

2023

# Medically unexplained symptoms and mental well-being: a comparative study between university students and members of the general population

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The Plymouth Student Scientist  
University of Plymouth

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## **Appendices**

### **Appendix A Information Brief.**

**PLYMOUTH UNIVERSITY**  
**RESEARCH INFORMATION SHEET FOR PARTICIPANTS**

**Principle investigator:** Alyson Norman

**Other Researchers:** Alice Marler

**Title of research:** Medically unexplained symptoms and mental wellbeing: a comparative study of university students and members of the general population.

**What is the study about?**

This study aims to explore the relationship between mental wellbeing and medically unexplained symptoms, and how this compares between the general population and university students. The study also aims to gain an understanding of how MUS influence individuals in day-to-day life.

**What will be expected of me as a participant?**

You will complete two online questionnaires. The first questionnaire will ask you a range of questions about depression, anxiety, and stress levels, and the second questionnaire will focus on general medically unexplained symptoms. If you are happy to participate in the second part of this study, you will be asked to take part in an online interview with a researcher who will ask you questions about how you are impacted by your symptoms.

**What will be involved in the study?**

After reading this information sheet, you can contact the researcher below if you have any questions. If you do not have any question and are happy to proceed, you will be asked to complete a consent form before completing the questionnaires. The study will take 15-30 minutes to complete, and you will be provided with a debrief sheet at the end. If you are happy to be contacted regarding the second part of the study, you can leave your email address where indicated in the survey. The researcher will contact the first 10 participants that state they are happy to participate in this part of the study, so it is possible that not all those who are happy to be contacted will be contacted. The researcher will arrange an online interview with you that will last 30 minutes. During this interview you may decline to answer any questions and we shall simply move on to the next question. You are advised to find a private space for the interview so that you can feel comfortable in answering questions without being overheard or disturbed. If you feel any distress during either part of the study, please take as much time as you need to calm down and you can withdraw at any point with no repercussions.

For the second part of the study, the interview will be recorded with your permission in order to be analysed at a later date. All data from both parts of the study will be anonymized.

**What are the risks and benefits of taking part in this study?**

Taking part in this study has no known physical risks, and you can withdraw from the study at any point with no repercussions. In both parts of the study (the questionnaires and the interview), you will be asked questions about your mental wellbeing and any physical symptoms you may be experiencing. This may be a sensitive subject for you, and you may feel some discomfort or distress.

This research is important for us to gain a better understanding of how mental wellbeing may impact medically unexplained symptoms, as well as the effect that these symptoms may have in day-to-day life.

**Confidentiality and anonymity.**

All of your information will be confidential, and consent forms will be kept separate from any data. Data from the questionnaires will be anonymous and any interview data will be transcribed from the recording and anonymized. Data will be held in a password protected computer or encrypted USB. The data will be kept for two years in accordance with University of Plymouth policy.

**Will my relationship with the University of Plymouth be affected by my participation in this study?**

Your participation or withdrawal from this study will in no way effect your relationship with the University of Plymouth.

**Can I withdraw from the study?**

You have the right to withdraw from this study at any point up until the data analysis process begins. When identifying and withdrawing data, the following unique ID generator will be used: your month of birth (2 digits), 3 digits of your mother's maiden name, your year of birth (2 digits). Any data that is collected will only be used with your permission. If you wish to withdraw your data from this study after the questionnaire or interview, please contact the principal investigator Alyson Norman at: [alyson.norman@plymouth.ac.uk](mailto:alyson.norman@plymouth.ac.uk)

**Who can I contact for further information?**

For any further questions on this study please contact the principal investigator Alyson Norman at: [alyson.norman@plymouth.ac.uk](mailto:alyson.norman@plymouth.ac.uk)

## **Appendix B** Consent form.

### Participant Consent Form

**Title of Research:** Medically unexplained symptoms and mental wellbeing: a comparative study of university students and members of the general population.

**Principle investigator:** Alyson Norman

**Other researchers:** Alice Marler

**PLEASE HIGHLIGHT THE APPROPRIATE RESPONSE**

I confirm that:

- I have read and understood the information sheet for this study
- I have been given the opportunity to ask questions regarding the study and I am satisfied with the responses
- I understand that my participation is voluntary and that I am free to withdraw at any time with no negative consequences
- I understand that my data will be destroyed if requested
- I understand that my anonymity is guaranteed for this study
- I agree to my responses being recorded with the knowledge that all answers will be confidential and stored safely with no direct link back to me

I agree to take part in this study under these conditions YES/NO

**Appendix C DASS-21.**

<h1>DASS21</h1>		Name:					Date:
<p>Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you <b>over the past week</b>. There are no right or wrong answers. Do not spend too much time on any statement.</p> <p>The rating scale is as follows:</p> <p>0 Did not apply to me at all            1 Applied to me to some degree, or some of the time            2 Applied to me to a considerable degree or a good part of time            3 Applied to me very much or most of the time</p>							
1 (s)	I found it hard to wind down	0	1	2	3		
2 (a)	I was aware of dryness of my mouth	0	1	2	3		
3 (d)	I couldn't seem to experience any positive feeling at all	0	1	2	3		
4 (a)	I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3		
5 (d)	I found it difficult to work up the initiative to do things	0	1	2	3		
6 (s)	I tended to over-react to situations	0	1	2	3		
7 (a)	I experienced trembling (e.g. in the hands)	0	1	2	3		
8 (s)	I felt that I was using a lot of nervous energy	0	1	2	3		
9 (a)	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3		
10 (d)	I felt that I had nothing to look forward to	0	1	2	3		
11 (s)	I found myself getting agitated	0	1	2	3		
12 (s)	I found it difficult to relax	0	1	2	3		
13 (d)	I felt down-hearted and blue	0	1	2	3		
14 (s)	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3		
15 (a)	I felt I was close to panic	0	1	2	3		
16 (d)	I was unable to become enthusiastic about anything	0	1	2	3		
17 (d)	I felt I wasn't worth much as a person	0	1	2	3		
18 (s)	I felt that I was rather touchy	0	1	2	3		
19 (a)	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0	1	2	3		
20 (a)	I felt scared without any good reason	0	1	2	3		
21 (d)	I felt that life was meaningless	0	1	2	3		

