



# **Access and participation data analysis**

## **Students with reported mental health conditions**

**Enquiries to** [Stanley.Rudkin@officeforstudents.org.uk](mailto:Stanley.Rudkin@officeforstudents.org.uk)

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## Overview

1. In this report, we summarise analyses of access and participation data for students who have reported having a mental health condition on entry into higher education. We consider a subsection of the data from the Office for Students' (OfS's) access and participation dashboard.<sup>1</sup> Full details of the metric calculations and the variables used can therefore be found on the access and participation webpages.<sup>2</sup>
2. These analyses have been carried out to inform OfS Insight brief #5 'Mental health: Are all students being properly supported?'.<sup>3</sup>
3. We analysed student outcomes across four metrics that correspond to four (chronological) stages of higher education.
  - **Access:** these measures show the makeup of students entering higher education.
  - **Continuation:** these measures show whether students continue their studies or not.
  - **Attainment:** these measures examine the proportion of graduates who achieve a 1st or 2:1 degree.
  - **Progression:** these measures report on graduates progressing into highly skilled employment or further study at a higher level.
4. We have looked at these four metrics for full-time and part-time students by age, ethnicity, Indices of Multiple Deprivation (IMD),<sup>4</sup> Participation of Local Areas (POLAR4)<sup>5</sup> and sex. For access, we looked at the proportion of students in each group who have reported having a mental health condition. For all other metrics, we compared the proportion of students with a reported mental health condition who satisfied the given outcome with the proportion of **all students** who satisfied the same outcome. Note, therefore, that for continuation, attainment and progression we are **not** comparing those who have reported a mental health condition with those who have not.
5. This report provides a summary of the findings from these analyses. A data file containing the results for all combinations of metric, mode of study and student characteristic is available to download alongside this report.<sup>6</sup>

## Caveats

6. There are a few caveats around the data on mental health conditions:

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<sup>1</sup> See [www.officeforstudents.org.uk/data-and-analysis/access-and-participation-data-dashboard/](http://www.officeforstudents.org.uk/data-and-analysis/access-and-participation-data-dashboard/).

<sup>2</sup> Available at [www.officeforstudents.org.uk/data-and-analysis/access-and-participation-data-dashboard/guide-to-the-access-and-participation-data-resources/findings-from-the-data/](http://www.officeforstudents.org.uk/data-and-analysis/access-and-participation-data-dashboard/guide-to-the-access-and-participation-data-resources/findings-from-the-data/).

<sup>3</sup> Available at [www.officeforstudents.org.uk/publications/mental-health-are-all-students-being-properly-supported](http://www.officeforstudents.org.uk/publications/mental-health-are-all-students-being-properly-supported).

<sup>4</sup> IMD is only reported for students who were domiciled in England prior to starting their course. For more information about IMD, see <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>.

<sup>5</sup> POLAR estimates how likely young people are to participate in higher education according to where they live. POLAR4 quintiles are only reported for students who were under 21 at the start of their course. For details about POLAR4, see [www.officeforstudents.org.uk/data-and-analysis/young-participation-by-area/](http://www.officeforstudents.org.uk/data-and-analysis/young-participation-by-area/).

<sup>6</sup> See [www.officeforstudents.org.uk/publications/mental-health-are-all-students-being-properly-supported](http://www.officeforstudents.org.uk/publications/mental-health-are-all-students-being-properly-supported).

- a. Disability information (including whether a student has a mental health condition) is recorded by providers **at the student's point of entry to higher education**. Providers returning data to the Higher Education Statistics Agency are advised that this information should be updated annually, but it is unclear how common this practice is, especially among providers returning data to the Individualised Learner Record. As a result, we cannot be certain whether mental health conditions that arise **during a student's time in higher education** are captured in the data.
- b. Mental health conditions are **self-reported to the provider**, based on the students' own assessment. Therefore, **under-reporting of mental health conditions** is possible, and it may vary across student groups. As a result, we cannot say with certainty that any particular student group suffers with mental health conditions more than another, only that they report mental health conditions more frequently. Similarly, an increase in the number of students reporting mental health conditions over time might reflect **increased reporting, rather than increased prevalence**.
- c. If students consider themselves to have **more than one disability**, they are recorded as having 'multiple disabilities'. It is **not possible to see whether these disabilities include a mental health condition** for students whose details come from the Higher Education Statistics Agency record. Therefore, there are likely to be more students with reported mental health conditions than we see in the data. In future, for students reporting multiple impairments, the HESA data futures project will allow the OfS to collect data on the nature of these impairments if the student wishes to report them.

