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# The mental health needs of social work students: findings from an Irish survey

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## ABSTRACT

It is important to consider the mental health of social work students to promote their wellbeing and to ensure they are prepared for the potential stressors of practice. This cross-sectional survey of social work students (n = 240), the first of its kind on the island of Ireland, provides findings on mental health and a range of associated issues which can help to improve student welfare; the content of social work courses; social work practice; and so, outcomes for service users. The article discusses implications for the delivery of social work education internationally.

## Introduction

Universities have legal, ethical, and pragmatic responsibilities to consider and support the mental health of their students (Kadison & Digeronimo, 2004; Macaskill, 2013; McLafferty et al., 2017). Social work course providers have the additional responsibility of preparing their students for the potential stress and mental health implications of social work practice. They must also try to ensure that, in tandem with the development of their professional 'awareness of self' (Urdang, 2010), students are sufficiently aware of their own mental health needs to positively inform their practice and to prevent the possibility of their needs causing indirect or direct harm to clients. In preparing social work students for practice, it is important to recognize that they, as future professionals, may be affected by potential vicarious trauma, secondary traumatic stress, burnout, and compassion fatigue (Ben-Zur & Michael, 2007; Newell & MacNeil, 2010). Other issues of resilience, stress, and burnout in cohorts of social work students have also been explored in the context of the Covid-19 pandemic (McFadden et al., 2018; McFadden et al., 2021).

Based on findings from their exploratory study in the Irish context, Clarke et al. (2012) reported that social workers may experience stress early in their careers and that support from other practitioners, including their peers, can mediate the pressures experienced during the transition from student to professional. These and other issues were explored through a survey of student social workers' views in Northern Ireland and the Republic of

Ireland, involving six universities in the academic year 2018–2019, now reported in this article. The original study set out to explore a wide range of issues related to the social work students' experiences (McCartan et al., 2022). In the following paper, the authors describe and analyze a particular subset of findings from the original study, regarding the mental health of the student social workers and the possible associations between mental health and a range of other variables as reported by respondents. Before outlining the methodology for the survey and presenting the findings, a synthesis of the relevant literature is provided. It revealed three key themes: levels of mental health problems in social work student populations and family histories; how students cope with stressors; and the social work educational response.

## Levels of mental health problems and family histories

Research has been conducted in a range of countries to establish levels of mental health problems that adversely affect general university student populations (Blanco et al., 2008; Constantine & Chen, 1997; Macaskill, 2013; Sheldon et al., 2021). It appears that mental health problems may exist for some students before they enter universities. In the Irish context, for example, elevated levels of mental health problems were found in the Republic of Ireland (Hill et al., 2020; Mahon et al., 2022), and Northern Ireland (McLafferty et al., 2017; O'Neill et al., 2018). As reported elsewhere, it is important to make a distinction in the two political and economic contexts between Northern Ireland and the Republic of Ireland. For example, it may be that the mental health needs of Northern social work students may be explained by 40 years of political conflict and its traumatic sequelae for citizens (McCartan, 2022). When students arrive in university, these issues may affect course completion (Browne, 2017), and important transitions from education to employment (Geirdal et al., 2019). Concerns have also been raised about the somewhat inconsistent provision, and uptake of, mental health supports for students (Browne et al., 2020; McAuliffe et al., 2012; Storrie et al., 2010).