**Appendix D GSQ-30.**

**SYMPTOMS. During the past 2 weeks**, how much have you been **bothered** by any of the following?

<b>Rate “bother” for the past 2 weeks</b>	<b>Not at all</b>	<b>A little bit</b>	<b>Somewhat</b>	<b>Quite a bit</b>	<b>Very much</b>
1. Shortness of breath	0	1	2	3	4
2. Feeling feverish	0	1	2	3	4
3. Sweats and/or chills	0	1	2	3	4
4. Nausea and/or vomiting	0	1	2	3	4
5. Back pain	0	1	2	3	4
6. Headaches	0	1	2	3	4
7. Stiff or painful neck	0	1	2	3	4
8. Muscle aches or pains	0	1	2	3	4
9. Joint pain or swelling	0	1	2	3	4
10. Muscle weakness	0	1	2	3	4
11. Feeling fatigued or having low energy	0	1	2	3	4
12. Feeling worse after normal physical exertion	0	1	2	3	4
13. Trouble falling or staying asleep	0	1	2	3	4
14. Needing more sleep than usual	0	1	2	3	4
15. Not feeling rested on awakening	0	1	2	3	4
16. Numbness or tingling	0	1	2	3	4
17. Shooting, stabbing or burning pains	0	1	2	3	4
18. Skin or muscle twitching	0	1	2	3	4
19. Discomfort with normal light or sound	0	1	2	3	4
20. Balance problems or sense of room-spinning	0	1	2	3	4
21. Change in visual clarity or trouble focusing	0	1	2	3	4
22. Bladder discomfort or change in urination	0	1	2	3	4
23. Light-headed or uncomfortable on standing	0	1	2	3	4
24. Hot or cold sensations in extremities	0	1	2	3	4
25. Irregular or rapid heart beats	0	1	2	3	4
26. Feeling irritable, sad, or decreased pleasure	0	1	2	3	4
27. Feeling panicky, anxious or worried	0	1	2	3	4
28. Trouble finding words or retrieving names	0	1	2	3	4
29. Trouble with memory	0	1	2	3	4
30. Slower speed of thinking	0	1	2	3	4

**Over the last 2 weeks, have any of the above impaired your work, social, or family functioning? Yes No**

**If Yes, please indicate the number (#) of each of the most impairing symptoms below, starting with the most impairing (#1), then list the next most impairing (#2) and continue listing in descending severity other impairing symptoms.**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_

## Appendix E Debrief.

**PLYMOUTH UNIVERSITY**  
**RESEARCH DEBRIEF FORM FOR PARTICIPANTS**

**Principle investigator:** Alyson Norman

**Other researchers:** Alice Marler

**Title of research:** Medically unexplained symptoms and mental wellbeing: a comparative study of university students and members of the general population.

**What was the aim of the study?**

Thank you for taking part in this study. The term 'medically unexplained symptoms' (MUS) refers to physical symptoms such as pain, weakness, fatigue, and sensory disturbances to name a few, that have no apparent physical cause. These symptoms are not faked and can have a significant impact on a person's daily functioning (). Psychological factors may play a role in the development of these symptoms, and there is high comorbidity with MUS and depression and/or anxiety (Nimuan et al, 2001).

The student mental health crisis has had extensive media coverage over recent years, and Student Minds (2021) has recently published the finding that two-thirds of students were concerned about their mental wellbeing regarding the 2021/2022 academic year. This study aims to explore the relationship between MUS and mental wellbeing whilst comparing this between university students and the general population. We are interested in how MUS may influence daily life and whether this impact differs between those within an educational setting and those who are not.

*Please confirm if you are happy to be contacted about part 2 of this study. This will be a 30-minute 1-1 interview based on this topic conducted on zoom.*

**Yes, I am happy to be contacted about part 2 of the study.**

Data will be collected through the survey and follow-up interviews and will then be analysed. If you feel any distress from this study and feel like you need support, please contact or access resources from the organisation below:

**MIND:** <https://www.mind.org.uk/>

I would like to remind you of your right to withdraw from this study at any point after the study, including withdrawing any data received from you during the course of this study. Thank you for your participation.

**If you are dissatisfied with the way the research is conducted, please contact the principal investigator: Alyson Norman, 01752 584844.**

## **Appendix F** Interview questions.

### Interview Questions

- Prior to this study, what was your understanding of 'medically unexplained symptoms'?
- Were you surprised by any of your answers from either questionnaire? If so, can you please explain this?
- How do you perceive the relationship between your mental and physical health?
- Are there certain settings in which you feel your mental wellbeing deteriorates? If so, please describe these.
- Are there certain settings in which you feel your any physical symptoms worsen? If so, please describe these.
- Do your physical symptoms impact your daily life? If so, in what way?
- In your professional/educational setting, do you feel able to discuss mental wellbeing? Can you explain this?
- In your profession/educational setting, do you feel able to discuss any unexplained physical symptoms? Can you explain this?
- What has your experience been of others' opinions or reactions to your symptoms?
- Do you feel confident in knowing where you would seek help for any mental health concerns?

## Appendix G DASS-21 scoring guidelines.

### DASS-21 Scoring Instructions

The DASS-21 should not be used to replace a face to face clinical interview. If you are experiencing significant emotional difficulties you should contact your GP for a referral to a qualified professional.

#### Depression, Anxiety and Stress Scale - 21 Items (DASS-21)

The Depression, Anxiety and Stress Scale - 21 Items (DASS-21) is a set of three self-report scales designed to measure the emotional states of depression, anxiety and stress.

Each of the three DASS-21 scales contains 7 items, divided into subscales with similar content. The depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest / involvement, anhedonia and inertia. The anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The stress scale is sensitive to levels of chronic non-specific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset / agitated, irritable / over-reactive and impatient. Scores for depression, anxiety and stress are calculated by summing the scores for the relevant items.

The DASS-21 is based on a dimensional rather than a categorical conception of psychological disorder. The assumption on which the DASS-21 development was based (and which was confirmed by the research data) is that the differences between the depression, anxiety and the stress experienced by normal subjects and clinical populations are essentially differences of degree. The DASS-21 therefore has no direct implications for the allocation of patients to discrete diagnostic categories postulated in classificatory systems such as the DSM and ICD.

Recommended cut-off scores for conventional severity labels (normal, moderate, severe) are as follows:

NB Scores on the DASS-21 will need to be multiplied by 2 to calculate the final score.

	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely Severe	28+	20+	34+

Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety & Stress Scales. (2<sup>nd</sup> Ed.) Sydney: Psychology Foundation.

