The invisible problem? Improving students' mental health

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With a Foreword by the Rt Hon. Norman Lamb MP

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Terminology

Mental health and mental wellbeing: Having the emotional resilience to cope with everyday pressures, enjoy life and undertake productive work while having a belief in one's own and others' worth. It is not just the absence of a mental illness: one can have good mental wellbeing yet have a diagnosed mental illness.

Mental illness, mental disorder and having a mental health condition: Qualified professionals use standardised measures to diagnose mental disorders. They 'arise from organic, genetic, psychological or behavioural factors … and are not understood or expected as part of normal development or culture'.[1]

Mental health is a spectrum spanning from mentally well to mentally ill. Everyone falls somewhere on the spectrum and moves along it. Cut off points for what counts as a disorder vary depending on the measure used.

Diagnoses are useful for informing treatment and preventing self-blame. On the other hand, they can sometimes act as an unhelpful label that is difficult to get rid of due to stigma, and can even reduce an individual's motivation to work through problems. Diagnoses are therefore not always necessary even when an individual meets the clinical criteria for a mental illness, such as depression. An individual may just be experiencing a normal reaction to a difficult life-event, for example bereavement. Many higher education institutions (HEIs) define a mental health problem as severe if it is having an extended negative effect on academic study that is unexpected and not attributable to contextual circumstances.

Mental health difficulties, problems and issues: Unless defined otherwise, these terms could indicate any position below 'mentally very well' on the mental health spectrum. They often imply the presence of some symptoms of an illness without a full diagnosis.

Foreword

The Rt Hon. Norman Lamb MP

This has been an important year in the mission to achieve genuine equality for mental health. NHS England's independent Mental Health Taskforce, which was set up to bring an end to the discrimination faced by people suffering from mental illness in the NHS, has given us a roadmap for achieving equal rights to effective treatment between mental and physical health, which is long overdue.

Building on much of the work we started when I was Minister for Care and Support, it sets out a vision including comprehensive access and waiting time standards in mental health, round-the-clock access to crisis care, and eliminating the scandalous practice of shunting people across the country at a moment of crisis because there is no care available close to home.

Being back on the opposition benches is endlessly frustrating, but I am committed to doing everything I can to hold the Government and NHS England's feet to the fire and make sure that this vision is delivered in full. However, one area where the strategy is conspicuously quiet is on the mental health of students in higher education.

As an MP, I regularly meet with university students all across the country and am struck by how often mental health is raised as one of their main concerns about life on campus.

We know that the student experience can be overwhelming. Moving away from home for the first time to find yourself surrounded by hundreds of unfamiliar faces, new personal

responsibilities, and a demanding academic programme is as distressing as it is exciting for many people. Today's students are also under more pressure than ever to get a good degree to boost their prospects in a competitive economy.

For most people, these stresses and challenges of student life will not directly 'cause' mental illness – but they can certainly affect emotional resilience and overall wellbeing in a way which leaves them more vulnerable to developing mental health problems such as depression and anxiety. So it is not surprising that mental illness is so common at universities.

Universities, government and the NHS have a collective responsibility to rise to this challenge. It is crucial that we start more open conversations about mental health on campuses to break down the stigma, support students to build up their emotional resilience, and enable more people to seek support from counselling and other mental health services when things get tough.

I welcome this report and its important recommendations, which should be treated as an urgent call to action by policymakers. University counselling services must be properly funded and signposted, with staff trained to spot the signs of mental health problems and direct students to the most appropriate support. Enabling students to be registered with a GP at home and at university would address an important lacuna in the current system. Finally, it is essential that universities collect robust data and review their existing mental health policies, so that services can be improved to meet the needs of all students. We shouldn't expect anything less.

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- Student Minds, the UK's Student Mental Health Charity

The author and HEPI are responsible for any errors or opinions herein.

Executive summary

- We might expect students in higher education to have better mental health than the general population. Strong social networks and better employment prospects are two of the many benefits of going to university. Yet survey data repeatedly show that, on average, students are less happy and more anxious than non-students, including other young people.

- Robust data on the prevalence of mental illness in higher education are scarce. The failure of much commentary to note the differences between mental disorders, mental health problems and poor wellbeing – see the terminology section on page 1 – reinforces misconceptions and is counterproductive.

- Students are vulnerable for a number of reasons. In most cases, full-time first-degree students are living away from home for the first time and lack direct access to their key support networks while facing a number of new challenges. These include a different method of learning, taking on tens of thousands of pounds of debt and living with people they have never met before. There are also pressures surrounding the competitive job market, resulting in many students worrying about gaining a high-class degree.

- Many universities have effective support services but demand is not being met in full. Funding is limited and many students slip through the gaps.

- A range of support services are paramount for helping vulnerable students persevere with their degree by helping develop the self-compassion and self-resilience that is often lacking upon entry to higher education.

- Students with severe mental illnesses also lack continuity of care between home and university. Waiting lists for specialist services are long and national funding is biased against students and against mental health.

- Key recommendations in this report include:

    - **Allowing students to be simultaneously registered with a general practitioner (GP) at home and at university.**

    - **Offering alternative appointment times if there is a clash with exams or study leave.**

    - **At universities currently spending the least, funding for counselling and other support services needs to be increased at least threefold.**

    - **Encouraging universities to collect data and conduct a self-review of their mental health policies, before creating an action plan detailing what needs to be improved and how.**

    - **Ensuring vulnerable students on leave from studying have sufficient mental health care provision in place.**

    - **Providing robust support arrangements for students with a history of mental health problems who are studying abroad or on placement.**

- **Providing training on mental health policy and awareness to all university staff.**
- **Signposting reliable sources of information regarding mental health, for example the *Expert Self Care (ESC) Student* app.**
- **Ensuring more funding for mental health research, so that the new Office for Students (OfS) and other relevant bodies have robust data on the prevalence of mental health problems among higher education students.**