Several studies have explored levels of mental health problems and morbidity in US social work student populations. For example, Davis-Berman and Pestello (2002) used an exploratory, approach and found that 20–25% of two samples of students had taken psychiatric medication, with depression and anxiety the most common diagnoses reported. Horton et al. (2009) also sought to estimate levels of psychological and psychiatric problems in another US student social work population, finding that 34% reported high levels of depressive symptoms, 12% a history of suicidal ideation, and 4% recent thoughts of suicide. In that study, 6% reported high levels of post-traumatic stress disorder (PTSD) symptoms, and 3% were highly likely to have a dissociative disorder. Many identified a history of multiple traumatic experiences including physical (28%) and sexual assault (19%). In relation to substance use at any point in their lives: three out of four reported alcohol use; 46% marijuana use; and 50% use of other illicit drugs. In a study of social work students' mental health and other problems, following hurricanes Katrina and Rita, Lemieux et al. (2010) examined aspects of mental health problems, substance use, and adaptive coping among 416 respondents. They found relatively high levels of depression and smaller numbers of students reporting clinical PTSD-like symptoms and substance use, as well as a range of coping responses. Given that this was an exceptional, one-off disaster, it is important to differentiate these forms of trauma

experienced by helpers with contexts where there are continuous, repeated traumatic incidents (Campbell et al., 2021). Lemieux et al. (2010) suggested the need for additional forms of education, information, and supervision to ensure resilience and well-being in such circumstances.

The literature has also highlighted psychological and other sequelae caused by previous traumas which may affect social work students when compared to others. In an early study, Black et al. (1993) found that social work students were more likely to have experiences of family trauma, which could have implications for the delivery of social work education and practice, for example, if these impacted on future relationships with clients. More recently, Branson et al. (2019) highlighted how social work students were more likely to have more reported incidences of Adverse Childhood Experiences (ACEs) than other students. Newcomb et al. (2017), in interviews with 12 undergraduate students with a history of ACEs, highlighted the need for educators to include teaching self-care as a core skill for practice but also as a way of ensuring such students are treated equitably. It is important to recognize that having a history of ACEs should not always be presented in stigmatizing narratives; students, as with other citizens, often find ways of reparation and positive recovery and growth (Thomas, 2016). In addition, there have been criticisms that the ACE literature is overdetermined by the use of population studies and psychosocial explanatory theories at the expense of wider structural causation (Bunting et al., 2022).

Where social work students have experience of parental mental ill-health, this may affect their academic and professional careers. Poole et al. (2012) analyzed secondary data highlighting that just under a quarter of the sample they examined reported a parent experiencing mental health issues (24%) with more students reporting having a parent with substance use problems (29%). In conclusion, such findings are important to inform our understanding of the types of traumatic events which are crucial when considering the education of social work students.

## Stress and coping

The literature also reveals important aspects of stress and coping in the lives of social work students. Stanley and Bhuvaneswari (2016), in their study of women undergraduate social work students in India, used standardized instruments to assess stress, anxiety, resilience, and coping. They found that first-year students were less resilient and able to cope than second-year cohorts but that levels of anxiety and stress appeared to rise by the end of the programme. These variations are explained by a lack of an induction process that may help students better understand the forthcoming programme, and when they arrive at the end of the programme where more coherent supports should be in place to help transition to the workforce. The literature indicates how social work students can find ways to mediate and resolve such problems. For example, Grant and Kinman (2012) focused on the importance of enhancing forms of resilience in social work systems of social work education to ensure that they can be better prepared for the rigors and emotional demands of eventual professional practice. It is important, however, to critically analyze concepts of resilience to avoid simplistic, individualistic explanations and to include ecological approaches that embrace social as well as individual coping systems used by social work students and practitioners (Newell, 2020). The idea that students can find ways to cope with stressors was also explored in Goldberg et al.'s (2015)

interviews with 12 social work students who were experiencing psychiatric difficulties. They highlighted how respondents underwent a developmental process, from being patients to becoming 'therapatients'; in doing so, they could understand how these two interlinked identities impacted upon practice contexts.

Several other coping mechanisms have been identified in the literature. For example, Ying (2008), in a mixed methods study, examined the buffering effect of self-detachment against emotional exhaustion among 28 second-year and 22 MSW students. Ying (2009) also explored how the concepts of self-compassion, perceived competence, and mental health may mediate well-being, in an Australian study, involving 2,320 students from 29 universities.