## Population

7. This report looks at the same students who are included in the OfS's access and participation analysis. Therefore, only students who are **UK-domiciled** and studying at **English providers at undergraduate level** are included. Additionally, the attainment measure is only calculated for those studying at first degree level, and the progression metric only for those who responded to the Destination of Leavers from Higher Education survey.
8. There are other more complex restrictions that apply to each of the four metrics. The details of these can be found in the methodology and rebuild instructions, and core algorithms documents for the access and participation publication.<sup>7</sup>

## Access

9. Access statistics look at the make-up of the undergraduate population. In each case, we report the proportion of students from a particular student group who reported having a mental health condition.
10. Full-time and part-time students are roughly equally likely to report having a mental health condition. In 2017-18, 3.5 per cent of full-time students reported having a mental health condition, compared with 3.6 per cent of part-time students.
11. A broad trend of increased reporting can be observed across the whole sector, although we cannot say whether this reflects an underlying increase in the number of mental health

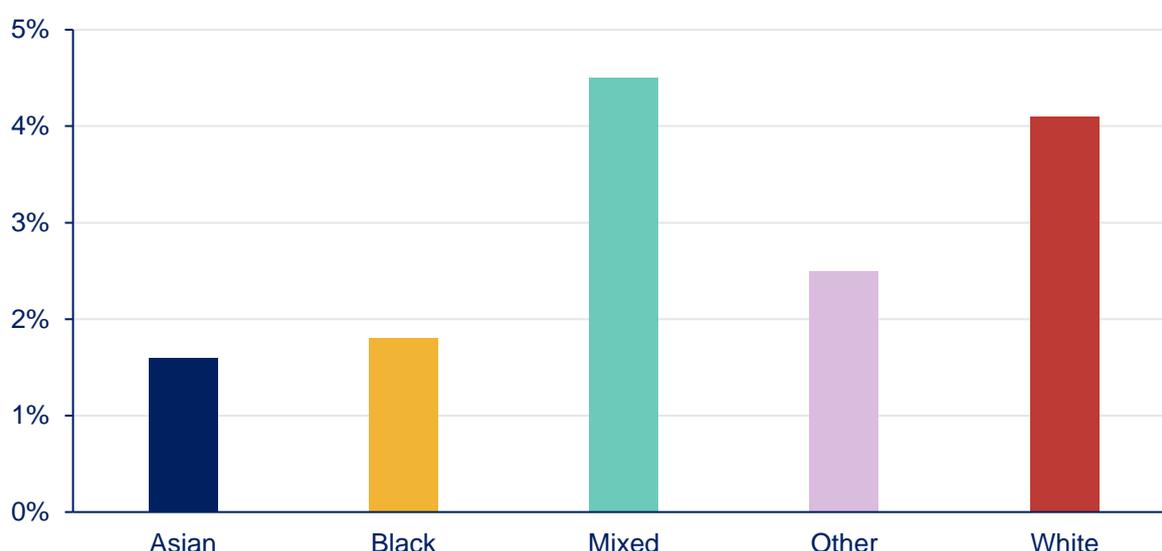
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<sup>7</sup> Available at [www.officeforstudents.org.uk/data-and-analysis/access-and-participation-data-dashboard/guide-to-the-access-and-participation-data-resources/](http://www.officeforstudents.org.uk/data-and-analysis/access-and-participation-data-dashboard/guide-to-the-access-and-participation-data-resources/).

conditions or a greater willingness to report having a mental health condition. The proportion of full-time students reporting a mental health condition has increased from 1.4 per cent in 2012-13 to 3.5 per cent in 2017-18 (an increase from 5,240 students to 15,140).

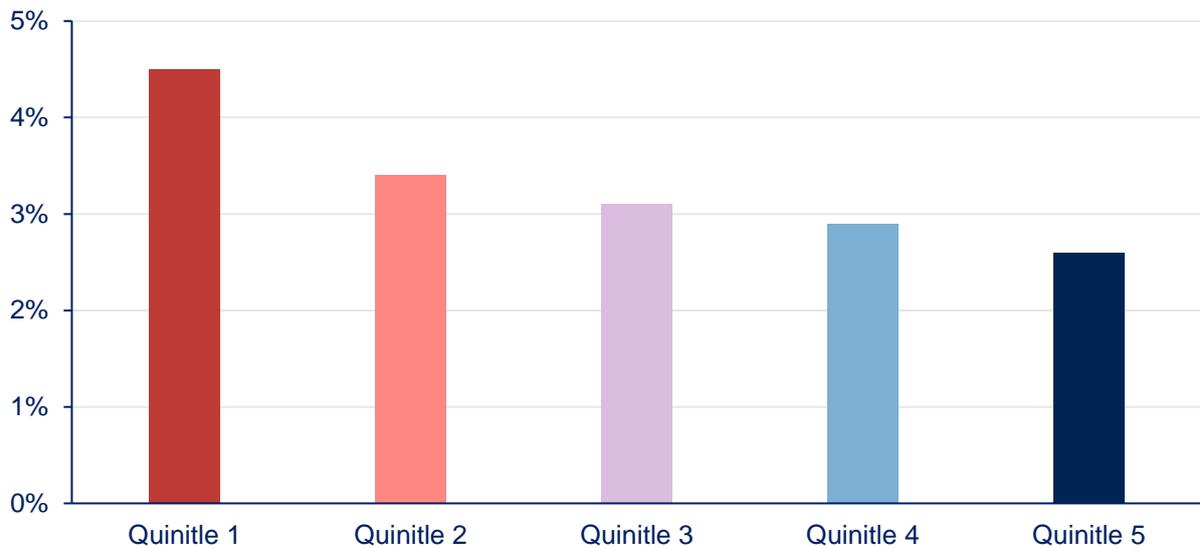
12. Full-time students aged 21 and over were more likely to have reported having a mental health condition than full-time students under 21 for all years from 2013-14 to 2017-18. For example, in 2017-18, 4.1 per cent of full-time students aged 21 and over had reported having a mental health condition, compared to 3.3 per cent of full-time students under 21.
13. For both full-time and part-time students, those of mixed ethnicity were most likely to report having a mental health condition for all academic years since 2013-14. Figure 1 shows that 4.5 per cent of full-time students of mixed ethnicity had a reported mental health condition in 2017-18, followed by 4.1 per cent of full-time white students. Asian students were the least likely to have reported a mental health condition (1.6 per cent).