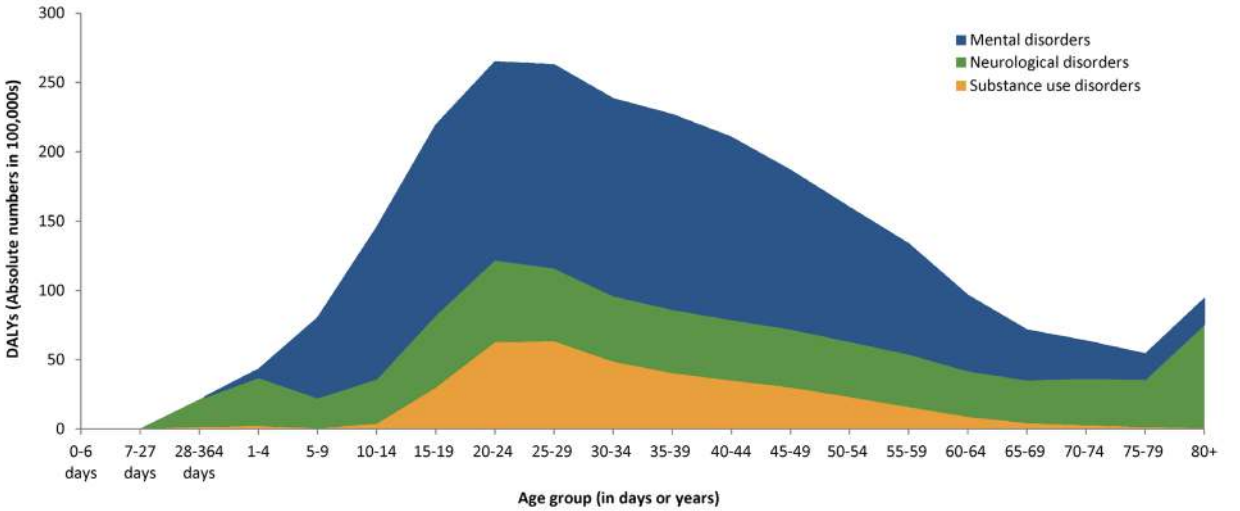
1. What we know

Students in higher education are typically at an age that is vulnerable to developing mental illness. Three-quarters of those with a mental illness first have symptoms before their mid-20s.[2] The peak of onset for most disorders is between the ages of 18 and 25. Over 80 per cent of full-time undergraduates fall into this age range.[3] Moreover, suicide is the second most common cause of death among young people worldwide.[4]

There is little *robust* data on the prevalence of mental illness in higher education. Data sources often fail to define their terminology properly. For example, a well-publicised 2015 survey by the National Union of Students (NUS) found eight out of 10 students had experienced mental health issues in the previous year, but there was no indication of how mental health issues were defined.[5] All we can infer is that eight out of 10 students placed themselves at a point under the 'mentally very well' end of the mental health spectrum: not nearly as shocking as the headline statistic implies.

The 2013 NUS *Mental Distress Survey* had a larger sample base and clearer methodology. This time, 10 per cent of students reported a diagnosed mental illness.[6] Similarly, a 2016 Unite survey of over 6,000 students found 12 per cent consider themselves to have a mental illness, such as depression, schizophrenia or an anxiety disorder. Close to one-third of students (32 per cent) reported that in the previous four weeks they had 'always' or 'often' felt 'down or depressed' and 30 per cent reported 'always' or 'often' feeling 'isolated or lonely'.[7]

Mental, neurological and substance use disorders, by age



Note: DALYs = disability-adjusted life year.

Source: Harvey Whiteford et al, *The global burden of mental, neurological and substance use disorders: an analysis form the global burden of disease study 2010,* 2015

These data suggest mental disorders are fairly common in higher education but not as high as in the general population – 12 per cent compared to the estimated 25 per cent in the whole population. However, the number of students suffering from poor wellbeing is high. Comparison of wellbeing measures in the *2016 HEPI / HEA Student Academic Experience Survey* and data from the Office for National Statistics (ONS) shows that 43 per cent of young persons aged 20 to 24 rate themselves as having very low anxiety, compared to only 21 per cent of students.[8] Similarly, 33 per cent of young persons aged 20 to 24 rate themselves as very happy versus 21 per cent of students.

The increasing number of students seeking support illustrates this further. Freedom of Information (FOI) requests by *The Times* published in 2016 show a rise of 68 per cent in counselling service users at Russell Group universities since 2011.[9] The Nightline Association has also experienced a rise in demand for its student-run support services: calls to its teams rose by 96 per cent in Oxford and 147 per cent in Leeds between 2011 and 2015.[10] NUS Scotland has similarly reported a 47 per cent increase in students requesting mental health support services, based on data from 12 institutions between the academic years 2011/12 and 2014/15.[11]

It is in the interest of universities to provide mental health support. A recent study found that 92 per cent of students attending university counselling sessions were having problems completing their academic work.[12] Based on student responses, Ruth Caleb, Head of Counselling at Brunel University, estimates her service saves the university £2.5 million a year in fees that otherwise would be lost due to students not completing their course. Equally, a 2012 survey of over 5,500 students who had

recently completed counselling with an in-house university or college counselling service at 65 UK higher and further education institutions showed:

- 81 per cent thought counselling had helped them stay in higher education;
- 79 per cent thought it helped them do better in their academic work; and
- 78 per cent thought it had helped them develop skills useful for obtaining employment.[13]

Although universities and the NHS have a dual responsibility for providing mental health support, the same study also showed that improvement rates in university counselling services are higher than in NHS primary care counselling. The average proportion of patients showing clinical improvement – reflecting an improved score on a standardised measure of mental illness – was 71 per cent against an average of 75 per cent for university counselling services.[14] Average waiting times between referral and first appointments are also longer in NHS primary care services: 84 days versus 16 days at universities. Awareness of how to contact an institution's counselling services is also fairly high, although there is room for improvement. The *2016 HEPI / HEA Student Academic Experience Survey* found that 68 per cent of students know how to contact such services.[15]

Higher education has always proved a challenging time for some students. A book published over half a century ago, based on detailed surveys and interviews with students from

the University of Oxford and the University of Manchester, found:

> *The student of today is too hurried, too badly housed and working under too strenuous conditions … the mental climate of universities is ill-suited to relieving tensions, which often reach breaking point.*[16]

The author, Ferdynand Zweig, recommended further development of university mental health services.

It is possible that the proportion of students struggling at the less severe end of the mental health spectrum has not increased massively. Kathryn Ecclestone, Professor of Education, has argued:

> *Self-reporting and the loosening of what a clinically-recognised diagnosis means have led to a huge rise in students presenting themselves as in need of special help to get through their university course.*[17]

This suggests awareness and disclosure rather than true prevalence may have increased over time. But the pressure on gaining a high-class degree has increased. Chris Blackhurst, a former Editor of the *Independent*, has argued this aspect of university has changed over each generation.

> *In my day … getting a 2.1 or a 2.2 was not regarded as a matter of life and death. Going back further still, for my parents' generation, just going to university at all, any university, was regarded as an achievement … Not any more.*[18]

A longitudinal dataset on student wellbeing at the University

of Reading found that, upon starting their degree, 45 per cent of the cohort expected to get a first.[19] Nationally, although the figure has been rising, only 16 per cent of full-time first-degree graduates secured a First in 2014/15.[20]

Pressure from social media is a new phenomenon that affects wellbeing. While it provides empowerment by giving every individual a platform for their voice and enables the maintenance of relationships that may otherwise be lost, social media can have damaging effects. Constant comparison with the lives of others may have a negative impact on self-esteem and feelings of life satisfaction in many young people. Use of social media at night-time can also result in reduced sleep. A study conducted on 82 young regular Facebook users (with a mean age of 19-years) found that increased Facebook use was associated with decreased wellbeing.[21] Other social media may have a similar negative impact on wellbeing.

Moreover, student suicides are increasing. Data from the Office for National Statistics for England and Wales show that in 2007 there were 75 suicides of full-time students aged over 18; in 2012 there were 112 and in 2014 there were 130.[22] Although there are more students in higher education in 2012 compared to 2007, suicide has increased by a greater proportion.[23]

It therefore seems reasonable to conclude that both the prevalence and awareness of poor mental health has increased over recent decades.

2. Types of distress and disorder

Student distress particularly centres around feelings of stress, anxiety and unhappiness.