The importance of understanding socio-economic factors which may generate stress for social work students is explored in other studies. Gair and Baglow (2018), for example, highlighted how financial and other hardships impacted the mental health and well-being of respondents, recommending changes to curriculum and forms of support by institutions. Particular cohorts of students can be particularly impacted upon by such contexts. For instance, Collins et al. (2010) surveyed English social work students' understanding and experiences of stress, support, and well-being, noting that part-time students appeared more vulnerable to stress, and reported low self-esteem and emotional exhaustion, sometimes associated with pressures at home and work.

A recent US study highlighted the financial hardship experienced by social work students (n = 357) with 17% reporting a need to sell blood plasma to support living costs, while 15% and 14% needed to access a food bank or food stamps at some point during their degree (Unrau, et al., 2020). Single parents, first-generation college students, adults who were formerly in state care, and those with a history of experiencing home-lessness were all overrepresented in these experiences of financial hardship (Unrau, et al., 2020). A common feature of many of these studies is an appeal by authors for forms of institutional support at college and placement levels to enable social work students complete their studies and professional education. These findings are instructive for social work educators to enable them to understand the nature, range, and impact of issues which face students as they traverse their social work education, now discussed.

## Responses by social work educators

The way in which teachers respond to student mental health needs is crucial in this area of professional education. It is often at the interface between students and staff where such issues can be either resolved or exacerbated. Weerman and Abma (2019) used a participatory action research approach in the Netherlands to enable students to disclose and share their personal experiences of mental health recovery in the classroom and practice. They found that, although some of this experiential learning was enabling, it could be stigmatizing and that such experiential knowledge sometimes conflicted with the expectations of the social worker as a detached professional expert. This suggests that such educational spaces may be viewed by students, and educators, as problematic and anxiety provoking. The contested notion of microaggression has been used by social work academics to explain how forms of exclusion and discrimination are played out in classroom discourses and behaviors, not just between students, but also among staff (Charles et al., 2017). It is argued that, in such contexts, there is a need for educators to

reflect upon their sense of status, institutional power, and privilege (Spencer, 2018). A sense of this difficult conversion has been played out in social work education in Northern Ireland (Campbell et al., 2013). They recommend that educators should be more open and reflective in these engagements so that students who have mental illnesses, and their peers can understand how to address insidious forms of social exclusion. In a related way, Poole et al. (2012) use the concept of 'sanism' to critique the way students with mental health problems may be discriminated against and sometimes prevented from achieving professional qualification, an issue further elaborated upon by Reid and Poole (2013). Todd et al. (2019) used a comparative approach to explore how social worker educators might respond to students who report that their mental health affected learning processes. They argue that this can be achieved through several mechanisms, including policy guidelines on rights, privacy, and anti-discrimination. These should be delivered across institutional, professional, and legal contexts. Other forms of discrimination and racism associated with the mental health needs of Black and female students are discussed by Collins (2006), and, as with other authors in this field, appeal for more systemic, institutional approaches to meeting the needs of these vulnerable groups, beginning with selection and admission, during the programme and at its end.

An issue for social work educators, therefore, is how to find ways to enable students with mental health problems to access supportive services. GlenMaye and Bolin (2007), in a survey of 71 social work educators, ascertained the level of accommodations for students with what the authors describe as psychiatric disabilities, indicating a range of institutional responses. Even where systems of support exist, there may be personal, cultural, educational, and societal reasons which prevent help-seeking (Ting, 2011). A recent Spanish study (Millán-Franco et al., 2021) focused on the identification of protective factors which can enable social work students to deal with a range of stressors. They found that the development of emotional intelligence was helpful in promoting emotional repair and in helping to raise subjective feelings of happiness and well-being. In Israel, Goldberg et al. (2015) found that social work students with mental health difficulties were able to integrate their mental health experiences into their professional identity over the period of their studies. This was achieved by educators by enabling students to harmonize their personal experiences with their professional practice.