**Figure 1: Proportion of full-time students who started their course in 2017-18 with a reported mental health condition by ethnicity**



14. The proportion of part-time students who reported having a mental health condition corresponds exactly to the order of IMD quintiles, with those from quintile 5 being least likely to report having a mental health condition, while those from quintile 1 were the most likely to report having a mental health condition (see Figure 2).

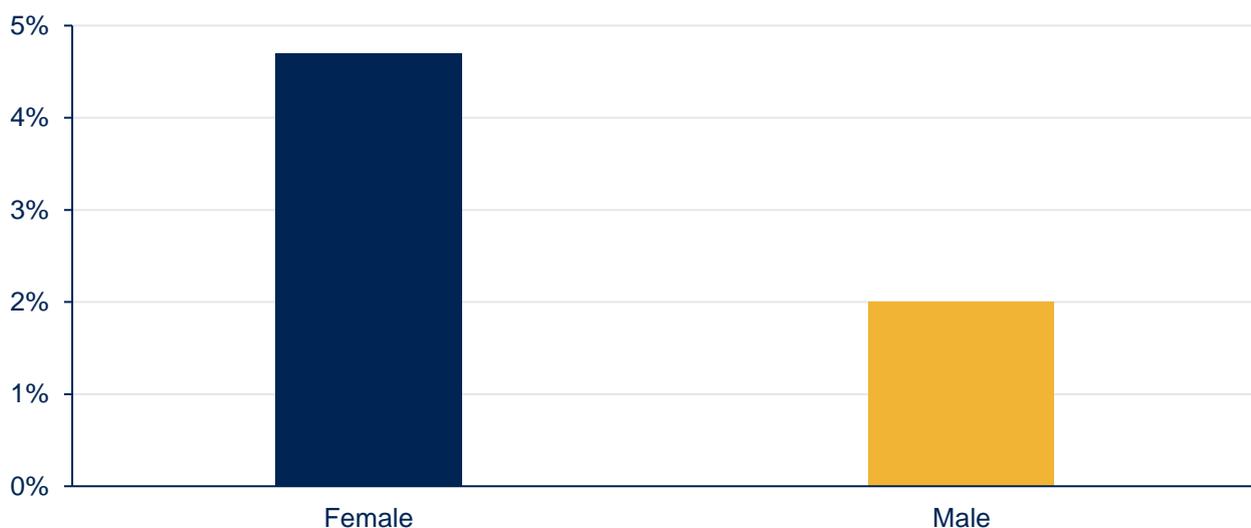
**Figure 2: Proportion of part-time students who started their course in 2017-18 with a reported mental health condition by IMD quintile**



15. Figure 3 shows that female students were more likely to report having a mental health condition than male students. In 2017-18, 4.7 per cent of full-time female students reported having a mental health condition. This figure is 2.7 percentage points higher than the 2.0 per cent of male students who reported having a mental health condition.

16. This difference reflects mental health conditions observed in wider society. While 10.3 per cent of men aged 17 to 19 were assessed as having a mental disorder in 2017, this compares with 23.9 per cent of women of the same age.<sup>8</sup>

**Figure 3: Proportion of full-time students who started their course in 2017-18 with a reported mental health condition by sex**



Note: students whose sex is recorded as other have been excluded from the chart due to small sample size.

<sup>8</sup> NHS, 'Mental health of children and young people, 2017: Trends and characteristics', November 2018, p9.