The NUS survey from May 2013 of approximately 1,200 university students found that:

- 80 per cent reported stress;
- 70 per cent reported a lack of energy or motivation;
- 66 per cent reported feeling unhappy;
- 55 per cent reported anxiety;
- 50 per cent reported having trouble sleeping; and
- 49 per cent reported a depressed feeling.[24]

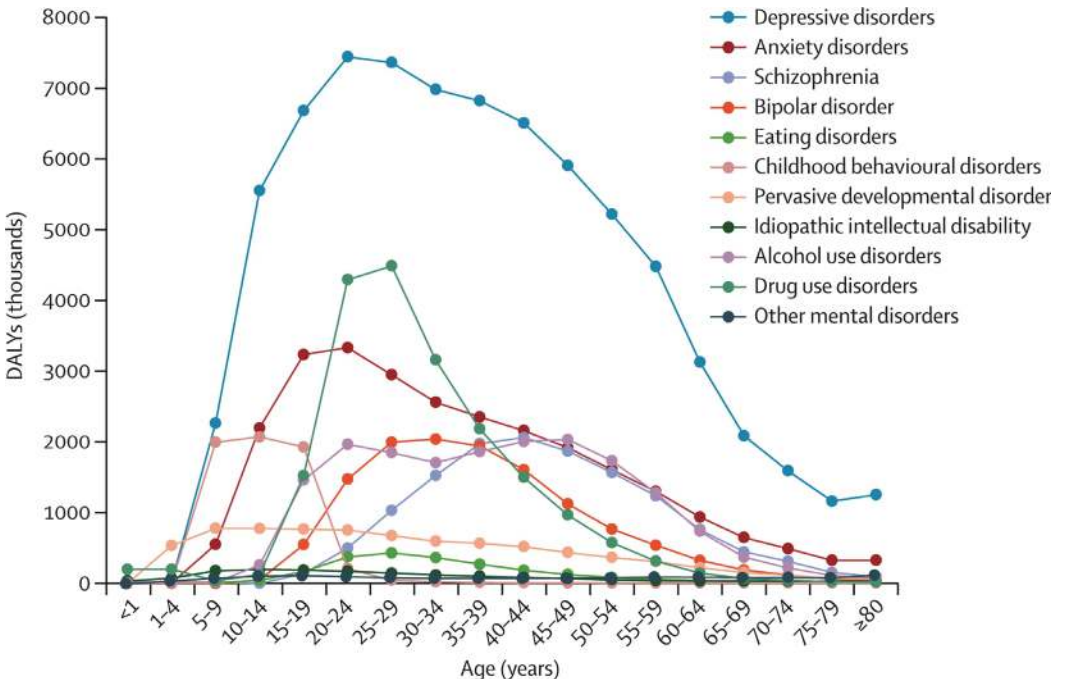
The 2016 Unite survey found that, among students who had strongly considered dropping out of higher education:

- 76 per cent reported feeling stressed or worried;
- 46 per cent reported feeling down or depressed; and
- 43 per cent reported feeling isolated or lonely.[25]

Information from Russell Group institutions obtained under the Freedom of Information Act by the *Guardian* found that the most common reason for attending university counselling was anxiety.[26]

Figures for the University of York's Open Door service for the three terms of the 2015/16 academic year show anxiety and depression were the two most common reasons for student visits to the service. Other major reasons included relationship or family issues, academic difficulties, bereavement and stress.[27]

Mental and substance misuse disorders, by age



Source: Harvey Whiteford et al, *Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study 2010*, 2013

There are also certain illnesses that the student population is particularly vulnerable to developing because they are typically young adults.

Conditions which students are prone to developing

- **Anxiety and depression:** students are at risk of anxiety and depression due to stress stemming from a range of academic and social pressures combined with being away from home and established support.
- **Bipolar disorder:** research suggests that those with excellent school performance have as much as a fourfold increased risk of developing bipolar disorder compared to those with average grades.[28]
- **Eating disorders**: eating disorders occur more frequently in higher socioeconomic groups and have a peak age of onset in adolescence, meaning undergraduates are likely to be particularly vulnerable.[29] Females are more likely to suffer than males.[30] There are significantly more females than males in higher education.[31]
- **Hazardous drinking:** although not a mental illness, high alcohol consumption has long been a feature of student life. It is a common side effect of feelings of stress, anxiety and depression, and can also reinforce these feelings.

3. Vulnerability factors

A study by Bewick et al (2010) collected data on seven occasions from a UK university from 66 per cent of the 2000-2002 cohort (24,234 participants). At no point during the time of study did reported distress levels fall to the pre-university level.[32] Why is this?

Students are vulnerable upon entry to higher education

There is an average of ten years between a young person (aged under 25) first experiencing symptoms and when they first receive the support they need.[33] In 2004 (the latest data available), only 25 per cent of children with mental health problems were in treatment.[34] Moreover, Freedom of Information requests by the mental health charity YoungMinds in July 2015 found that over one in five local authorities have either frozen or cut their Child and Adolescent Mental Health Services (CAMHS) budgets every year since 2010. Cuts amounted to £35 million (from a total budget of roughly £700 million) between 2014 and 2015, despite an increase in demand for services.[35] It is therefore plausible that many students first receive mental health support during their time in higher education because they simply have not had easy access to it before.

Moreover, when entering higher education, students may struggle to bridge the gap between CAMHS and Adult Mental Health Services (AMHS). A report by the Joint Commissioning Panel for Mental Health found that nearly a third of teenagers receiving help are lost from care during this transition and a further third experience an interruption in care.[36] Many students

therefore enter higher education without the specialist support they previously have had.

Additionally, students from non-traditional backgrounds are entering higher education in greater numbers. While this is positive, these students may require different or more support than typical students to help them adapt to, and remain in, higher education.

The difficulties of transition

Points of transition are associated with increased risk of developing mental health problems, due to the stress of adapting to new circumstances. The UK has a boarding-school model of higher education where most students move away from home while studying.[37] This is relatively unusual across the world and it means students move away from support networks and into housing – in some cases rooms – with people they have never met before. There is potential for a variety of social pressures to be experienced. For example, peer pressure surrounding alcohol consumption and drug use is common during undergraduate freshers' weeks.

On the academic side, there is a significant change in learning style. Many students are used to highly-structured teaching and learning. In higher education, directed independent learning is the norm, with students taking a more active role in managing their time and planning their studies.[38] At the same time, there is pressure surrounding the competitiveness of the job market and therefore increased awareness of the need to gain a First or Upper Second.

Moreover, some students are used to being the top achiever in their environment, a phenomenon known as the Big-Fish-Little-Pond Effect (BFLPE). Going to university means being surrounded by above-average achievers, yet students may continue to pursue perfectionism as they did at school, which is an unrealistic goal. Feedback on assignments may also be more limited and slower than students are used to because pressures on academics' time are different.[39] Academics are expected to have a significant research output to satisfy the Research Excellence Framework (REF) and are to be assessed more closely on the quality of their teaching through the Teaching Excellence Framework (TEF). Close personal and proactive care of students of the sort provided by teachers is simply not possible for most academic tutors, and – unlike school pupils – most students are legally adults.

