness between student and university (as a place and community) intensified isolation as well as made it harder to access support. A sense of not making any progress was common among participants as they lacked any way of being in a space with other students to calibrate their progress and performance. The “stuckness” of this liminal space contributes to a sense that “nothing is really happening”, when they should be experiencing a transition to greater educational confidence. For some students, this stuckness was disorientating, and even frightening:

I think it's the online that's making me feel disconnected. I'm a university student but I've never actually been on campus, or met my lecturers or other students. It feels like nothing is really happening and like I'm just watching it, so I can't get involved or really get behind actually being at university. Because I'm not there. (#F573 M)

## Theme 3: Conflict of Health vs Wealth

Financial strain during the pandemic made student life extremely challenging for most participants. The ever-present worry over money led to *More Risk and More Danger* (*sub-theme 3a*) as students had no choice but to risk infection to earn a living. This caused a great deal of *Comparison to other students* (*subtheme 3b*) who did not have those concerns, resulting in *Feelings of frustration and helplessness* (*subtheme 3c*) at the perceived unfairness of the situation.

### *Sub-theme 3a: More Risk, More Danger*

Job opportunities for students had become severely curtailed for our student sample. They talked about their work hours being drastically reduced, or employment made impossible due to lockdown in hospitality and other sectors. Most participants could not rely on parents / guardians for financial assistance and had no option but to put their health at risk by going to work. What stood as unique about students with prior mental health struggles was that anxious thoughts were often in conflict with this; participants felt anxious about going out but also about staying in. The thought of putting their family at risk (for those students who had returned home) was always weighed against the reality of needing a living wage, and this put a great strain on many participants' mental health:

If I want more hours, they would have to be in person. So there is this balance between putting myself and my family at risk of getting COVID... It definitely makes me more anxious as I have to weigh my decisions to go out against my safety to do so, etc. My anxiety is definitely linked to wanting to keep family safe, but also wanting to support myself. (#M240 F)

### *Sub-theme 3b: Compared to Other Students*

Many participants compared themselves to their peers (on their course or in student accommodation) and felt a strong sense of injustice and under-appreciation. An “us and them” mentality formed where students from more

privileged backgrounds were observed not having to worry about food or rent, which led to a great deal of frustration in participants who were struggling: “Full-time work and uni has taken a bit of a toll [...] I get a bit stressed, like I can get really snappy.” (#B456 F). This constant comparison stemming from their unfair circumstances also led to a heavier burden on participant mental health as they struggled to manage these feelings by themselves, experiencing an increased feeling of marginalization and otherness, surrounded by peers who could not understand their points of view or the additional struggles they faced:

Literally not one person ‘ve made friends with at uni has a job... either because their parents are funding everything... They’re like, “Oh my God, you work?” And I’m like, “Yeah” like, surely that’s something that people do, but people are like, “Why are you working again?” And it’s because they just don’t get it. (#B456 F)

### *Sub-theme 3c: Feeling Frustrated and Helpless*

Many participants spoke at length about the high cost of their course. Their low income combined with long work hours urged them to reflect on how much they were paying, and the question of whether it was ultimately worth it, leading to an additional stressor on their mental health: “It’s like that saying, you don’t live to work. You work to live. It feels like I’m living to work at the moment and I’m like, is it even worth it?” (#B456 F). Most participants thought it was unfair that they were paying the usual fees, but could only access online material, and were only being taught remotely: “I am paying £9000 a year for what feels like YouTube videos” (#H063 F). This also led to feelings of hopelessness, and an overwhelming sense that there was nothing these students could do to help their financial situation, which only added to their pre-existing vulnerability to poor mental health. The clash of how much students were paying with the delivery of online material also caused frustration: “Having a large workload from university was something I expected, but personally I’m not great at learning online and I was really hoping for something better, like for the cost as well...which I think added to the general work stress” (#M388 F). Given that these students had pre-existing experiences of poor mental health, feeling down or prone to more critical/negative thoughts, the strong emotions of disappointment, frustration, worry, etc. were very difficult to process. Moreover, some students spoke about occasions where they had tried to seek help from lecturers, only for the response to be wholly inadequate and upsetting:

I said to the lecturer, [...] can you please direct me to some online resources that can help with this? [She said] YouTube it. I just found it so insulting [...] I get angry just thinking about it because here I’ve come to you, said I’m struggling. I need support and all you’re saying is go find that support yourself elsewhere [...] I’m not paying £9,000 a year for that. Like I’m getting into debt for this. (#S621 F)

## Discussion

This study found that first-year UK university students with prior experience of poor mental health, and living under financial strain, experienced multifaceted and intersecting difficulties during the first wave of the COVID pandemic. We discuss three key issues (isolation, liminality and wealth comparison) before considering the implications of our findings.