## Continuation

17. Continuation rates measure the proportion of students who fall into the following categories:

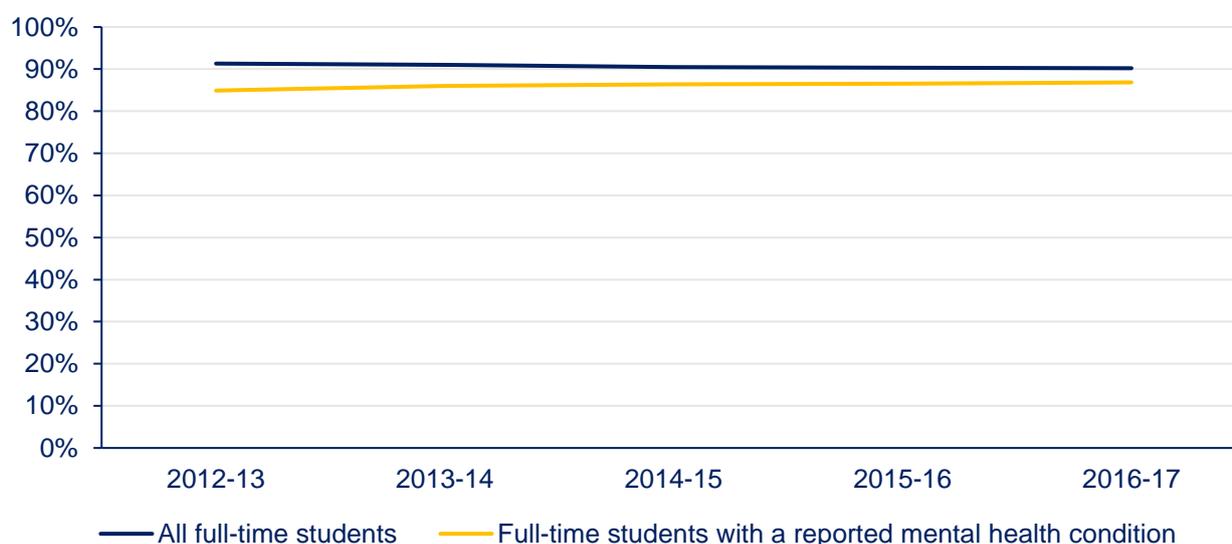
- those who were continuing on their course
- those who had transferred to another provider
- those who had completed their course one year and 14 days after starting the course (for full-time students), or two years and 14 days (for part-time students).

18. For all full-time undergraduate students starting in 2015-16, the continuation rate was 90.3 per cent. For part-time students, it was 63.4 per cent.

19. Continuation rates were significantly lower for both full-time and part-time students who had reported having a mental health condition, when compared with the continuation rate across the whole sector. Figure 4 shows that the gap has narrowed slightly since 2012-13.

20. In 2015-16, full-time students who reported having a mental health condition had a continuation rate of 86.6 per cent. Part-time students who reported having a mental health condition had a continuation rate of 52.1 per cent. (2015-16 is the most recent year for which there is data for both full-time and part-time students, while data exists for full-time students until 2016-17.)

**Figure 4: Continuation rates of full-time students with a reported mental health condition compared with all full-time students**

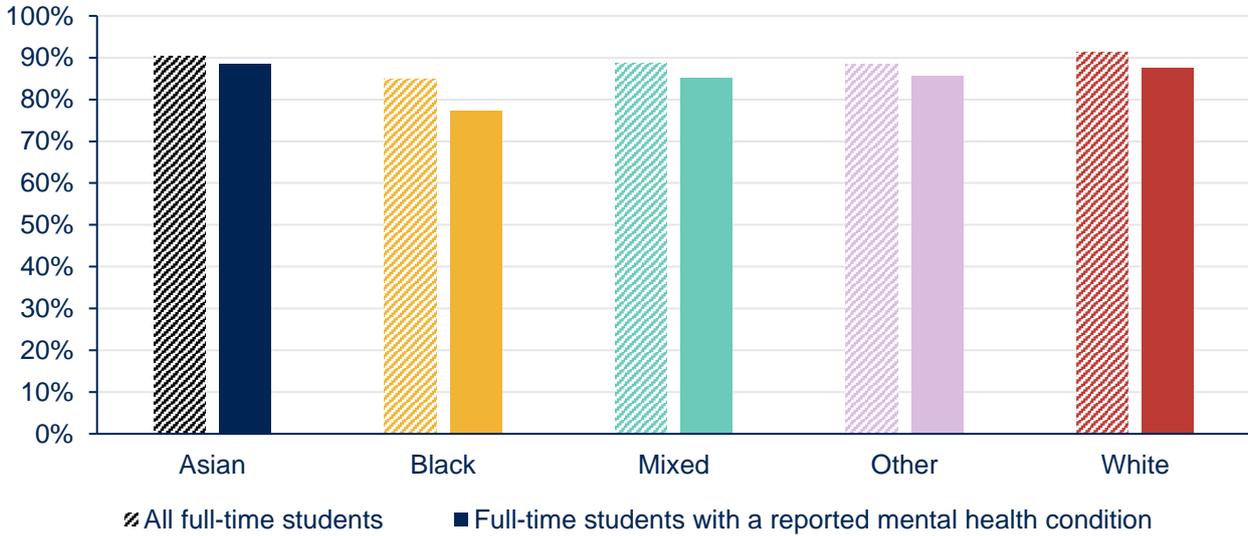


21. For full-time students who were under 21 at the start of their course, the gap between the continuation rate of all students and those with a reported mental health condition has been narrowing. The gap was 4.3 percentage points in 2012-13, closing to 2.3 percentage points in 2016-17.