Case study

Morwenna developed an eating disorder in her late teens and was discharged eight weeks before starting at the University of Cambridge. After 18-months of struggling at university, she had to suspend her studies due to depression and severe bulimia. She describes why:

No longer was I thought 'talented' or 'gifted' because I could work for eight hours a day or read an 800-page novel in a day. At Cambridge everyone I knew could do that. I was no longer special … Inside that bubble, where perfection was the norm, falling short of my own expectations tormented me.

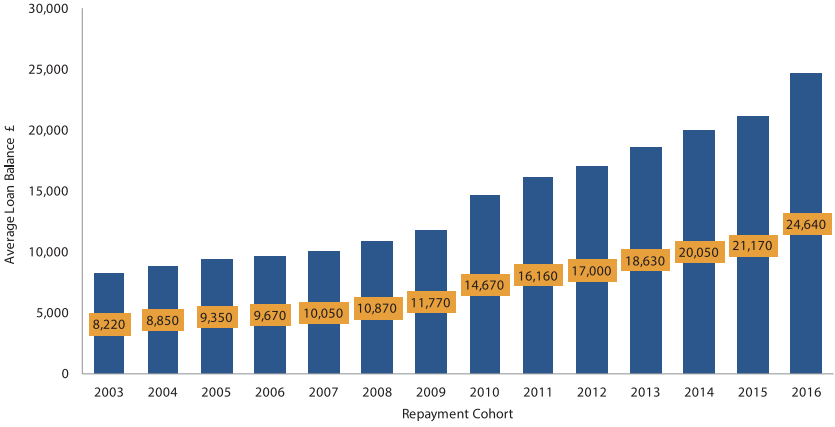
Morwenna also described how common this pattern is:

Suffering from an eating disorder and depression made me hardly more special among the Oxbridge student population than the A-levels that got me there.

Source: Morwenna Jones, 'How Cambridge University almost killed me', *The Guardian*, October 2014

Another concern is that students are faced with larger debts than ever before, due to increased tuition fees and the abolition of maintenance grants. Student Loans Company (SLC) data show year-on-year increases in debt.

Average Loan Balance on entry into repayment by repayment cohort



Source: Student Loans Company, *Student Loans in England: Financial Year 2015-16,* June 2016

Rising living costs are a source of anxiety for students as maintenance loans often cover the costs of accommodation only, leaving little for other essentials. One recent poll found that the average student spends 58 per cent of their student loan within the first 100 days of university.[40]

A UK-wide survey of students by the NUS found 63 per cent of respondents worried about their finances very often and 33 per cent were considering work that may affect their wellbeing, such as night shifts. Moreover, 38 per cent of Scottish students reported in the survey that they felt their mental health was being affected by financial concerns.[41] As Scottish students do not pay fees, this suggests even without increased debt from fees, students are financially strained.

A new UPP report on student experiences finds that 73 per cent of 558 respondents listed financial difficulties as a factor that makes university life hard to cope with, coming second only to the stress of studying by a single per cent.[42]

Students on abeyance are particularly vulnerable to financial strain. They do not receive financial support because they are not active students, yet also cannot receive benefits because they are still counted as a student. Consequently, unless they have a supportive family, the recovery of suspended students can be jeopardised by financial stress.

The transient lifestyle of students

Being a student often means a transient lifestyle, living at home for half the year and at university for the other half. Students spend over 25 weeks of the year away from their mental health support – whether at home or university – including their

registered doctor's surgery. If care is needed from a doctor during this time, students must register as a temporary patient, which provides only limited access to care. Blood tests and specialist services, including those for mental health, are not given to temporary patients in many practices.[43]

Sometimes students do not even meet the criteria for a temporary resident. General Practitioner (GP) law – which applies to all GPs working for the NHS in England – states:

> *a person shall be regarded as temporarily resident in a place if, when he arrives in that place, he intends to stay there for more than 24 hours but not more than three months.*[44]

Whether registered at home or at their higher education institution, holidays, study leave and some term times will result in students being away from their GP for over three months, meaning they do not qualify as a temporary patient. Yet re-registering at each GP practice each term time or holiday is also not a viable option due to the time it takes to transfer medical records. Paper records aim to be transferred within six weeks of registration – more than half of a university term and the entire length of Christmas or Easter holidays.

Students may also have to wait months to progress up the waiting list for specialist mental health care, only to be dropped to the bottom again when they cannot attend their appointment due to exams or it falling out of term time. Letters and questionnaires are at risk of going astray when addresses change – for example between home and university – which again can result in the student being moved to the bottom of the list.

Students and waiting times

A survey of 33 students with experience of eating disorders by Student Minds, the UK's Student Mental Health Charity, showed that on average students waited 20 weeks for an appointment with a specialist service.[45] Quotes from respondents include:

[The waiting period] reinforced my belief that I wasn't sick enough to need help, [and] made me feel like I wouldn't ever be taken seriously so there was no point bothering.

I spent a year on the waiting list … I had one appointment during the summer holidays but as I'd have to travel from home to my university town for appointments I was … put back on the waiting list … as a result no one noticed I was crashing until my BMI [body mass index] became life threateningly low.

Source: Student Minds, *University Challenge: Integrating Care for Eating Disorders at Home and at University,* 2014

Additionally, because a student may not be staying in an area for a long time, local services may be reluctant to offer any support, as they fear there is too little time to make a difference.

4. Factors affecting wellbeing

Emotional resilience

David Mair, Head of Counselling and Wellbeing at the University of Birmingham, says higher education is being co-opted into a 'survival of the fittest' race, and thinks a better description of counselling services would be 'The learn-to-be-compassionate-to-yourself-and-others-because-life-is-tough' service. He believes 'young people are becoming more and more lacking in resilience – unable to cope with the ordinary demands of life' but also agrees part of this is because life is more demanding for students than it has been previously. Students thus need to be educated about the need for self-compassion and resilience and to understand it is not merely a 'soppy, new-agey way of letting themselves off the hook', but an important life-skill.[46]

Recognising this problem, the Head of Oxford High School, Judith Carlisle, has set up 'The Death of Little Miss Perfect' initiative. This aims to teach students that 100 per cent in every test is unnecessary and that real life is not about perfection.[47]

Student unions can play an important role in supporting students. Emma Sims, Vice-President of the Liverpool Guild of Students notes how her student union helped her to develop a strength and sense of belonging:

> *One thing I know personally is the hugely positive impact students' union can have on students, both collectively and as individuals. If it were not for joining a student society, I would not have finished university … They got me out of the house*

and doing things that I enjoyed, and they made me feel like I belonged in Liverpool.[48]

Student finance/debt

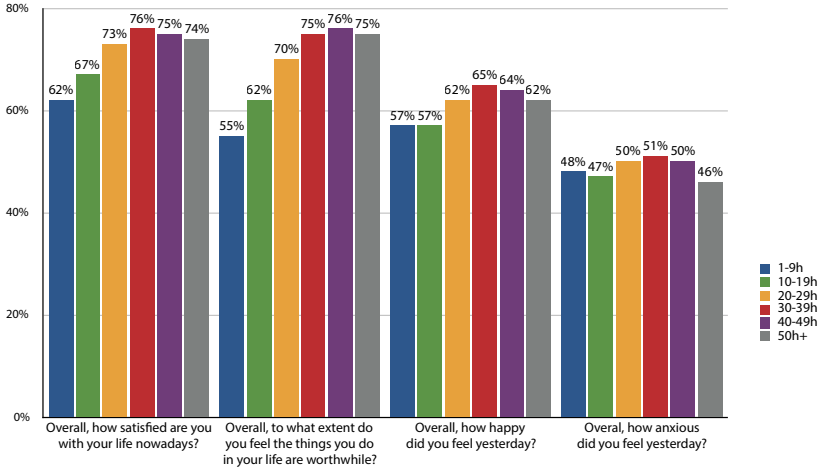
In one recent study, over 450 British undergraduate first-years from across the UK completed measures of mental health and financial variables – including family affluence, recent financial difficulties and attitudes towards finances – on four occasions during their first year. Standardised measures were used, for example the seven item Generalised Anxiety Disorder Assessment (GAD-7). Findings suggested that greater financial difficulties predicted poorer mental health, including greater likelihood of depression, stress, anxiety and alcohol dependence over time.