## Appendix H Coded transcript.

### Pre-analysis

*Hypothesis 1: MH and MUS will correlate with each other*

*Hypothesis 2: MH and MUS will occur more in student population*

*Hypothesis 3: There will be stigma experienced for both MUS and MH*

*Hypothesis 4: There will be a lack of understanding of MUS*

Preconceived themes I expect to find reflected in data:

- 1) Mental health concerns
- 2) Presence of physical symptoms
- 3) Mental and physical health relationship
- 4) MUS understanding
- 5) Stigma
- 6) ~~University pressures~~

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Further themes identified in data:

### Support

Subthemes found:

- 1) Mental health concerns: 'no MH concerns', 'awareness of MH concerns', 'MH triggers', 'fluctuating'
- 2) Presence of physical symptoms
- 3) Mental and physical health relationship: 'direct link', 'acceptance of link', 'uncertainty'
- 4) MUS understanding: 'lack of understanding' → 'guesses' / 'professional misunderstanding', 'awareness'
- 5) Stigma: 'open dialogue', 'masking', 'unable to discuss'
- 6) ~~University pressures: 'helpful', 'unhelpful'~~
- 7) Support: 'self-help', 'access to MH support', 'pharmaceutical support', 'negative experience'

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Themes taken out and why:

- 1) University pressure: theme only related to MH triggers, so content moved to this theme.

Sub-themes taken out and why:

- 1) 'guesses' (MUS understanding) – only came up once/ not representative of data
- 2) 'awareness' (MUS understanding) – only came up once/ not representative of data
- 3) Acceptance of link (Mental and physical health relationship) – only came up once/ not representative of data

'MUS understanding' changed to 'Lack of MUS understanding' due to both subthemes representing this. (Both subthemes combined in to one theme).

NON-STUDENT 1 (NS1) TRANSCRIPTION

Researcher (R): Okay. All right. So prior to the first part of the study, so before completing the two online questionnaires, what was your current understanding of medically unexplained symptoms, if any?

Guesses ← Lack of understanding of MUS

NS1: Yeah, I didn't. So medically unexplained. So that would be if you had a pain that you didn't know. What do you mean? Like you have a stomach pain, then Alice, then you Google it do you mean?

R: Yeah. I mean, had you heard of the term medically unexplained symptoms beforehand?

NS1: No not officially I don't think no.

R: Yeah. So it covers, I mean, lots of different conditions like IBS Fibromyalgia chronic fatigue. It's when you've got physical symptoms, but if you have like a physical test, nothing shows up. So there's no obvious physical cause for the symptoms. Yeah, so because of that a lot of research has suggested that be more related to mental health complaints or issues, or maybe somatisation, of anxiety or depression. But yeah, it's just interesting to see if anyone's actually heard of that term before, because not many people seem to have heard it being used. For both questionnaires. Were you surprised by any of the answers that you gave?

NS1: No, no.

R: Okay. For you personally, how do you perceive the relationship between your own mental health and your physical health?

No MH concerns

NS1: Well, personally, I'm, I'm quite lucky that I've got my you know, I don't really suffer from mental health. But I do know, a couple of my family members do, so I don't know if I can talk about them.

Awareness of MH issues

R: Yeah, if you're happy to.

NS1: Yeah, so my mom really suffers with IBS, and stress and depression, and it is so linked, like when she's stressed, it just all flares up. It's so related. You know, we just all know that when she's had a really big stress that she's going to be really, really ill. So yeah, she's a prime example of somebody that does really, really affect, you know, the brain and that are so connected.

Direct link

R: Yeah. So there seems to be a direct link?

NS1: Yeah, definitely.

R: Would you think the physical symptoms seem to follow from the mental health flare up? Or would you say it's the other way around? Would you say one causes the other?

NS1: Yeah, so the, the mental health causes the physical. Yeah, definitely. Yeah.

R: Yeah, that's interesting. But you yourself, don't feel like you've experienced that?

NS1: No, I'm quite good, actually. Because if I'm feeling a bit, you know, I exercise a lot. I probably exercise. Well, I go walking every day. And so I just kind of forced myself to get up and get on with it. Yeah, yeah. So but I think, yeah, I just don't allow myself not to get up. You know,

Self-help

always done that. And I know that I've never ever got back from a run or a walk and thought, I really wish I'd done that.

R: Yeah. So it's like, you've made that conscious decision to just go for it, because you know, it's good for you.

NS1: Yeah, basically. Yeah, definitely. Just kind of got into a routine now of just getting up and getting on with it. But again, I know people that are so depressed, that they can't motivate themselves to get out of bed. And I know that that's probably not helping at all. Because again, it's so linked isn't it?

Self-help

Awareness of MH issues

R: It is and that can become a cycle can't it, if you're too depressed to let's say, do any physical activity that's gonna link right back around to the depression. And they just feed into each other don't they.

NS1: Yep. And you're going to, you're not going to use your muscles. And so you're going to end up lose, you're going to get muscle wastage and you're just going to deteriorate aren't you to a stage where, especially when you're older, then yeah, it's gonna cause huge problems, isn't it?

R: I know like for yourself, you said you don't really suffer from any specific mental health concern. But would you say there's any specific situations or scenarios that you feel like your mental health may deteriorate, whether it's stress levels going up or your mood dropping? Are there any situations that trigger that for you?

NS1: Yeah, sometimes if you're not in control of a situation then you know, what's going on in the world and Ukraine at the moment that can be quite stressful and you kind of feel a bit helpless and and that can just make you feel a bit kind of, you know, just yeah, just keep watching the news and you feel almost like a bit guilty, don't you? Almost going on and going out and enjoying yourself. You'd think of all the hardship that people have got. But then you kind of have to say, you know, there's not a huge amount that we. Well, I suppose there are things that we can do, but I'm going to subject probably, but yeah, that stresses, I guess. Yeah. Not being in control of a situation. I find that quite stressful.

MH triggers

R: Yeah. Yeah.

NS1: Yeah. And have and I'm a mum as well. So like, you know, if the kids are out, and if I hear an ambulance go by, I always think Oh, my God, I hope my kids are right. You know, just I think that's probably just a mum thing worrying.

R: Yeah. Yeah. I'm guessing so that catastrophizing, I guess? And then yeah, linking it to your kids? No, thank you. And if you don't mind me going back to your mom as well? Because obviously, she does suffer with, is it IBS with her mental.

NS1: Yeah.

R: Would you say there's specific scenarios that you've noticed, that seems to worsen it for her?