22. Figure 5 shows the continuation rates for all full-time students and for full-time students who have reported having a mental health condition by ethnicity. Over the period 2012-13 to 2016-17, the lower continuation rates for full-time students who reported a mental health condition improved among all ethnic groups apart from black students, for whom the gap increased. In

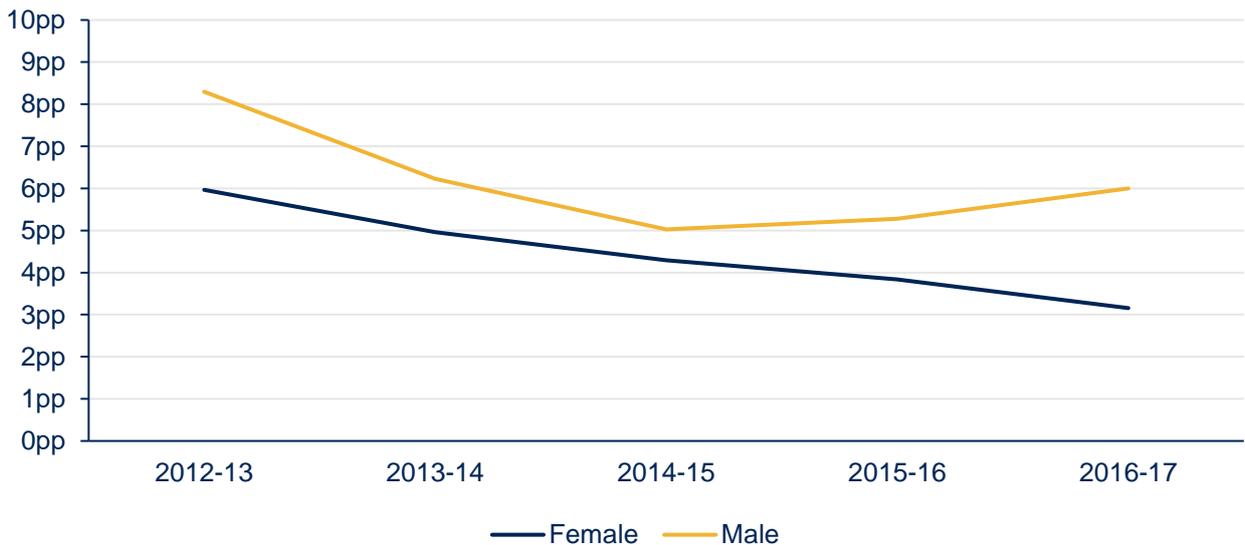
2016-17, the continuation rate for black full-time students was 7.8 percentage points lower if they had reported a mental health condition. This is the largest gap of any ethnic group. By comparison, white full-time students had a continuation rate 3.6 percentage points lower if they had reported having a mental health condition.

**Figure 5: Continuation rates of full-time students by ethnicity for courses starting in 2016-17**



23. Figure 6 shows the difference in continuation rates between all full-time students and those who reported having a mental health condition by sex. While for female students this difference has been narrowing since 2012-13, the gap for male students has been increasing since 2014-15.

**Figure 6: Percentage point (pp) gap in continuation rates between full-time students with a reported mental health condition and all full-time students**

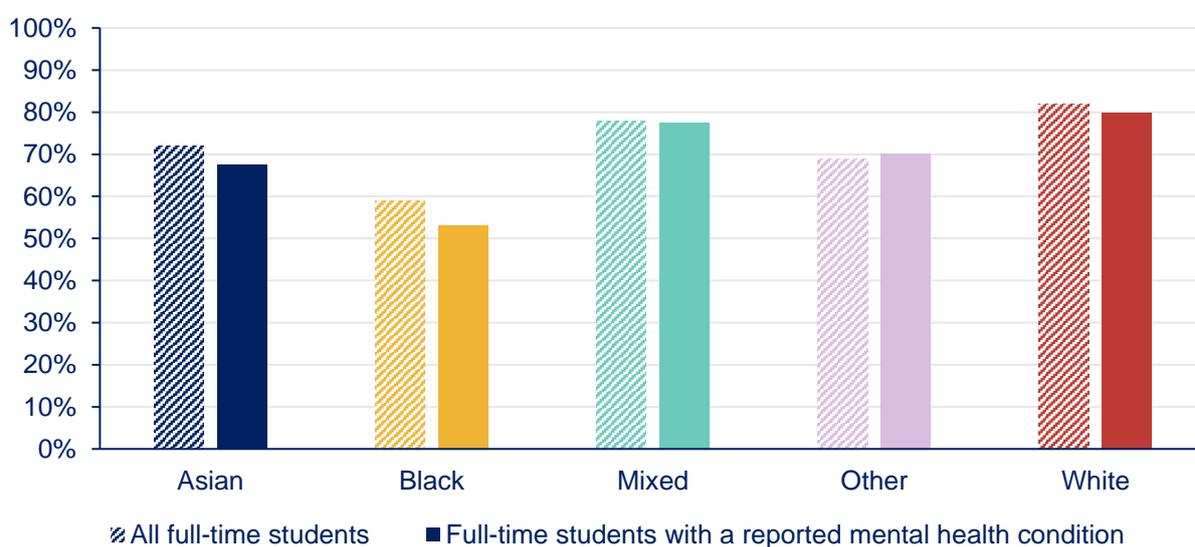


Note: Students who reported their sex as other have been excluded from this analysis due to small sample size.