Alcohol dependence and anxiety also predicted a worsening financial situation, suggesting a bidirectional relationship and the development of a vicious circle.[49]

Workload

The 2016 *HEPI / HEA Student Experience Survey* found students with between 30 and 39 hours of workload per week report greater happiness, greater feelings that their lives are worthwhile and less anxiety than others. For example, only 57 per cent of students with between one and 19 hours a week of workload gave ratings of seven to 10 out of 10 for happiness. The figure was 65 per cent for those with 30-39 hours a week, and 62 per cent for those with above 50 hours.

Levels of wellbeing by total workload hours

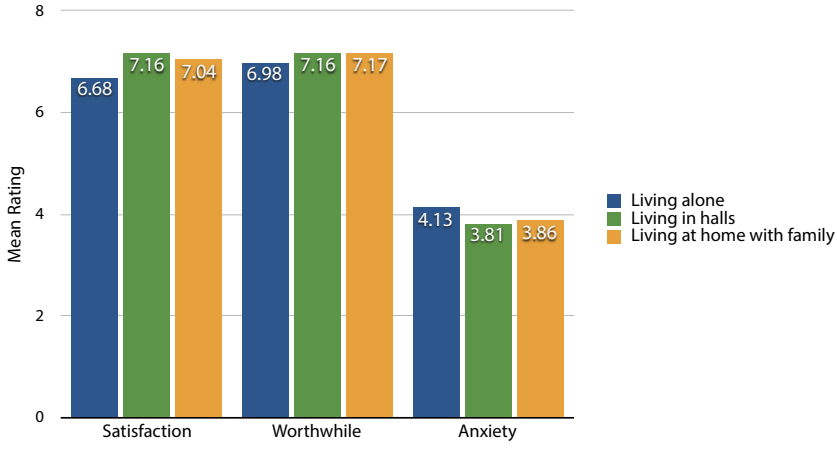


Base: 1-9 hours (214), 10-19 hours (3,034), 20-29 hours (4,507), 30-39 hours (3,242), 40-49 hours (1,870), 50+ hours (2,332). Percentages calculated from all students scoring 7-10 out of 10 for life satisfaction, life worthwhile, happiness/0-3 out of 10 for anxiety.

Living arrangements

The 2013 NUS survey found that course workload deadlines and exams – including revision – came out as the top factors contributing to symptoms of mental distress, with 65 per cent and 54 per cent of respondents saying they contributed.[50] Similarly, in UPP's *Annual Student Experience Study*, stress of studying was the most commonly cited factor for what makes university life difficult to cope with.[51]

Wellbeing, by accommodation type (2016)



Source: Jonathan Neves and Nick Hillman, *2016 HEPI / HEA Student Academic Experience, 2016*

The 2013 NUS publication found that 28 per cent of those with mental health difficulties reported housing and accommodation as a trigger of mental distress.[52] The 2016 HEPI / HEA data show that, when asked *how satisfied with your life are you nowadays?*, students living in halls report higher ratings than those living at home with family and those living on their own. Students living on their own rate their lives as less worthwhile than students living elsewhere and report higher anxiety levels compared to those living in halls or at home.[53] Although the differences are not enormous, they are statistically significant.

Vulnerable demographic groups

The 2013 NUS survey found that international students, British students and heterosexual students were more likely to state that they had never been diagnosed with a mental illness. On the other hand, black students were more likely to report a diagnosis, as were lesbian, gay, bisexual, transsexual and queer students.[54] A 2016 survey by YouGov also found that 45 per cent of Lesbian, Gay, Bisexual and Transgender (LGBT) students reported challenges with their mental health, compared to just 22 per cent of non-LGBT students.[55] A 2011 British survey of 6,861 respondents conducted by Stonewall found that one in 16 gay and bisexual men aged 16 to 24 had attempted to take their own life in the previous year.[56]

The NUS survey also found that females were less likely to state they had never been diagnosed with a mental health problem than males (64 per cent of 824 respondents versus 72 per cent of 444 respondents[57]). Likewise, the HEPI / HEA data showed that 26 per cent of males scored 0-1 out of 10 for anxiety (where 0 means very low anxiety) compared to just 17 per cent of females. On the other hand, these data may reflect females' greater tendency to disclose: rates of suicide are higher in males than females, suggesting females are not necessarily more vulnerable to poor mental health than males are.[58]

5. Challenges

Data such as the more recent 2015 NUS survey showing eight out of 10 students have a mental health problem are often counterproductive. While raising awareness about mental health is important, it needs to be done in the right way.

This is because increasing the perceived prevalence of something can result in increased instances of it. To use an analogy, most college students think their friends drink more than they do. This drives up the likelihood of students engaging in heavy drinking as they think heavy drinking is the norm.[59] Providing personalised normative feedback can prevent this. This gives students information on the true facts about alcohol consumption, with the result that heavy drinking is reduced.[60] Similar interventions have been used for reducing risky sexual behaviour.[61] The same sort of feedback is needed with mental health – or at least, inaccurate feedback needs to be prevented and all commentary should consider the methodology of any research they quote. When the data suggests the overwhelming majority of students have mental health problems, more students may start to think they do too as it becomes the perceived norm. As Jeremy Christie, Project Director of Students Against Depression warns: 'by saying people are vulnerable, vulnerability can spread.'

A second challenge regards the chronic underfunding of NHS and university mental health services. GP practices have a lower allowance for students than the general population. For example, the Bristol Student Health Service receives only 66 per cent of the average practice funding. Many practices have lost Minimum Practice Income Guarantee (MPIG) funding and

common mental illnesses such as eating disorders, anxiety and self-harm are not covered by Quality and Outcomes Frameworks (QOF), meaning this funding is also unavailable. In general, there is a national emphasis on cancer, heart disease and care for the elderly, despite mental health carrying the largest burden of disease: 28 per cent, compared to 16 per cent each for cancer and heart disease.

Many mental health care providers have poor staffing ratios and are losing money: one Personal Medical Services (PMS) practice has lost approximately £200,000 in the last year.[62]

The Freedom of Information requests by YoungMinds also found that 75 per cent of Mental Health Trusts, 67 per cent of Clinical Commissioning Groups (CCGs) and 65 per cent of Local Authorities froze or cut their mental health budgets between 2013/14 and 2014/15. YoungMinds estimate that these tens of millions of pounds in cuts equate to nearly 2,000 staff who could otherwise have been providing mental health support across the UK.[63]

Lack of funding means the capacity of services becomes more limited. The number of available inpatient beds in England for mental illnesses fell from 25,503 in 2009/10 to 18,919 in the first quarter of 2016/17.[64] In turn this means thresholds – how ill you have to be – for admittance into specialist care increase. As a result, many university counsellors report that, when they refer students to external services because treatment lies out of their hands, they are refused because the student does not meet certain criteria, despite clearly needing help.