NS1: Yes, she, I've got a younger sister. And she's got two small children. So my mom helps a lot with them. So, you know, my mom's in her 70s. And so it's quite a lot for her really, but my sister's partner took his life in 2019. So my mom, kind of, you know, we've had quite a lot of stress to deal with. With that. And that made you know, she definitely gets really, really, you know, stressed because she's tired as well, I think doesn't help. But, yeah, she does get really stressed with that situation.

Direct link

R: I can imagine. So stress is definitely a trigger.

NS1: Definitely. Yeah. And tiredness too, trying to do too much.

R: Yeah, I mean, it sounds like she's got a lot going on.

NS1: Yeah

R: And for you, in your professional setting, so at work, do you feel able, if you were experiencing mental health issues, do you feel like you would be able to discuss that with who you work with?

NS1: Yeah, they're really good. Actually, I work for ~~cornwall~~ mind, mental health charity. So I'm really lucky in that respect that, you know, they, they, you know, they're always saying, We're here, you know, there's a very open dialogue, that if you have any problems whatsoever, then you can talk to anybody in the organisation about it. And also we can, where we also have access to counselling as well, free counselling, if we need it. If we are really close to clients, or, you know, heard some sad stories and things like that, then we can, we can get some free counselling sessions through work which is really good. And we can call as many times as we want to, I haven't ever used, used it myself, but I know that a colleague, colleague who has and he said, it's really good, and it really, really helped

Open dialogue

Access to MH support

R: Okay, that's really good to hear. Because I was ~~gonna~~ say, Would you feel confident in knowing who to go and talk to if you did experience a mental health issue?

NS1: Yeah, basically, we've got this counselling service that we can just call them. Yeah, it's anonymous and everything. So it's really good.

R: And obviously it because it hasn't been that long since you were a student at uni, either, Do you have a different perception of how mental health issues might have been dealt with at unique compared to in your workplace? Or do you feel like you'd still be confident in knowing who to go and talk to or how it would be dealt with?

NS1: Yeah, I think I think that they did make it really clear that there were student services available And to be honest, the route from the train station to the where we have our lectures used to actually go past there. So yeah, I think it was made clear. You know, through student reps and our tutor as well, and emails that we got that there was, you know, if you were having any difficulties, you could speak to your tutor, or you could go to student services.

R: Yeah, that's great. In general, when, whether it's in the workplace, or at uni, or maybe just with your friends, if there's a discussion about mental health, or maybe someone you know, is struggling with that, what do you think the general perception has been of that?

NS1: Yeah, I think I think it's gotten much better. But and I think, yeah, people are more willing now to say if they're on antidepressants. I still think there's a little bit of stigma. But still that you know, still don't think it's talked about enough really still

R: What type of stigma you you're referring to?

NS1: Yeah, I think if someone you know words, I think we still go around and say You know, that we're fine sometimes even when we're not fine, because I think you wouldn't want you know, you don't want to kind of every you don't want to burden people with your problems, I suppose. And also, you don't want to be somebody that's seen as quite a negative, pessimistic person. So I think we do try to, yeah, say we're ok really when sometimes not, whether that's stigma and as in your identity, you don't want to be seen as this negative person That's probably why I think as well. Yes.

Masking

It's only like, really, really close friends that I'd actually say, I'm not great. But most times if someone says to you, okay, I say yeah, I'm good. You know, I'm fine. You know, you wouldn't want to say no actually I'm really struggling.

R: It becomes like an automatic response in a way, doesn't it? Just to say, yeah, I'm fine, how are you?

NS1: Yeah exactly.

R: Do you feel like that stigma also exists for physical symptoms, especially if they haven't been explained as an actual condition?

NS1: Yeah, definitely. I think they're still, you know, my going back to my mom, she went to the doctor. So while she went a few times, and they basically just made her feel like she was making it up. So in the end, she just didn't go. Because she said they don't, you know, I think that's the problem with going to the see the GP as well, if it's, like you say, if it can't be diagnosed, they almost feel make you feel like you're making it up. And so then you're not gonna pursue it. My mom I eventually persuaded her to have a private consultation. she paid 200 pounds for a one hour consultation. And he prescribed this is like an antacid drug, which is really, really helped.

Professional misunderstanding

R: Oh, amazing.

NS1: Yeah. But she suffered for about 10 years. And now it's a bit better because of this tablet she now takes daily. And that was after seeing a specialist. You know, a bowel specialist. Yeah,

Pharmaceutical support

R: I mean, I think it's, I'd say shocking. I mean, I'm not really surprised. But that in a GP, like open that practice, you'd still receive a stigma from like an actual professional. But that's such a common experience for so many people. If there's not a clear label on it is as if you are making it up?

NS1: Yeah exactly.

R: When she saw a GP or went to a private did, do you know if they related it to a mental health thing as well, did they say it might be down to stress or anxiety?

NS1: Yes, they did. They said it could be anxiety, and they prescribed her an antidepressant actually.

R: Okay. Was your mom open to the thought of it being related to more of a mental struggle than physical?

NS1: I think she was. Yeah, I think she found it quite hard to accept, even though she may be knew deep down that it was I think. When they said it could be linked to anxiety, and she should take this antidepressant, then, I think she was shocked initially. So she has been taking that for a couple of years now.

Acceptance of link

R: Yeah, I'm guessing that can be really hard to accept because you're getting physical symptoms, so to hear is actually down something else. I'm guessing it's very confusing. That's all the questions. Thank you so much for going through that with me and being so open about everything. Is there anything else you'd like to say on mental health or any like, medically unexplained symptoms?

NS1: Yeah, I mean, only the thing that a friend of mine. He didn't have any that vaccines for COVID. And he has fibromyalgia and he's really, really poorly. It's just flared up is Fibromyalgia catching

COVID. Yeah. Oh, I didn't know that fibromyalgia. So that's one of these conditions that they can't really pinpoint, is it?

R: It is yeah, and a lot of the research shows that if you've been through a traumatic event, or if you've got a history of mental illness as well, you are much more at risk of ending up with symptoms of fibromyalgia. Which can make it more confusing for patients suffering from it, because it's really hard to know what to do or how to cope with it.

NS1: Yeah, definitely. No, that's a really interesting, thank you for sharing that.

R: That's okay.

NS1: Well, good luck, Alice.

R: Thank you so much.

END OF INTERVIEW

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STUDENT 1 (S1) TRANSCRIPTION:

R: Okay, so it's recording. Right? So you happy to make a start?

S1: Yes, I am. Yeah.