## Attainment

24. Attainment rates measure the proportion of students studying at undergraduate degree level<sup>9</sup> who receive a 1st or 2:1.<sup>10</sup> For those graduating in 2017-18, the attainment rate was 78.3 per cent for full-time students and 54.6 per cent for part-time students. The proportion of students receiving a 1st or 2:1 is marginally lower among those with a reported mental health condition. In 2017-18, 77.3 per cent of full-time students and 53.2 per cent of part-time students with a reported mental health condition received a 1st or 2:1.
25. Across all ethnic groups, full-time students were less likely to receive a 1st or 2:1 if they reported having a mental health condition. Black full-time students had the largest attainment gap of any ethnicity group; black full-time students with a reported mental health condition had an attainment rate 5.8 percentage points below that of all black full-time students. Gaps for other ethnicity groups can be seen in Figure 7.

**Figure 7: Attainment rates of full-time students graduating in 2017-18 by ethnicity**

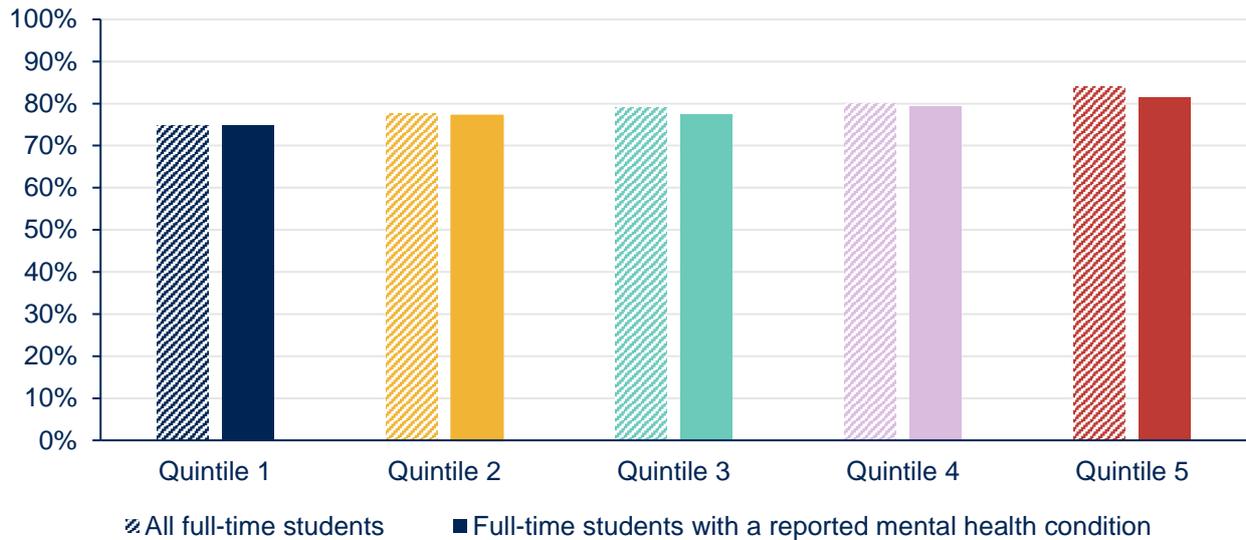


26. Figure 8 shows the attainment rates for full-time students by POLAR4 quintile. For full-time students graduating in 2017-18, those from areas in all quintiles except quintile 1 had lower attainment rates if they had a reported mental health condition when compared with the whole full-time cohort. This difference is most pronounced in students from quintile 5 areas (the highest-participation areas), where students with a reported mental health condition had an attainment rate of 81.4 per cent compared with an attainment rate of 84.1 per cent for all full-time students.

<sup>9</sup> Degrees at this level are otherwise known as 'first degrees'.