### Isolation

The study highlighted how being isolated in an unchanging, confined space led to many of their pre-existing mental health experiences resurfacing, and made university life difficult. In particular, students who lacked social support within their isolated world, and for whom their usual coping strategies (e.g. going to church or the gym) were not possible, found life under lockdown hard to bear. Many students felt they had “slid back” into old, negative thoughts and emotions, largely because they lacked distraction from their negative thoughts. In line with previous research into productivity and one’s environment (Basit et al., 2018), the present study highlighted how such preoccupations with one’s thoughts can intensify in an isolated, unchanging environment. Having structure as well as space for time out, relaxation, enjoyable activities and a sense of safety are protective of mental health (Gilbert et al., 2008). Without these, our participants found it difficult to manage their vulnerabilities to impair negative thoughts and moods, to rally the mental drive and focus for work when pitted against solitude and lockdown.



While some of our participants found the lockdown to be a reprieve, the longer anxiety and low mood go unchallenged, the more detrimental the impact on the individual in the short-and long-term in terms of their social confidence (Kodal et al., 2018). The end of lockdowns does not necessarily become the end of reduced social interaction. Many countries and campuses retain some distancing and remote teaching, and many are considering a long-term hybrid model of delivery that will mean more time studying alone than in lecture halls. This means that students who struggle with isolation could continue to struggle even after the initial lockdown stages have officially ended.

This increased anxiety beyond lockdown is echoed in findings by the Office of National Statistic (2020), which found more than two-thirds of adults in the UK (69%) reported feeling somewhat or very worried about the effect lockdown was having on their lives, with the most common issues being worry about the future (63%), feeling stressed or anxious (56%) and feeling bored (49%). These three well-being issues are exacerbated by living in isolation, where such worries are able to flourish (Vasileiou, 2019). Anxieties related to lockdown are likely to persist in future years, making the overall impact all the more pronounced.

The study also highlighted how the anticipated experience of young people coming together for a shared purpose (such as studying together in a library, or socializing) was lost to this cohort, along with the potential benefits this might have afforded, such as developing a sense of camaraderie and group culture (Loy & Ancher, 2013), improvements in knowledge acquisition and application (McVicar et al., 2006), and broader social skills, such as team-working (Franklin, 2010). The mental health benefits of such group cooperation were also lost, as important social contacts and friendship groups were unable to be properly formed.

While some degree of worry remains understandably widespread, some groups experience more severe mental ill-health. An IFS analysis of longitudinal data from the Understanding Society study found that, taking account of pre-pandemic trajectories, mental health has worsened substantially (by 8.1% on average) as a result of the pandemic. Groups have not been equally impacted; young adults and women – groups with worse mental health pre-pandemic – have been hit hardest.

## Liminality

Liminality represents a threshold between different periods of life, and these “threshold concepts” (Rattray, 2016, p. 67) have often been used as a lens through which to explore student experience. Meyer and Land (2005) state that the conceptual space of students attending higher education, particularly where circumstances are abnormal or troublesome, are “akin to states of liminality” in which students may find themselves “stuck” (p. 377).

Our study brings new insight here by highlighting the unique nature of a dual-liminality during this period. Both university life and the pandemic constitute periods of “in-between” and change – namely between being a child and adult and between freedom and full lockdown. Such non-physical liminal spaces leave people feeling uncomfortable and less able to flourish (Perez-Murcia, 2019), making starting university during a pandemic “a perfect storm” of transition and disruption.

Additional discoveries were made regarding the concept of liminality within an extreme circumstance such as a pandemic, as this state of being stuck is over-emphasised during a state of lockdown wherein the student is unable to live freely. How well a student can navigate these thresholds of adulthood depends largely on the resources at their disposal; a person who has already struggled through poor mental health would arguably have fewer cognitive resources with which to manage the trials of liminality than those who have not, having already exhausted much energy coping with their mental health (Son et al., 2020). Similarly, financial hardships can greatly increase the burden of liminality on students, as people from poorer households lack the funding to access certain assistance such as therapy, and have additional worries over everyday expenses (Montacute & Holt-White, 2020).