R: Alright, so prior to this study, so before doing the questionnaires, what was your understanding if any of medically unexplained symptoms?

S1: Oh, I would say almost nothing.

Lack of understanding

R: Had you heard the term before? Or any other terms related to it?

S1: No, I've never actually heard that term. No.

R: Do you feel like you have some sort of understanding now, after doing the study? Would you have an idea of what I mean by medically unexplained symptoms?

S1: I'll make a guess. But yeah, probably not. Not a huge amount really?

R: No, that's absolutely fine. So it's basically any physical symptoms or that appear physical, but there's no clear physiological cause.

S1: Okay.

R: So if you have physical tests, or scans or anything, nothing would show up at all, but you're still presenting with the physical problem. That's like the general consensus of what it is. So with the questionnaires, were you surprised by any of your answers from either of the two questionnaires?

S1: Um, I think when I do any questionnaires that are kind of medically based, I always find that I feel I've contradicted myself a couple of times. And I think it's to do more with when you're asked how often something happens, or how frequently rather, that's when, you know, how much of the time you're dealing with something and it? Because if it for me, anyway, it varies so much, it becomes quite a hard question to answer. And some days you feel as though you've been dealing with it longer than you have, or in other days, you feel as though you're absolutely fine. And

Fluctuating

when you're on top of the world, it's not ~~not~~ a problem. So yeah, that that's where I, I struggle with any kind of mental health based questionnaires anyway.

R: No, that's really interesting. So do you feel like if you were to do the questionnaire at different time points, you might be answering it differently?

S1: Yeah, definitely. Definitely. Yeah, I think so. It would still be a kind of truthful perception of how I'm feeling. It's just that when you're not feeling great, you feel like you haven't been feeling great forever. And you've almost forgotten the you know, the other times because you're so in the moment, I think, yeah. It That for me is a really, really difficult one. And I think I don't have a great perception of time as it is. So yeah, sometimes it feels like something's gone on forever. In other times it's this this not you know, you've you feel great and it's just not on your mind and not a problem, so.

R: No, that makes sense. And then other times that just feels like your normal.

S1: Yeah.

R: How about with the second questionnaire and the one that asks about physical symptoms? Did you were you surprised by any of your answers with that one?

S1: No, I don't think so. No, no, I don't think so.

R: Okay.

S1: I think that was okay.

R: So for you personally, how do you perceive the relationship between your mental and physical health?

S1: Erm I think don't think I have a lot of physical symptoms connected with with mental health. used to have IBS, and that seems to have cleared so I don't know if that was partly stress induced or I don't know, what I am really aware of is when I'm not in a good place, I eat all the wrong things. And that definitely messes with I'm and I definitely eat at the wrong time. So that definitely messes with my sleep pattern and you know, sort of digestive discomfort and that sort of thing, but I'm not aware of my mental health kind of physicalizing itself, I don't know if that's a word.

Uncertainty

R: Do you feel that like when you do get physical symptoms, you feel like they're more bought on by actual physical things like...

S1: yeah, yeah, yeah. So I get you know, I get creaky back and I get creaky joints. But I'm really lucky. I don't get migraines. I don't get. I'm not aware that I have physical symptoms brought on by stress and anxiety. Yeah, other than the way it affects my sleeping and my eating, but yeah.

R: All right, that makes sense. Okay, so are there any certain settings in which you feel that your mental wellbeing deteriorates?

S1: Oh, gosh, yes.

R: Are you OK describing them for me?

S1: Yes. Any kind of any kind of social occasion really, that involves more than one person. That creates huge anxiety. So I get, I suppose actually, in a sense, that is a physical symptom. Sorry. So yeah, it brings on the sweating and the Yeah, the increase in heart rate and all of that stuff. So if I didn't have my medication I would have, I used to have quite bad anxiety attacks. And there were a couple of times when I actually passed out. So, So really intense. So certain, it's almost like a claustrophobic reaction. If I walk into a room that's got people in it, it doesn't matter if I know everybody there, and they're all lovely people. And I know everybody individually, it just won't make any difference. It's just that social anxiety thing just is a nightmare for me.

R: So social occasions?

S1: Yeah, definitely.

R: So I know, you said you don't really, well, you can't really relate any physical symptoms to your like mental well-being or to stress, but any unrelated physical symptoms? Does anything get worse in particular situations like mental well-being might, or would you say that's not really connected?

S1: No, I'm, I'm really lucky, touch wood at the moment, yeah, I have got absolutely nothing that's a sort of ongoing physical issue. Yeah. And so like, that's, that's not a problem.

R: Okay, so in your educational settings, so at university, do you feel able to discuss your mental well-being?

S1: I do. I think there were a couple of years before I came to uni, I started my course of medication. And it's that made everything a lot easier to talk about things and our department is incredibly supportive. So we've had very much and especially because we were hit with COVID Right at the start, everybody's been extremely focused on making sure that everybody's supported. So I've actually felt that I've always had people that I could go to talk to I've, you know, made made good friends. And within within our department, we've I've had a lot of support. So yeah, no, that for me has not been a problem.

R: So as well as making friends through it, you feel like the uni itself supported or provided support?

S1: Yeah, I definitely feel Yeah, yeah. But, uh, yeah, our department staff in particular, they've been fantastic.

R: And do you feel confident in knowing where you'd seek help for any mental health concerns that you might be experiencing?

S1: I had a not 100% positive experience with the NHS. So I personally wouldn't go back to them. I feel that I have a really good network of people around me that I can go to if I feel things are really getting to me. So I'm yeah, really lucky. But yeah, in terms of kind of professional help. I'd, I'd be quite cautious.

R: Okay. How about with within university itself, do you feel confident, let's say, if you were struggling with your mental health, would you feel like there's any services within the university that you could confidently go up and talk to or ask for support?

S1: Yeah. And I did visit the health centre. And everybody was very nice. Unfortunately, when I went there, I was able to have one appointment, and then COVID hit. So perhaps I was lucky that I really wasn't in. I wasn't in a position where I felt that I really urgently needed any support. And But yeah, if I, if I needed to, I do feel I could go back there and ask, again because they were very nice. And

MH triggers

Pharmaceutical support

No physical symptoms

Peer support

Negative experience

because you can, the advantages, you can actually walk into that office and book an appointment in person, whereas the NHS experience I had, it was just a nightmare, because it was all over the phone, it was all on email. And it just felt like everything went round in circles. And you were never really keeping up with what was happening. And it will just started to feel it well, it became unmanageable. And then there was a bit of a bit of a mess up with the emails. So the advantage of the university system is at least you can walk into the health centre and book an appointment, you've seen somebody, and you've booked it in person. And I, that for me works really well, as opposed to feeling as though you're having to go through a GP and all the rest of it, which is what I did before and it just got I got completely lost in the system. It was a mess. Yeah.