Poor staffing ratios are also present within university support services. Based on the assumptions that universities see on average 12 per cent of the student population, one full-time counsellor sees five students a day for 50 minutes and each student tends to have four sessions, universities require a student-to-counsellor ratio of around 1:1,358. (This is for a 26-week year; the ratio required rises to around 1:2,291 for a 44-week year.) The current average of UK university counsellor to student ratio is roughly 1:5,000, three-to-four times lower.[65]

6. What has been done already

None of the major mental health strategy/policy aims published by government organisations – ranging from the 2000 NHS plan to the 2016 Five Year Forward View for Mental Health – give any special focus to students in higher education, despite it being such a vulnerable period. Even the NHS's July 2016 publication on implementing The Five Year Forward View for Mental Health does not mention whether those aged 18 to 25 fit into their section on 'Children and young people's mental health' or 'Adult mental health,' and no discussion is given to provision for students in higher education.

It is therefore unclear whether students fit into the adult category or not. Guidance for Psychologists in 2013 stated that adolescence runs up until the age of 25, meaning those under the age of 25 are not categorised as adults. Moreover, some students studying at UK higher education institutions may be under the age of 18 due to different schooling systems; these students are legally still children.

Several non-government bodies have created strategies for mental health provision in higher education, including:

- The Royal College of Psychiatrists, *Mental health of students in higher education,* 2011;
- The Mental Wellbeing in Higher Education Working Group (MWBHE) and Universities UK (UUK), *Student mental wellbeing in higher education: good practice guide,* 2015; and
- University of York's Student Mental Ill-health Task Group, *Report to the Vice-Chancellor,* 2016.

The MWBHE/UUK report notes 54 per cent of universities had a formal mental health policy in place by 2008 and a further 29 per cent had begun developing one, with many implementing programmes and training initiatives for students and staff. Moreover, universities increasingly have other more inclusive policies that aim to ensure full and equal support to any student at any sort of difficult time. Such policies include Fitness to Study and Mitigating Circumstances policies.

University case studies

The **University of Westminster** have a mentoring programme for those with long-term mental health problems. It is staffed by professional counsellors and funded mainly by widening participation money. It helps students: integrate into the university and into their courses; find their way around the university systems; and manage their workloads and devise more effective study strategies. The mentors play a more active role than a typical counsellor. They may communicate with tutors and take students to see careers advisors.[66]

Imperial College London provide accredited mental health first aid training. The college has 30 mental health first aiders. The training helps not only recognition of students at risk of self-harm, but also shows staff the best ways of dealing with such situations and helping students access the necessary support in the most efficient way.[67]

The **University of Oxford** have a Peer Support Programme where students can undertake 30 hours of training from qualified peer support trainers. As a result, each college within the university has a network of trained students who fellow students can go to with any problems. Peer-to-peer support is important. In a survey of 1,442 students by the Equality Challenge Unit, 75 per cent of those with a mental health problem had shared this with another student.[68]

In the autumn of 2013, **UWE Bristol** launched a model where students receive a 90 minute solution-focused alternative to further support from the Wellbeing service, known as a therapeutic consultation. This is followed up with an email detailing helpful resources. A wide range of workshops on exam stress, depression, anxiety, bereavement and self-esteem among others are frequently offered. The model has resulted in reduced waiting lists and better outcomes for students. This approach is positive as it recognises the need to encourage students to manage their own wellbeing and mental health. Support needs to be practical and encourage independence.

Brunel University have a Security Service that is available 24 hours a day and plays an important pastoral role. Students are encouraged to contact them if it is out of hours for other university support services. By encouraging this use of internal support at all times, it means someone within the university is aware that a student is unwell and can provide the necessary help and monitoring, which confidentiality laws would mean is not always the case if external services are contacted instead.

Leeds has demonstrated particularly good collaboration between bodies focused on student mental health. The Leeds Primary Care Trust has a senior health improvement specialist for students who coordinates communications with Leeds universities. There is also a Leeds Student mental health group with representatives from the three universities in Leeds, student unions, the Primary Care Trust and the Community Mental Health Team. The group is working on developing closer relationship with the NHS services and local GPs to create referral agreements and good practice guidelines.[69]

7. Policy recommendations

A 2016 publication by the Centre for Mental Health reviewed literature and carried out focus groups and interviews with people who have been responsible for policy implementation.[70] They found the following 12 factors to be most important for policy implementation:

- Adequate funding;
- Focus and clarity of action points;
- Setting targets;
- Accountability, management and partnerships;
- Passion and support from the public and professionals;
- Strong leadership;
- An engaged workforce;
- Local and national partnerships;
- Implementation support;
- Innovation, evaluation and adaption;
- Management; and
- Time

It is also important to include those with experience of mental health disorders, including staff, students and professionals, in the decision-making processes. It is difficult to understand the complexities of mental health disorders without experience, and so including people who have experienced them will allow for more insightful and useful strategy development.

i. Policy to aid transitions

We recommend that the NHS allows **students to be registered with a GP in two places, at home and at their higher education institution**, just as is the case with registering to vote. Moreover, if a student cannot make an appointment of some sort – perhaps due to exams – services should **offer a more suitable alternative appointment time rather than dropping the student from the waiting list.** We also support Student Minds' recommendation of **designing a national register of useful contacts, including GPs, specialist services and university mental health advisors and support groups,** with a view to making communication between services easier. In general, better communication is required between all forms of NHS and higher education institution support services.

Universities can also aid the transition period by sending prospective students information regarding the available mental health support. **Students with existing mental health problems should be encouraged to go to the university in advance of term starting, to meet the support services and set up a care plan.** Having a **student–to-student parenting or buddying system is also recommended**, as is **having someone from the support services introduce themselves to incoming student cohorts in person or via email**. The support on offer during students' first few weeks of university needs to be 'strong, clear and accessible', as researchers at the University of Reading put it.[71]

Where possible, **increasing the availability of within-university jobs**, for example library and student bar shifts, may also help some students gain some extra income in a safe

environment and nearby location. Some research suggests that undertaking paid work is more beneficial when on-campus than when it is off-campus.[72]

Universities would also benefit from **incorporating discussion of problems like the Big-Fish-Little-Pond Effect and the challenges of self-directed learning into workshops during Freshers' week**, to help students understand how their environment differs from school. Sir Anthony Seldon's *10 steps to address the student mental health crisis* suggests universities should teach core modules to first-year students in resilience, emotional wellbeing and mental health literacy.[73] Plymouth University have taken steps in this direction by creating a range of Self Help Inspiring E-Resources (SHINE) created by students, counsellors and researchers that provide guidance on a range of wellbeing issues. Sir Anthony Seldon also advocates encouraging collegiate atmospheres in all universities so that students feel a greater sense of belonging to a smaller and more identifiable unit where a sense of community and respect can be fostered.

ii. University action plans

Any university that does not have a formal mental health policy should create one. In addition, detailed action plans for the future need to be created. Many universities have mental health support strategies in place and so universities should learn from each other which strategies are suitable and effective. Action plans then need to be created, implemented, reviewed and renewed or adapted. Universities should continually review their position on the basis of their own data.