In conclusion, several important themes emerge from this review of the literature. Firstly, in many parts of the world, third-level students are affected by issues of mental ill health. The literature suggests that social work students may experience elevated levels of mental health problems which can be explained by a number of factors. The evidence suggests that the nature of social work education and training creates demands not typically experienced by other, nonprofessional students, particularly for those who have existing personal mental health struggles, have experienced ACEs, and struggle with financial difficulties. By addressing such issues universities and educators can support students' journeys as they transition from student to professional. This requires relevant support, and knowledge about the types of interventions that are effective in dealing with these problems. These debates are now being explored in the context of the study now discussed.

## Methodology

This article reports the selected findings from a mixed-methods study using an anonymized online survey of first-year social work students (McCartan et al., 2022). The survey was designed to explore the issues that were prominent in the literature. The following findings were responses to the research questions: What are the levels of self-reported mental health problems among social work students? What variables are associated with mental health problems among social work students? How should social work education providers respond to these issues?

The six universities then delivering social work programmes across the island of Ireland took part in the study. Four were located in the Republic of Ireland: National University of Ireland, Galway (NUI Galway); Trinity College Dublin (TCD); University College Cork (UCC); and University College Dublin (UCD); and two universities in Northern Ireland, Queen's University Belfast (QUB) and Ulster University (UU). All students who were enrolled in their first year of the program, except for UCC, were invited to participate in the research study. UCC Bachelor of Social Work students were in year 3 of a four-year programme and taking part in their first of two professional practice placements and were, therefore, considered to be at a comparable stage in their social work education to first-year MSW students. There is considerable variation in financial and other supports, across the institutions and cohorts. In Northern Ireland, students who secure a place on a programme are generally provided with financial assistance from the government, which approximately equates to their university fees, and MSW students in the Republic nearly all self-fund.

Ethical approval was granted by research ethics committees from each institution. Social work educators circulated information about the study in lectures and a member of staff not involved in the social work programme contacted students by e-mail to invite them to participate. Each student was issued with a unique ID code to guarantee anonymity. These ID codes were stored securely in line with data protection procedures with no access granted to teaching staff. On three occasions, students were emailed reminders of their invitation to participate.

### *Mental health*

Participants were asked to report if they had a disability, with possible responses categorized as visual impairment, hearing impairment, mental health, physical health, learning disability, or unspecified. An open-ended question asked respondents to describe their personal disability/disabilities in more detail. Self-report measures were used to ask students to rate their mental and physical health and also quality of life on a scale of 0 to 100 (0 being the worst I can imagine to 100 the best I can imagine). Participants were asked about their current financial status using three different questions: Are you worried about money (On a scale of 0–100 with 0 extremely worried to 100 not worried at all); How well would you say you are managing financially these days (living comfortably, doing alright, just about getting by, finding it QUITE difficult, finding it VERY difficult)? and an open-ended question asking about the nature of the financial difficulties.

Adverse Childhood Experiences (ACEs) were measured using a version of the ACE Questionnaire (Felitti et al., 1998). Students were asked to read 10 statements and respond 'yes' or 'no' if these events happened OFTEN while they were growing up before the age of 18. The ACE questionnaire has good reliability (Dube, Williamson, Thompson, Felitti, & Anda, 2004) and indicates childhood experiences of abuse and neglect and highlights other areas of household dysfunction during childhood including domestic violence and future incarceration and levels of alcohol and drug misuse. A total ACEs score was calculated based on the number of affirmative answers ('yes' = 1, 'No = 0'); each incremental rise in the ACEs score is associated with a graded dose response relationship with a large range of negative health and well-being outcomes (Anda, Butchart, Felitti, & Brown, 2010).