R: As if you're getting passed around from person to person?

S1: Yeah. Yeah, definitely. I went round in a few circles. So yeah.

Negative experience

R: Okay. But good to know you know, where you can go to?

S1: Yeah, absolutely. And you will see somebody literally there in front of you. So it's, you know, nobody's asking you any questions. It's, it's there's nothing intrusive, it's just a case of knowing that you've made that appointment, and you haven't just sent an email off into the ether. And you have no idea who's getting back to you or when or, you know, yeah, that that for me is it's a really positive system that they've got.

R: Yeah, um, what's been your personal experience of others opinions or reactions to any symptoms or mental health issues that you've kind of spoke up about or disclosed to anyone?

S1: I've been really lucky. I. I personally haven't maybe it's because I'm quite picky about the people I share it with. As a general Well, no, as a, my experience has been really positive in terms of the people I've spoken to. People, you know, I've, I've geared myself up to expect a little bit of not a negative reaction as such, but maybe just people who don't kind of understand and actually, I've never had that I've been really lucky. I've had nothing but really positive responses from people I've spoken to, but obviously I am well aware that other people have a much more mixed experience. But yeah, On the whole, my experience personally has been really positive.

Open dialogue

R: That's so good to hear.

S1: Yeah. Which, which when I listen to others, I just think oh, dear, that's That's not. That's not great that. Yeah.

R: But like you say, if you're picky about who you speak to, you probably trust them already before don't you?

S1: Yeah, I mean, maybe that's just I don't know if that's just luck of the draw, or an instinctive thing or whatever. But I think I am one of those people, that takes quite a long time to get to kind of trust somebody. So maybe, maybe that's what it is. And so you kind of almost naturally reach that point, rather than, you know, it's, I have been surprised by the people who have told me that their struggles, and I've thought, I hardly know you, feel very privileged that you've shared that with me. But it's, I find that I'm, I'm one of those people that people do kind of share quite intense stuff with, and I'm never sure what, I'm never too sure what I'm supposed to if I'm supposed to say anything in return, or whether I'm just supposed to listen. So as a general rule, I just listen, but because I never feel I'm really in a position to offer advice. So yeah, it can be different. But my own experience has

been really positive. But I think it is because I take quite a long time to reach that point with someone.

R: So I guess if people can tell you're quite an open person about your experiences, they probably feel safe to come to you.

S1: Yeah. Yeah. And, you know, I'm never I'm never going to judge if somebody says, this is what they're going through, then then then that's what they're going through it. You know, I'm not generally somebody who thinks well, you're right problems, because yours. I mean, it just doesn't work that way. You know, everyone's impacted differently. So, but yeah, that that's something that does catch me off guard. It still catches me off guard when somebody shares something that's that. That sensitive, and you think, Oh, wow, okay. You know, that's, yeah, but like, even you that's huge. Yeah.

R: So one last question.

S1: Yeah. Yeah,

R: How do you feel your mental health has or hasn't been affected since starting university? So you're in final year now aren't you? Yeah. So how would you say, has it changed at all would you say since starting university or throughout first, second and third year.

S1: I would say I came to uni. Almost during a kind of slow motion car crash, I started having I had a bit of a I basically lived with depression and anxiety for so long. I've got no idea what it feels like to not live with that. And something I had a car crash a literal car crash a few years ago. And that pushed me to a point where I had to go to my GP for medication. And I thought that things were sorted. But when I came to uni, I think I was so relieved to be out of the situation I had been in with with a job that I found so unsatisfying and so monotonous, and I really wanted to be doing something really positive with my life. But I really hadn't taken into account what state I was in mentally at all. So I know that first year was sort of strange, then we were hit with COVID Second year was pretty awful. But now it's, it's strange. I feel like I'm sort of climbing out of it again, which which is great. But then now I'm panicking that I feel I've got to sort of catch up with everything that I you know, obviously didn't didn't mess stuff in like the second year and really feel like I'm playing catch up, but I feel I feel a lot better. It's just that it's almost is that I mean, there was never going to be maybe a good time, but when I came to uni, I expected to really get into it and be just really driven and really focused and it really highlighted some of the issues that I've always had but never faced so did a job that I did didn't require any kind of challenge. So soon as I've now put myself in a position where those sort of mental health issues have been sort of forced to the forced to the top in a sense, and yeah, it first and second year was very strange. I can definitely say I've loved my university experience. But it has definitely been a roller coaster ride in terms of it's really helped me to figure out a lot of things about myself that I really hadn't had any clue about before to be honest. So it's been it's been tough, but it's definitely been worth it.

Pharmaceutical support

Helpful

R: That's really interesting. So from the sounds of it, instead of uni, maybe worsening any mental health issues,

S1: I definitely don't think so,

R: it maybe highlighted them?

S1: Yeah, definitely. I mean, things that I Yeah, things that I just never faced. I mean, looking back, it's so obvious why I pick the jobs I picked because they were completely unchallenging.

R: Oh, I've lost you. You froze and I'm not sure if you can still hear me.

S1: The anxiety and emotional issues hit and yeah, so for me it was it was the vague. It was. Yeah, pretty intense.

R: Can I just check Can you still hear me?

S1: Yeah, I've been I've been very lucky. I can see you have Frozen a couple of times.

R: Yeah. You've kept freezing as well. I'm think it's pretty my connection here. Sorry. Oh, I'm sure I've caught enough of that though. I've got terrible connection. You frozen again. See if that comes back.

S1: There you go. You're back. You're back.

R: Okay, I'll stop recording in a second. That's okay.

S1: Okay.

R: Do you have any questions? Following that?

S1: Oh, no, I think I'm good.

R: Yeah. Do you feel okay after those questions as well? I know they're quite personal.

S1: Yeah, they feel okay. That's fine.

R: All right. I'm just gonna stop the recording.

END OF INTERVIEW

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STUDENT 2 TRANSCRIPTION (S2)

R: Okay, so prior to doing the two online questionnaires, what was your understanding of medically unexplained symptoms? If any?

S2: I'm I'm aware that stress and anxiety can cause physiological symptoms. And sometimes they can be a bit strange.