The experiences detailed in our study show how unsettling and difficult this period was for first-year students in the UK, as their motivation and mood were greatly diminished. What should have been a period of personal growth and confidence became instead a time of languishing and worry as students felt stuck in their environment – both physically and psychologically. This loss of confidence has the potential for a long-lasting impact, as experiences in young adulthood can have cascading effects on future years. For example, Trzesniewski et al., (2006) found that lower self-esteem during adolescence (19 years old) can predict negative outcomes in adulthood, including limiting economic prospects. This, in turn, draws attention to the financial struggles that these students were already facing – a potentially vicious circle of poor mental health resulting in less income, which in turn leads to worse mental health (Richardson et al., 2017).

## Wealth Comparison

Our findings show that students receiving the full student loan often compared themselves to peers in terms of finances, and that this comparison seemed to increase the burden they felt. Given that university is already a competitive space where a student vies for grades and opportunities, adding a wealth disparity can exacerbate a sense of inequality that is already felt in higher education (Browman et al., 2019). While the COVID pandemic has doubtlessly affected all students, there have been disproportionate effects on those with low incomes (Montacute & Holt-White, 2020). Students not under financial strain may have fewer worries about navigating illness versus earning.

This issue has been further compounded by the perceived unfairness of university costs. Many participants felt that fees were not amended in line with the altered educational provision during the pandemic, with students perceiving themselves to be getting a much-diminished provision compared to previous cohorts. They questioned whether attending university was a wise choice and this had a detrimental effect on their mental health. Their worry grew over mounting debt that felt very real, echoing findings from Beal et al., 2019, and the lack of confidence that their investment will pay dividends in their adult life (Cook et al., 2019) made the lockdown even harder to cope with.

## Strengths and Limitations

Whilst this study benefits from an in-depth qualitative analysis of lived experience, a number of limitations exist. Although using participant self-reports of mental health experiences meant that we captured diverse and personally meaningful experiences of poor mental health, we also cannot define, in standardized ways, the mental health status of participants. The pool of ethnic minority participants was small as there were no respondents from Black-British students. Additionally, the exact institutional responses or provisions for each participant were not known, meaning there could be some variability in each experience.

## Conclusion, Implications and Future Directions

The present study has highlighted key themes reported by vulnerable UK university students during the COVID-19 pandemic. The intersecting burdens of isolation, liminal states and financial strain appeared to affect mental health by creating the perfect environment for pre-existing mental health conditions to re-emerge. Isolation can trigger an increase in negative thoughts and feelings, which become difficult to control without the distraction and balance of social interaction. Our data showed that these powerful negative states can, in turn, make it more difficult to navigate the threshold between being a child and an adult as students felt abandoned and left with no other choice but to fend for themselves. Additionally, having an increased anxiety regarding financial uncertainty left students with fewer coping resources and a sense of being inadequate when compared to their more financially stable peers.

Future work should study isolation in greater depth; exploring the types of mental health conditions and comorbidities students experience during such times, as well as documenting the struggle of using learned, psychologically-based coping strategies during periods of isolation. Motivation – and how this intersects with mental health – also should be an area of future study since this has been highlighted as a serious barrier; particularly the misconception that some students are “not trying” when in reality they remain unable to. To that end, tracking the attainment and experiences of this cohort would enable research to explore future impacts.

To mitigate the long-term impact of past and future pandemic responses for university students, it is suggested that more communication be facilitated between faculty and students, as communication could help students in their liminal states, being responsive to their need for structure, certainty and “adult” reassurance. Greater transparency and openness to engagement with students would foster more confidence in responses to future challenges, as supported by previous literature (Bice & Coates, 2016). Universities should be very cautious about over-claiming concerning the effectiveness and suitability of online or hybrid learning. It will be vital to work closely with students who have lived experience with mental health difficulties in forming future provisions to protect against the potentially harmful effects of feeling disconnected from a community of learners and from social energy. Additional support should also be prepared for economically disadvantaged students as research by Ketchen et al. (2015) highlights that these groups are less likely to access mental health services and do so at a later time than those on moderate to high incomes.

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### Author contribution

Charlotte Rose HORNER: conceptualization, design, methodology, funding acquisition, investigation, project administration, data management, formal analysis, interpretation, writing original draft.

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### Declaration of interest statement

The authors have no conflicts of interest to disclose.

### Ethical statement

This manuscript is the authors' original work.

The study was reviewed and approved by the University of Leeds ethics committee, license number: PSYC-147, 23/11/2020.

All participants engaged in the research voluntarily and anonymously, and provided their written informed consent to participate in this study.

Data are stored in coded materials and databases without personal data, and the authors have policies in place to manage and keep data secure.

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