## Findings

A total of 240 students completed the survey (response rate of 53.6%). This included students on the 2-year Relevant Graduate Route (RGR) and 3-year Undergraduate Route (UGR) pathways at QUB and UU in Northern Ireland. Students in the Republic of Ireland were student participants who were recruited from the four-year Bachelor in Social Work and Bachelor in Social Studies programmes in UCC and TCD, as well as from the two-year Masters level social work degree programmes in NUIG, UCD, TCD, and UCC (see Table 1).

The majority of students who participated in the study were aged between 23 and 30 years ($n = 95$, 40.1%); 18–22-year olds ($n = 55$, 23.2%) were the next largest age group, with 31–40-year olds ($n = 48$, 20.3%) and 41–60-year olds ($n = 39$, 16.3%) making up one-third of participants, while three students did not disclose their age category. Most participants were female ($n = 200$, 83.3%), reflecting the typical gender imbalance in student social work populations in the UK (Schaub, 2015). Gender profiles varied slightly between universities and pathways; University College Cork had the largest proportion of male student participants and males were more represented in the 3- or 4-year BSW programmes ($n = 23$, 19.7%) compared to the MSW 2-year pathways ($n = 17$, 13.8%). Similar numbers of students were born in the Republic of Ireland ($n = 102$, 42.7%) and Northern Ireland ($n = 100$, 41.8%); however, none of the students studying in the

**Table 1.** Participants by university, gender, and pathway.

| University | Pathway | N | Cohort response rate | % of total sample | Female (0%) | Male (0%) |
|---|---|---|---|---|---|---|
| NUI Galway | MSW | 8 | 40.0 | 3.3 | 100.0 | 0.0 |
| QUB | UGR | 33 | 45.8 | 13.8 | 84.8 | 15.2 |
| QUB | RGR | 18 | 45.0 | 7.5 | 94.4 | 5.6 |
| TCD | BSS | 18 | 36.7 | 7.5 | 83.3 | 16.7 |
| TCD | MSW | 19 | 90.5 | 7.9 | 89.5 | 10.5 |
| UCC | BSW | 12 | 92.4 | 5.0 | 58.3 | 41.7 |
| UCC | MSW | 24 | 88.9 | 16.7 | 82.5 | 17.5 |
| UCD | MSW | 24 | 52.2 | 10.0 | 79.2 | 20.8 |
| UU | UGR | 54 | 50.0 | 22.5 | 81.5 | 18.5 |
| UU | RGR | 14 | 35.0 | 5.8 | 85.7 | 14.3 |
| Undergraduate route | | 117 | 26.1 | 48.8 | 80.3 | 19.7 |
| RGR/MSW route | | 123 | 27.5 | 51.3 | 86.2 | 13.8 |
| Total | | 240 | 53.6 | 100.0 | 83.3 | 16.7 |

Republic of Ireland had been born in Northern Ireland and only a very small number of students in Northern Ireland had been born in the Republic of Ireland. Just over 15% (*n* = *37*, 15.5%) of participants were born elsewhere, including North and South America, Africa, and elsewhere in Europe.

### Disability

Almost 14% of participants described themselves as having a disability (*n* = *33*, 13.8%) with the largest number reporting either a physical (*n* = 10, 4.2%) or mental health (*n* = 7, 2.9%) condition. Mental health disability was described as 'mental health' issues/related and included references to anxiety, depression, and PTSD. To provide some context for these findings, the Labor Force Survey in the UK of people aged 16–64 asks people if they have a physical or mental health condition lasting or expected to last 12 months or more which impairs their ability to carry out day-to-day activities. In 2017, it reported that 21.7% of respondents in Northern Ireland reported a long-term illness or a disability and the overall figure for the UK was 17.4% (Northern Ireland Statistics and Research Agency, 2021). Thus, respondents were less likely to have a disability compared to the rate found in the general population, perhaps because of their younger age profile.