Awareness

R: Yeah. Amazing, so you'd heard of the term and you were aware of it? And were you surprised by any of your answers for either of the questionnaires?

S2: I can't remember.

R: No, that's absolutely. Don't worry. How do you perceive the relationship between your own mental health and your physical well being?

S2: I think they are. They are quite related.

No MH concerns

R: Yeah. Do you notice one affecting the other?

S2: Um, my mental health is actually quite good. So I don't notice too many effects of myself and my husband does get quite a few symptoms from time to time.

R: Okay. Are there any certain settings which you feel your mental well being maybe deteriorates? And if so, do you mind explaining what they might be?

S2: Exams

R: Yeah, I can definitely understand that. So stressful situations?

S2: Yeah. Yeah.

R: Do you feel like it's more university based stress? Or is it everyday stress

S2: Probably more university based at the moment.

Unhelpful

R: And likewise, with physical, any physical symptoms? Are there any certain settings that you feel they may deteriorate or flare up? If you have any symptoms?

S2: I can get like, gut issues with anxiety.

R: Okay.

S2: So if I get anxious about something, yeah, I get rumble guts.

Direct link

R: Yeah. Is that always linked with your anxiety? Would you say?

S2: Yes.

R: Do any of your physical symptoms such as that affect your daily life?

S2: Not hugely, no.

R: Okay. You don't feel like it impacts it. It doesn't prevent you from doing what you need to do?

S2: No, I don't think so.

R: Okay. In your educational setting, so at uni, do you feel like you're able to discuss mental well being, if you're struggling, do you feel like you'd be able to discuss that with someone within that setting?

S2: Yeah, yeah. Yeah, I think they've got pretty good provision really, for things like that. You can talk to any of the tutors, or you can go to the well being centre.

Access to MH support

R: Yeah, definitely. So I was ~~gonna~~ say, do you feel like you're confident in knowing where you would go for support?

S2: Yeah

R: Okay. Um, so you said you've struggled with gut issues related to anxiety.

S2: Yeah.

R: Do you feel like you would be able to discuss that if it was impacting University?

S2: Yeah, I don't see why not.

Open dialogue

R: Yeah, amazing, so you feel like you're comfortable to talk about it?

S2: Yeah.

R: Okay. And what has your experience been, if any other people's perceptions of whether it's your own mental health struggles or just mental health in general?

S2: I'm not sure. Can you repeat the question?

R: Yeah, that's okay. I probably didn't word it very well sorry. So lets say within university, what's your perception of how people discuss mental health and mental well being? Do you feel like there's any stigma attached to it? Or do you feel like people are quite open in how they discuss it?

S2: I actually think **it's quite open now**.

R: Yeah, that's good to know.

S2: It's nice that **people are sort of opening up about mental health and talking about it. It's not really stigmatised like it used to be.**

R: Yeah, that's great to know. And you haven't found any stigma towards you personally for anything.

S2: Oh, no not at all.

R: Okay, amazing. Well, we whizzed through those questions. Do you have any other thoughts about the questionnaires and anything we discussed?

S2: Um no, I don't think so. I think it's a really good thing to be to be studying.

R: Yeah, it's been really interesting. I'm looking forward to analyse all the results.

S2: Yeah. Good luck with it.

R: Yeah, thank you. I'm just gonna pause the recording

END OF INTERVIEW

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#### NON-STUDENT 2 (NS2) TRANSCRIPTION

R: Okay, so prior to this study, so before you did the online questionnaires, what was your current understanding of medically unexplained symptoms, if any, like, had you heard of the term before?

NS2: Oh, no, I'd actually **never heard of the term. No, nothing, absolutely nothing.** I'm afraid

Lack of understanding

R: No it's fine. Do you feel like you have some sort of understanding at the moment of it?

NS2: Not really no sorry.

R: It's fine, honestly, a lot of people don't. It's like any physical symptom that doesn't have a physical cause. So like, IBS is one of them, or like chronic fatigue, fibromyalgia, there's not like a clear physical cause for it. And a lot of research seems to, it's more based on your mental state, like anxiety, or depression or stress, it presents as a physical illness.

NS2: Oh wow.

R: In the two questionnaires, were you surprised by any of your answers that you gave?

NS2: Um, I thought I, in a way I have, I have kind of like **good and bad weeks, it seems like either have like a really good week or a really bad week.** So I felt like in that week, I was quite, I felt quite **happy in some respects, because I had quite a good week.** So I thought I came across quite peaceful and calm, which was nice. Like, that's like, yeah, some weeks I can. I feel like it's weird because I feel like it does, weirdly go like a **week to week, I can either have a really good**

Fluctuating

week and everything will be completely going to plan I'll be calm and have everything controlled and balanced. And then next week, I'll forget to do everything or I'll be stressed anxious, like, my mood will be all over the place.

R: Yeah. So it does fluctuate.

NS2: I can kind of come across very calm. I think a lot of the time. And that's how people know me. It's funny. I think it's funny, because inside sometimes I'm like, all over the shop.

R: So that happens with your physical health as well. Like, if you're having, let's say, a worse week mentally, do you feel like that reflects in your physical health as well?

NS2: Yeah. These days, it's not so bad. But I remember for years, I'd have like, really bad IBS. Like really bad stomach cramps. And I had, like years of panic attacks. Even as a kid I used to have panic attacks like crazy panic attacks, I wouldn't even be able to leave the house. And, and yeah, little things, but anxiety, depression, all that kind of that kind of stuff. Never so much. I've always been quite calm. Yeah. And that. Yeah, those were the two ones I used to get, like, all the time panic attacks like crazy.

R: With the IBS that you mentioned, could you see that as being connected to your mental state as well, like stress or anything like that? Or did that seem quite separate to you?

NS2: Yeah, I think I didn't actually know why it happened at the time, but looking back, I think I was Yeah, mentally, I was quite unsettled. And I had a lot of stressors going on too. So I think looking back, it definitely was related. So it's quite interesting, when you actually break it down, you actually see oh, my gosh, that's probably why I felt like that at that time.

R: Yeah, it's like that with hindsight, isn't that you can look back and see it really clearly. But in the moment, it's like, it doesn't feel connected.

NS2: Yeah, exactly. That. Yeah, exactly. Yeah. And I think unless you kind of medically kind of break it down or anything, then, you know, you never really know what's going on in your body. But if you actually look deeper into it, then you can see oh my gosh, that's why that's maybe happening or yeah, these kinds of problems.