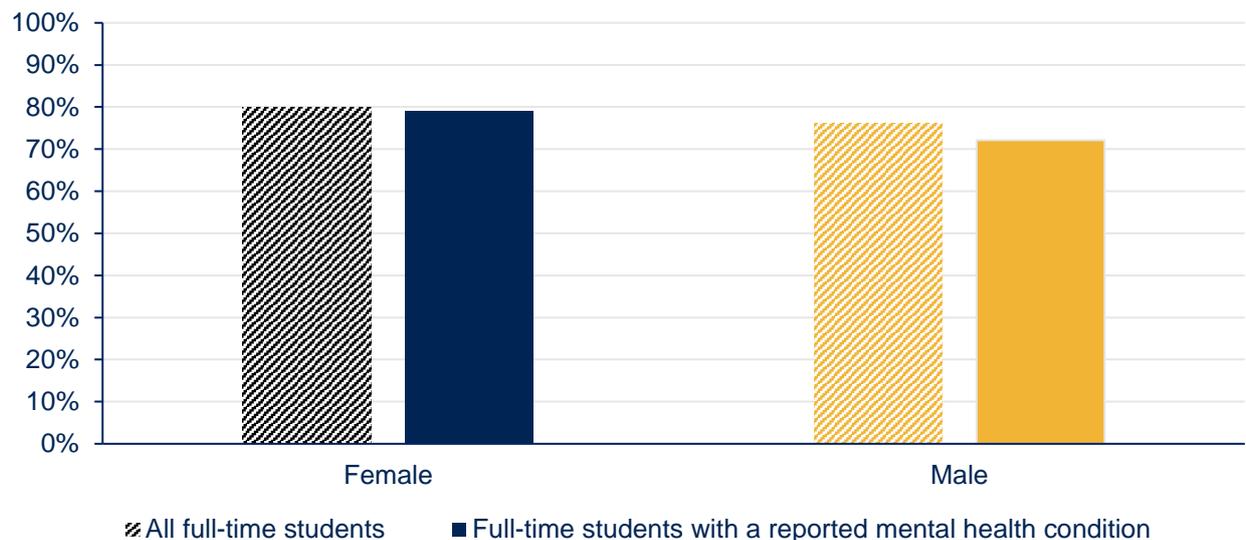
<sup>10</sup> First degree courses that are not graded using the typical degree classifications, such as medicine and many integrated masters' courses, are omitted from the calculations.

**Figure 8: Attainment rates of full-time students graduating in 2017-18 by POLAR4 quintile**



27. Female full-time students receive 1sts or 2:1s at roughly the same rate, regardless of whether they have reported having a mental health condition. Meanwhile, male full-time students are less likely (3.9 percentage points in 2017-18) to receive a 1st or 2:1 if they have reported having a mental health condition. This difference is shown in Figure 9.

**Figure 9: Attainment rates of full-time students graduating in 2017-18 by sex**



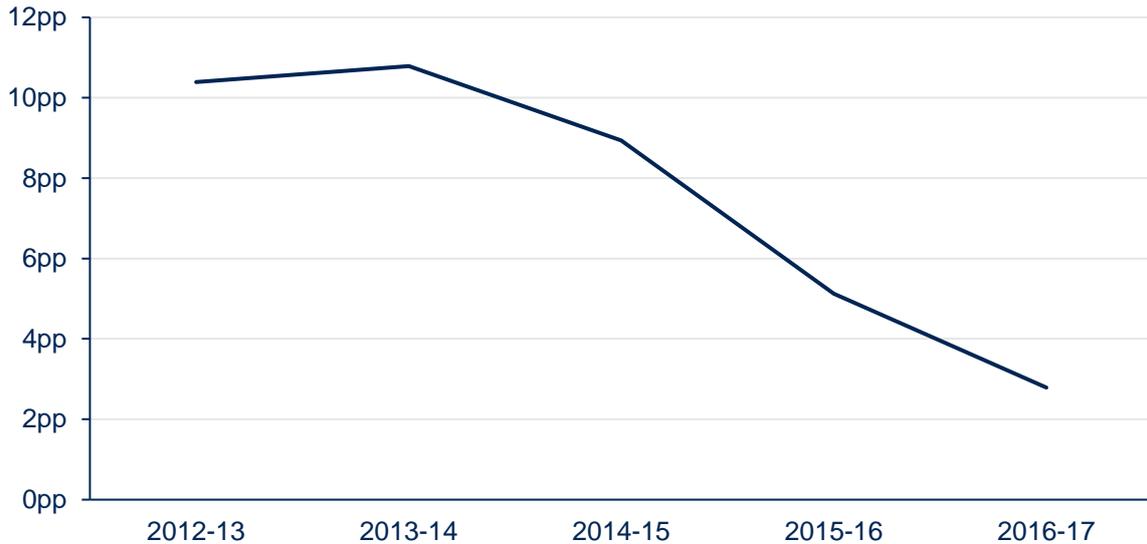
## Progression

28. Progression rates measure the proportion of graduates who are in highly skilled employment or go on to further study at a higher level six months after leaving higher education. Progression rates were lower throughout the period 2012-13 to 2016-17 among students who had reported having a mental health condition. For example, in 2016-17, full-time students were 4.0 percentage points less likely to enter into skilled work or further study if they had reported having a mental health condition (progression rates were 73.1 per cent and 69.2 per cent respectively for full-time students and full-time students who had reported having a mental health condition). The same pattern is observed for students completing part-time study, with

the participation rate for all part-time students being 73.4 per cent and 61.6 per cent for those who reported having a mental health condition among those leaving higher education in 2016-17.