The University of York have done exactly this. After collecting data concerning, for example, ambulance call out figures for cases of self-harm, a Task Group created an action plan.[74] The plan has two overarching recommendations, broken down into specific action points with detail on whom the action is to be taken and led by and a timeframe for initiation and completion. Other universities should follow this example. A range of templates is available for both self-reviews and strategy ideas that universities can follow.[75]

A self-review of the referral processes students must go through is recommended before an action plan is created. Processes are often more complex than is realised, so feedback from those who have gone through the process in order to evaluate its efficiency is paramount.

Given the links between mental health and student retention, **the new Office for Students could consider making a mental health review and action plan a part of universities' Access and Participation Agreements,** to ensure every university charging students over £6,000 per year cooperates. Additionally, **university governing bodies could consider giving one governor a specific remit to track their institution's progress in improving mental health support.**

iii. Duty of care

Suspended students are often not allowed access to any kind of university support. **If a suspended student has mental health problems, the university should ensure an adequate care plan is in place** so that suspended students, particularly those who do not inform their parents/guardian of their difficulties, are not left without support.

If there is risk of harm, many universities contact parents even if it is against the student's wishes. For example, part of the University of Oxford's disclosure policy is:

> *It is generally inappropriate to speak to a student's family against the student's wishes. Contact may occasionally be justified in the students' best interests e.g. when a student is at risk of self-harm.*

It would be better if there were an option to contact someone other than a parent – which tends to be the default – as some students will have difficult family relationships. This could be achieved by **having students provide an emergency contact of their choice at enrolment and using this person, which may or may not be a family member, when contact needs to be made against a student's wishes due to risk of harm.**

It is also strongly recommended that universities **ensure robust support arrangements are made for students with a history of mental health problems who are spending time away from the university for reasons such as studying abroad or working on placement.**

iv. Staff training

Staff who regularly interact with students should have access to materials and training about student mental health. They should be aware of university policy and support systems, understand where the boundaries of the university's duty of care lie, know how to recognise symptoms of poor mental health and be aware of vulnerable groups. Chapter six of the Mental Wellbeing in Higher Education Working Group/ UUK report addresses this topic in detail.[76]

Personal tutors in particular need to receive training in how to take a proactive approach to both their tutees' work and their wellbeing. They also need to be given the time to be able to do so.

Training should not be restricted to support staff and academic staff. Residential staff, including cleaners, kitchen staff and maintenance workers may often be the first to notice changes in student behaviour, for example sleeping patterns or lecture attendance. All staff, whether permanent, contract or agency staff, need the confidence to recognise potential issues and know how to respond to them. Training via online videos can be an efficient and economical alternative to in-person training.

The Student Living Project

A new collaborative pilot by Student Minds, UPP and Nottingham Trent University is developing specialist training and resources for accommodation staff. This aims to:

- increase knowledge around mental health;
- help staff spot the signs of students who are struggling;
- improve skills to enable supportive conversations; and
- raise awareness of the university's support network, including referral pathways and procedures.

Best practice resources for freshers' week, accommodation welcome packs and ongoing collaborative work are included in the pilot. In time, the Student Living Project will be rolled out across UPP's partner institutions.

The minimum all staff should have is immediate access to a detailed guide of how to respond to students struggling with their mental health and awareness of how much responsibility the university holds. The University of Leeds have produced a booklet titled *Helping students with mental health difficulties*, which provides clear definitions, explanations of the importance of identifying students with difficulties, how to respond and make a referral in different circumstances, confidentiality rules and details of all the different internal and external support services.

Is the Problem Urgent?

Do you think that:

- There is risk of suicide?
- The student may be at risk of hurting her/himself or others?
- The student is exhibiting extreme and bizarre behaviour?
- The student is seriously physically ill?
- He/she has stopped functioning academically or in other areas of life (eg. cannot get out of bed in the morning?)

NO YES

If the Student will accept help:

- Refer him/her directly to the Leeds Student Medical Practice or other local GP (or consult with the SCC if the student is already a client)
- Or alternatively, support the student in referring him/herself to one of the above
- Ask the student for permission to contact the service to confirm that contact has been made

If the Student will not accept help:

- Telephone LSMP* or the SCC yourself to seek advice *(In exceptional circumstances where someone may be at risk, GP's can visit without the patient's agreement)
- If there is danger of imminent harm to self or others please contact Security (ext 32222)

How can you help?

- Do you have the time and/or the skill?
- Do you know whom you should consult for advice?

NO YES

Offer appropriate and targeted support

This might include:

- Listening to the student's concerns
- Offering practical advice
- Providing reassurance
- Arranging a contract to support the referral to LSMP/other GP or SCC by offering academic support at agreed times

Beware of getting out of your depth or of role confusion

Refer the Student to a Support Service

- If you know the service the student requires then provide the student with the appropriate information
- If you are unsure, consult the list of services in this booklet and/or the Students Page in Campusweb which has a listing of Services under Support/guidance/welfare: http://campus.leeds.ac.uk/students.htm

If the student does not want any help make a note of your concerns in the appropriate departmental files

Source: University of Leeds, *Helping students with mental health difficulties,* third edition

Also of importance is **the provision of mental health support services for university staff.** Training should be sensitive to the fact that staff may have mental health problems of their own and it should be stressed that as with students, support is available and there is no detrimental treatment after disclosing a mental health problem.

v. Raising awareness

University prospectuses should have space dedicated to mental health support. This displays good awareness of the issues, lets applicants know what support is available at each university and shows that having mental health problems is not something that need hinder an application.

In general, **when advertising support services, universities should acknowledge that it is normal to feel stressed and overwhelmed at times**. University courses are designed to be challenging and struggling with these challenges does not necessarily mean you have poor mental health. Additionally, counselling services do not necessarily provide diagnoses and do not solve problems without the student also trying hard to work through problems. This may help prevent support services becoming victims of their own success, where more and more students hear about the benefits of the services and so try and access them when there are other students who need the support more.