R: So would you say there's any like certain settings that you feel your mental health deteriorates in, like any situations or

NS2: I think sometimes I can get quite claustrophobic if I'm, if I'm in I think that's why I come across quite a lot like a free spirit. That because if I'm, if I'm in a very small space with lots of people, I naturally get panicky, and I'm not sure why but in that always naturally, I always noticed. Definitely that is a thing. That's always been there. Yeah, that's a trigger for me. That's like a clear trigger. Yeah, yeah.

R: And then same with physical symptoms. Do you feel like there's any certain settings that would trigger them off for you?

NS2: I'm trying to think. Especially in the past, not so much these days. But in the past, I remember. For instance, both with my panic attacks, and my IBS, if I was in a smaller space with lots of people as well, I would notice those symptoms would always come up and if I felt like trapped in some way, my IBS would be like that. Straight up.

R: That's really interesting.

Uncertainty

Direct link

MH triggers

NS2: Yeah. Yeah.

R: So it's like that's linked to the claustrophobia I guess? The panic that you were feeling?

NS2: I think so. Yeah. Yeah.

R: Do you have any, like, I know you said IBS, like so that or any other physical symptoms, at the moment, do any of them impact your daily life at all?

NS2: I would, yeah, I would say not at the moment, because seem to manage them quite a while, like, over the last few years. So yeah, at the moment, it's all Yeah, it's all good, I don't even get panic attacks or anything at the moment but I think I think that's because I got to a stage where both of them were so extreme. That it was like stopping me from leaving the house and stuff and I became less sociable and stuff because of the symptoms so yeah, I looked into like why it was maybe happening and now I have like kind of like things in place that is actually stop it from physically or mentally happening now.

Self-help

R: Yeah, no, that's amazing. Do you feel like you've come up with like coping mechanisms for it?

NS2: Yeah, I think that's exactly yeah. Yeah.

R: At work or college or like professional/ educational settings, do you feel like you're able to discuss any mental health issues if you are experiencing them. Would you feel confident to talk to anyone about it?

NS2: Yeah, I think at the moment, I'm my own boss. I do gardening and I think that really helps. Just because I kind of can manage my days yeah, then I know for instance, like when I worked in hotels, you didn't necessarily feel like you could probably talk about it. It was always like you always had to kind of put on a front that you're okay. People just were more about making money so you just were like okay, I've got a like just put on some sort of armour or something you couldn't really like properly discuss it just wasn't there.

Unable to discuss

R: when you worked for someone else and you weren't your own boss, Would you say you felt more comfortable discussing mental health symptoms or physical health symptoms?

NS2: And yeah, I think felt a lot more comfortable definitely discussing physical because sometimes I'd have to, especially years ago, I remember when when I did still have my IBS and panic attacks, I would have to tell some of my management like okay, this might happen I might just have a panic attack in the middle of work or my so when I had my IBS, it would literally I'd have like, it would be really extreme stomach cramps. So I would literally just freeze it work and and So I would have to kind of explain to my managers like, okay, like, sorry if I just freeze and stop. But that is because I'm literally in so much pain. Yeah. That you kind of like, yeah, I definitely found it a lot easier to describe like physical but like with mental, I wouldn't say so much. I think I would I definitely struggled a lot more with that.

R: What's been your experience of other people's like opinions or reactions to both like mental health complaints or physical health symptoms? Has there been a difference between the two do you think?

NS2: I think in general, it's been very good. Because I think especially in this day and age, a lot more people are definitely aware of like mental and physical illnesses. And I think a lot more people have been taught to be a lot more respectful. And yeah, just genuinely. Yeah,

Open dialogue

just I mean, in general, it's definitely I've seen it. And I went since like, back, like, **way back in the day, like, for instance, when my parents or whatever, I think it would have been a lot different than** Yeah. And because of that, I think people understood like, yeah, that is just different. And **yeah** it's good.

R: Yeah, people have got more open to it?

Masking

NS2: But I still think sometimes **there's definitely like a stigma like, people don't. They feel like they have to put on a face, like a front or something.** And some people are more definitely closed off to properly opening up and discussing anything to other people. It I think it definitely still depends on the person but in general, I **think a lot of people are really understanding** which is just nice to be because I think it's the best to be just completely open minded and, and everyone can change every two seconds. And I think that's good to actually understand that. And yes, good to understand that genuinely.

R: Yeah, definitely. Have you noticed a difference, so I know you've been to college and university as well, have you noticed a difference between being in an educational system and in a workplace? And how you can discuss mental health or physical health problems? Have you felt like more comfortable in one than the other? Or have they been quite similar?

NS2: Um Yeah, I suppose for me, personally, I feel like they've been quite similar. Just because I'm quite an **open minded** person. I'm actually just crazy open minded. But yeah, and I think I kind of like attract similar people say that **Yeah**, definitely. I found it quite similar. But I've noticed definitely, like just looking around, for instance, like university or other work colleagues that they've, you can see they're struggling a lot more in themselves. But different types of reasons. Or they didn't want to open up for instance, or they had an illness you would never know about until they'd like, talk to your mica one to one basis or something. Yeah. Yeah, I think **think there's probably harder in university, I would, I would naturally say rather than a work placement. And I feel like just because there's so many more students, that's probably a harder sector to actually properly, get to talk to someone on a one to one basis, or people might not know like, where to really go to.**

R: That's a really interesting point.

Access to MH support

NS2: I think in work there's like **a personnel** or someone or like a manager that you feel like you could probably go to more. But I think for **a university it's so big if you kind of have a problem unless you have like a good house mate or something that I'm not really sure who you would actually go to for any kind of help.**

R: Like the path for support isn't as clear at university maybe as it would be in a workplace? There's a lot less up isn't there normally in a workplace?

NS2: Yeah, exactly **that's**. Yeah, I think that that's just exactly it.

R: That's really interesting. The last point is if you were experiencing any, like mental health issues or concerns now, do you feel confident in where you would go for support? Or who you could reach out to?

NS2: Yeah, **I feel there's a few places. Since I've moved back to Devon actually, there's a few places I've seen that I can actually go to.** Like if I felt like I was having a breakdown or like, wasn't really myself or wanting to make new friends. I don't know just kind of genuinely anything that I feel like, Yeah, **I kind of have places that I can go to that I feel safe in.** Yeah. And also, like just friends and

**family. I know a lot of my friends and family are just always there to Yeah, to talk to now, which is really nice.**

END OF INTERVIEW