### Mental/Physical health & quality of life

Students were asked to rate their mental health, physical health, and their quality of life. They were also asked to rate their worries about money on a scale of 0 to 100 (0 'being the worst I can imagine' to 100 'the best I can imagine'). Scores on the 0 to 100 scale were converted into quintiles and scored as follows: 0 to 20 very low; 21–40 low; 41–60 average; 61–80 good; 81–100 very good (see Table 2).

Scores on the 0 to 100 scale were converted into quintiles and scored as follows: 0 to 20 very low; 21–40 low; 41–60 average; 61–80 good; 81–100 very good for mental health, physical health, and quality of life (see Figure 1).

### Money worries

When asked if they were worried about money on a scale of 0 to 100 (0 extremely worried to 100 not worried at all), more than half (57.2%) rated their worries 50 or below (*n* = 237, M = 51.0, SD = 24.681, range 0 to 100). Eight respondents (3.4%) rated their worries '0' indicating they were extremely worried about money.

### Financial situation

Students were also asked to consider their financial situation. Some students were coping financially, with almost 45% reporting that they were either 'living comfortably' or 'doing alright'. However, more than half of respondents reported 'just about getting by, 13.5% were 'finding it quite difficult' and a further 6.7% were 'finding it very difficult' to manage financially. This issue of financial difficulty for respondents was relatively high compared to other problems they were facing.

**Table 2.** Mean and standard deviation scores for each scale.

| Questionnaire item | N | Mean | SD | Range |
|---|---|---|---|---|
| Rate your mental health on a scale of 0 to 100 (0 being the worst to 100 the best) | 236 | 74.28 | 18.867 | 15–85 |
| Rate your physical health on a scale of 0 to 100 (0 being the worst to 100 the best) | 236 | 75.51 | 16.184 | 25–75 |
| Rate your quality of life on a scale of 0 to 100 (0 being the worst to 100 the best) | 236 | 72.47 | 15.562 | 28–100 |
| Are you worried about money? (0 extremely worried to 100 not worried at all) | 237 | 51.0 | 24.681 | 0–100 |
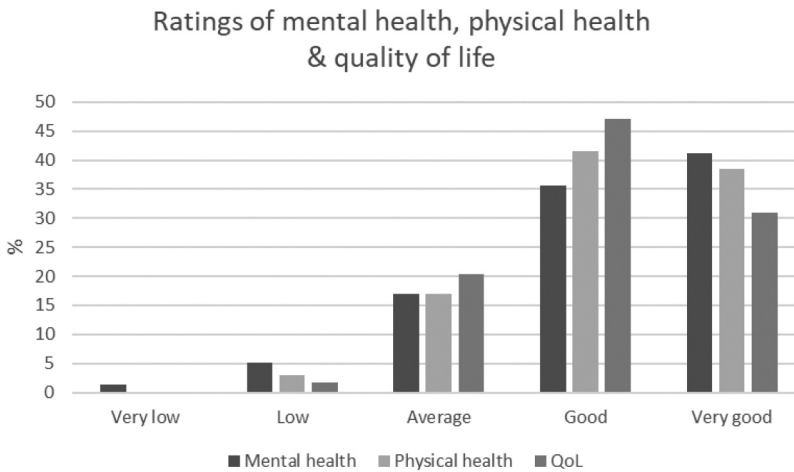


**Figure 1.** Ratings of mental health, physical health, and quality of life by quintile.

Multiple regression using SPSS Version 25 was performed to assess the ability of a number of independent variables (gender, age, number of children, disability, physical health rating, quality of life rating, money worries, and total ACEs) to predict self-reported rating of mental health (See Table 3). Physical Health and Quality of Life statistically significantly predicted Mental Health rating, $F(8, 201) = 11.014$, $p < .001$, $R^2 = .305$. The model explained 30.5% of the variance in levels of self-reported rates of mental health. Within this model, physical health and quality of life were significant predictors of self-reported rates of mental health problems. Inevitably, there are many