Promotion of reliable sources of information should also be encouraged. There is a lot of misinformation online, but new apps like *ESC Student* (the Expert Self Care app for students) provides up-to-date and relevant information on a range of heath and wellbeing problems. Developed by a team of experts

from the University of Bristol Students' Health Service, the app aims to improve student health and health literacy. Its function ranges from what to do in a mental health emergency to how to treat acne. The NHS England Information Standard certifies it as a source of reliable health information. It has only recently been launched but **we recommend that higher education institutions advertise the *ESC Student* app and encourage its use.**

vi. Increasing funding

A 2016 NUS Scotland press release reports that there has been a 38 per cent increase in national spending on counselling between 2011/12 and 2014/15, with Scottish institutions now spending over £2.8 million on services. This figure is based on 14 out of Scotland's 19 higher education institutions, meaning an average of £200,000 is spent by each. This is less than most universities pay their vice-chancellors.[77] Some UK universities spend considerably more on support. The University of Sussex had a budget of £456,000 for the year 2015/16.[78]

University budgets are under pressure and cannot satisfy every demand in full, but better financial support for mental health services can prove cost effective in the long term. According to Professor Steve West, Vice Chancellor of UWE Bristol:

> *Students with unrecognised and untreated mental illnesses are likely to increase costs in a number of ways. There will be a loss of return on the public investment in higher education. Dropout rates will lead to diminished earning capacity and an increased risk of dependence on state benefits.*[79]

Evidence clearly shows that counselling services are highly effective, but that demand is not being met. **Given that student-to-counsellor ratios are typically three-to-four times lower than what may be required, at those universities currently spending the least, funding for counselling and other support services needs to be increased threefold at a minimum.**

The *2016 HEPI / HEA Student Academic Experience Survey* revealed that 46 per cent of students would prefer their university to save money by spending less on sport and social facilities against 10 per cent arguing for reduced student support services. Other more popular choices for cuts were spending on buildings (49 per cent) and increasing the size of classes (25 per cent).[80]

vii. Increasing feelings of meaningfulness

Higher education institutions should encourage students to complete at least one volunteer placement over the course of their degree, as this is known to increase perceptions of how worthwhile students rate their lives, as well as rooting them more in their local communities. Placements can be as short as one hour a week for one term. Many may be mental-health based, which could help reduce stigma.

Brunel University have a unit called Brunel Volunteers (BV). The university's mental health services work closely with BV to encourage students – particularly those with depression – to volunteer with the aim of improving wellbeing and providing a greater sense of having a meaningful life.

A good example of a specific volunteering project is the mental health charity Oxfordshire Mind's *Active Body Healthy Mind* project. Volunteers do a physical activity for one hour a week for ten weeks with a participant who struggles to maintain their mental health. The aim is that the volunteer's presence gives participants greater confidence in navigating their chosen activity, so that by the end of the 10 weeks they can continue the activity on their own. Volunteers not only get to do a sporting activity of their choice for ten weeks at no cost, but also will see someone gain confidence and independence as a result of their help.

viii. Further research

There is a lack of robust data on the prevalence of mental health problems in young people and students. It is difficult for groups to create strategies and targets without knowing the full scale of the problem. Currently, data from the Mental Health Foundation shows that mental health research receives only 5.5 per cent (£155 million) of total UK health research spending, despite mental health problems constituting the largest single source of world economic burden, estimated at £1.6 trillion, or between £70-100 billion in the UK.[81] **This discrepancy needs to be recognised so that more robust data on mental health can be collected, perhaps by the Office for Students.**

HEPI and the HEA has been collecting data on the wellbeing of undergraduates annually since 2014 and it has now been proposed by the Higher Education Statistics Agency (HESA) that subjective wellbeing should also be included as a graduate outcome in the *Destinations of Leavers from Higher Education (DLHE)* survey.[82] This could usefully increase understanding

of how higher education affects wellbeing in the years after graduation.

What we should not encourage

Globally, HEIs are increasingly being called to remove course content and provide alternative facilities in order to prevent 'triggering' situations.[83] Triggers, also known as 'microagressions', are words, places, ideas, images and anything else that could cause discomfort or offence. For example, students at Rutgers University have asked to have F. Scott Fitzgerald's *The Great Gatsby* removed from the curriculum as it portrays misogyny and physical abuse.[84] Similarly, in 2014 a group of Law students at Harvard asked professors not to teach rape law, or even to use the word violate in case it caused distress.[85] While these examples are from American universities, it is a phenomenon that is spreading.[86]

Prior notice of sensitive subjects during teaching are in some cases justified when vulnerable students may benefit from being exposed to triggering content at their own pace. But making adjustments to the whole student cohort will mean students become over-protected and may struggle to cope when entering the world beyond higher education.

Moreover, granting many of these requests goes against the basic principles of psychology. Treatment for anxiety consists primarily in encouraging exposure to anxiety-provoking situations. Avoiding them reinforces the anxiety. A book by four psychologists and psychiatrists, *Cognitive behavioural processes*

across psychological disorders, lists six reasons why avoidance should be discouraged:

> *First, [avoidance behaviour] removes the opportunity to disconfirm negative beliefs (Salkovskis 1991). Second, it denies the person the chance for positive reinforcement and could thereby contribute to the maintenance of low mood (Ferster 1973; Lewinsohn 1975; Martell et al. 2001). Third, it narrows the person's interests and reduces the number of external stimuli present in the environment … [which] may exacerbate self-focussed attention … and recurrent thinking. Fourth … decreases in anxiety will only occur after prolonged exposure … Fifth, avoidance is negatively reinforced and can become self-perpetuating … Finally … avoidance interferes with functioning.*[87]

Deciding what adjustments for individual students are appropriate is a complex matter. Requests need to be considered on a case-by-case basis and not necessarily kept in place long-term as students gradually need to expose themselves to the triggering situations.

We should also avoid raising awareness of mental health primarily by teaching about symptoms of mental disorders. Knowledge of symptoms can be beneficial for recognising signs of mental illness in oneself and others, therefore encouraging early intervention. However, many symptoms of disorders are frequent and normal feelings, such as low mood or lack of energy, but do not indicate a disorder unless the feelings meet specific criteria for duration and combination. While the detailed criteria are likely to be forgotten, the more relatable symptoms may not be, resulting in incorrect self-diagnosis. A

better way to raise awareness is to challenge stereotypes, for instance stressing that those with a mental illness are no more likely than anyone else to be violent and that individuals with depression are not just lazy.

Finally, we discourage the use of Fit to Sit policies that prohibit the submission of extenuating circumstances after a student has sat an exam. These policies state that by sitting an exam you are declaring yourself fit to sit it, therefore cannot be given any special consideration. However, mental illnesses can be highly fluctuating and unpredictable. A student may suffer a panic attack during an exam despite not having experienced one for many months or indeed ever. Not being able to apply for special consideration in such circumstances puts those with mental health problems at a disadvantage.

Conclusion

Mental health and even life expectancy are better for people who have attended higher education compared to those who have not.[88] But greater support is required to ensure students are cared for mentally and physically before they graduate.

The policy recommendations in this paper respond to two problems. The first is that students with severe mental disorders are struggling to bridge the transition into higher education due to the poor communication between different support services. This is primarily for government organisations such as the NHS to tackle.

The second problem regards students who suffer from poor wellbeing, or what might be described as mental health problems. Universities need to act to improve support for these students by increasing funding for their counselling services and reviewing their policies to see what is lacking and what can be improved.

There is a link between poor mental health and student retention. So the emphasis on student retention in the current higher education reforms will, we hope, provide one further reason beyond those mentioned above to support and nurture all students.

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Students are less happy and more anxious than the general population, including other young people, and a minority suffer from serious mental disorders.

It is stressful to live away from home without access to past support networks, while learning in new ways, taking on large debts and facing an uncertain future.

Many universities have effective support services in place but demand is outstripping supply. This report by an undergraduate student reveals the true state of students' mental health and recommends better support, including:

- letting students be registered with a GP at home and at university;
- increasing funding for university counselling and support services; and
- encouraging universities to adopt their own mental health action plans.

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