**Table 3.** Multiple regression coefficients.

|  | ß | Significance |
| --- | --- | --- |
| Mental health (constant) |  | .310 |
| Age | .133 | .108 |
| Gender | .050 | .411 |
| Children | .061 | .450 |
| Disability | −.018 | .771 |
| Physical health | .139 | .046* |
| Money worries | .090 | .168 |
| Quality of life | .400 | .000** |
| ACEs | −.049 | .432 |

\* $p < .05$, \*\* $p < .000$.

characteristics that likely influence the rates of self-reported mental health problems that were not assessed in this analysis. Future research might consider exploring other influences such as ACEs, the impact of the Troubles, and mental health supports for students. The model met the required statistical assumptions necessary for conducting multiple regression.

### Qualitative findings

Issues of mental, physical, and financial wellbeing were further explored by an open-ended question; students were asked to provide further information about their quality of life, health, and/or their financial situation. Approximately 12% (n = 29) of participants took this opportunity to share their relevant experiences or specific concerns. In the most part, comments were negative and related to financial pressures. These included concerns about budgeting, affordability of studying, debt, and having to rely on others to make ends meet. Although it was considered to be a short-term problem, it was still creating anxiety for some students. One student explains, 'I am aware that in the bigger picture, my quality of life, health, and financial situation is not the worst by any means. However, my quality of life has definitely been negatively impacted by this course, as it has added financial pressure and worry'. Another respondent echoed these concerns, 'I'm extremely worried about money while I'm in school. I don't mind that the salaries once I'm working aren't very high, as long as they are a liveable wage'.

Others also had money worries but were more positive about how they would manage these, particularly as they were pursuing a long-term goal to become a social worker, 'I am very happy at present as I have wanted to study Social Work for years but the time was never right. I have some concerns about money but I plan to be careful so that studying does not affect my children's life'. Another participant explained, 'I lived on benefits for two years to pursue this career choice. Whilst it was a struggle and sacrifices had to be made, a little more would help. Because of the hardship I rarely worry about money and never make any life choices based on finances'.

Work–life balance also featured in a number of comments, struggling with family life, studying, and being available for children, partners, and other family members. These were described as 'difficulties trying to find a balance between study and family life' and the 'stress of money, new routine, and keeping on top of work is probably affecting my mental health through anxiety'. One participant wrote, 'I just have a lot going on in my life at present. I am on placement 5 days per week ... and I work on a Sunday ... my mother is very unwell ... I am expected to look after and visit her'.

A small number of respondents were highly positive about their current situation, 'I feel lucky to live the life I live' and 'I feel truly blessed to have been supported by the state, I feel without their financial and emotional support that I would not have made it to third level education'.

## Discussion

The study findings highlight the many problems that these student cohorts faced during their social work studies, but also areas of strength and resilience. These factors are important to consider for students, educators, and employers. There was some contrast in the findings of the literature review and those of the study. Most of the literature tended to focus on psychosocial variables, in particular, forms of stressors and coping mechanisms (Grant et al., 2015). The literature, to a lesser extent, explores prior ACEs (Branson et al., 2019; Newcomb et al., 2017) and how financial worries and social impact upon social work students' lives and learning (Unrau, et al., 2020).

The demographic characteristics of the sample were not out of line with those in other similar jurisdictions. As with the general workforce, social work remains largely a female profession, and it attracts people from a wide range of backgrounds and ages. Unlike parts of the USA, Canada and England, however, the cohort almost universally described themselves as 'White Caucasian'. Respondents were asked about their religious and political identities; it is important to explain that, given the history of the conflict in Northern Ireland, the issue of religious difference is more important there, than in the Republic of Ireland (McCartan et al., 2022). These variables were not examined in depth in the analysis for this article, and a more viable approach to explore these issues may be through in-depth interviews.

The high levels of positivity about physical and mental health appear to contrast with more detailed US studies that revealed high levels of mental health problems (Davis-Berman & Pestello, 2002; Horton et al., 2009). It is only possible to speculate about this study's findings, and the approaches to measuring these issues were different, but it may be that Irish social work programmes are recruiting from different, more resilient populations than those reported in mostly US studies, or that, for a number perhaps cultural reasons, they are not reporting hidden levels of physical and mental ill health. This resonates with some of the findings of the study; although a proportion of respondents identified as being disabled, there were relatively few qualitative responses from this group of students which might suggest that these voices should be sought in the design of the curriculum.

In some open text responses, a small number of students appeared to be stressed by a range of factors, often associated with financial difficulties, or how the pressures of the social work role might negatively impact upon them and their families. Behind the

findings of the survey are issues of inequality and access. For example, there is the variable experiences of government support, depending on which jurisdiction that the programme is located in; and the issue of student poverty that is occurring in other countries (Gair & Baglow, 2018; Unrau, 2020). The importance of helping students avoid financial problems and the anxiety that accompanies money-related worries is confirmed by this study because it is now clear that students who report financial worries are also more likely to report negatively on their mental health, physical health, and/or quality of life.

The study team sought to explore the complex issue of ACEs with the students, and the findings suggest that the number of ACEs is associated with a range of other important variables including their mental health. The value of self-care strategies (Newcomb et al., 2017) is particularly important in this context. These findings also suggest that, although the developing understanding of the importance of trauma is extremely important to consider in the context of social work education, there are a range of issues, including the importance of financial support, which should also be addressed.

The findings should be of interest and concern to social work educators in Ireland and elsewhere, particularly because the literature suggests that, as in social work practice generally (Lemieux et al., 2010), institutional and program support is crucial in mediating these issues associated with student mental health (Baird, 2016). When educators take time to understand and explore such issues with students, then there are greater opportunities for prevention and the building of resilience and coping skills (Grant et al., 2015; Grant & Kinman, 2012). There is an imperative that social work educators become more skilled and knowledgeable in understanding the symptoms of stress and realizing how to signpost students to relevant institutional supports (Manthorpe & Stanley, 1999).

## Conclusion

This paper reports on a subset of findings from a larger study (McCartan et al., 2022), the first, comprehensive survey of Irish social work student experiences and views. It found that students tended to view mental and physical health relatively positively when compared to other studies, but perceptions of financial security and levels of ACEs were more concerning, suggesting more complex relationships that may affect progress, stress, resilience, and mental well-being. Notwithstanding the study limitations, the findings suggest the need for further exploration of why respondents were relatively positive about their health and mental health, for example, through individual interviews with a subsample of the study population. It is important to consider such contributory factors given that these experiences, if not dealt with, will move on from the classroom to the workplace, if educators and employers are not more attentive to student needs. These include a range of psychological, social, and financial pressures which are often not well recognized in the busy life of universities and programmes. Of particular concern is how such stressors may be translated into clinically described conditions, finding a way of coping, understanding of the self and resilience as well as dealing with past individual and family traumas.

Although the study did not focus on how educators and institutions should respond to such student needs, the literature indicates several necessary responses. When designing social work programmes, it is crucial that educators are aware of the possible stressors,

life circumstances, and family and community circumstances that affect the lives of students. In this respect, there is an imperative that social work educators are skilled, knowledgeable, and competent in understanding these variables, in order to advise and signpost onwards. Social work students also need to be reassured that in speaking out about their mental health problems that they will not be stigmatized and become marginalized in the classroom. In doing so, social work educators will be in a better position to enhance student learning and ensure that new entrants to the profession are prepared for the stressful, rewarding profession that they have joined.

## Study limitations

The survey was conducted through the students' course providers and that context may have influenced or inhibited some responses. The survey achieved a relatively high response rate but there still needs to be some caution about generalizing the findings to all social work students in Ireland or to the context in other countries. It was also a cross-sectional survey which can be strengthened by a plan to follow-up with these cohorts to explore how these issues may develop over the course of their social work education.

## Disclosure statement

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