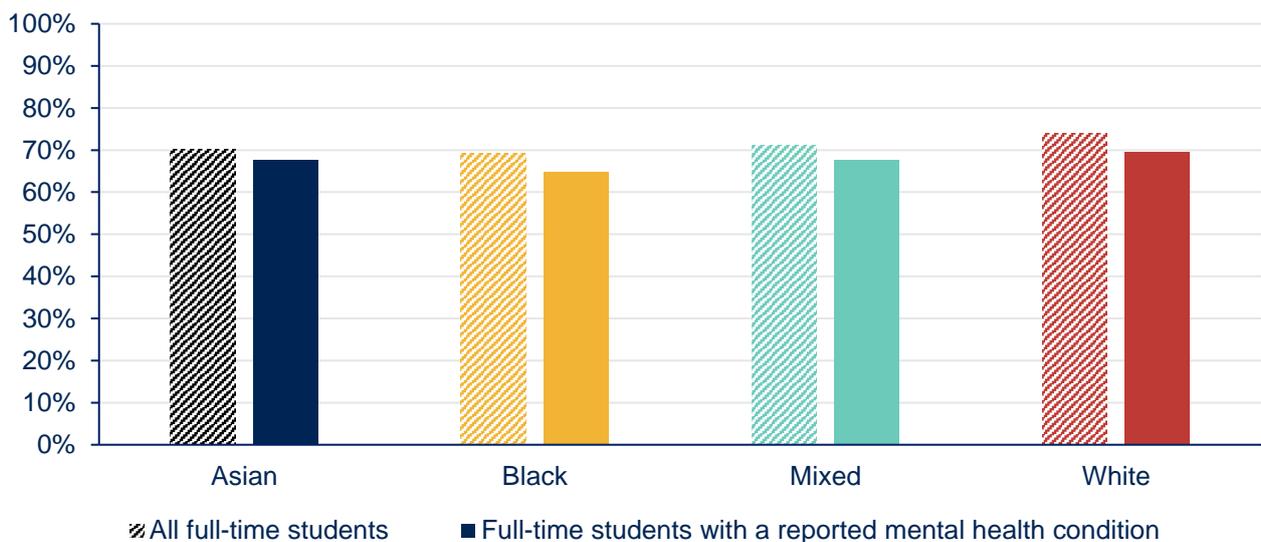
29. As shown in Figure 10, for full-time students aged 21 and over, progression rates were 10.4 percentage points lower in 2012-13 for students who had reported having a mental health condition, falling to just 2.8 percentage points in 2016-17.

**Figure 10: Percentage point gap in progression rates for full-time students aged 21 and over with a reported mental health condition relative to all full-time students aged 21 and over**



30. Figure 11 shows progression rates for full-time students by ethnicity. The gap in progression rates between full-time students with a reported mental health condition and all full-time students within the same ethnic group is greatest for white students (4.5 percentage points in 2016-17), closely followed by black students (4.4 percentage points in 2016-17).

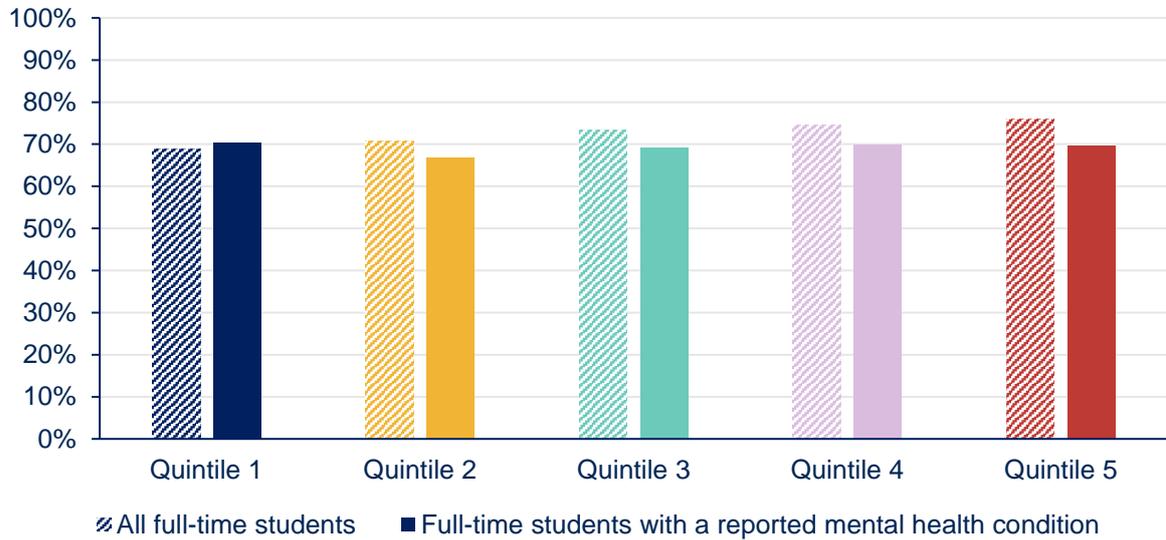
**Figure 11: Progression rates of full-time students who graduated in 2016-17 by ethnicity**



Note: Students of other ethnicities have been excluded from the chart due to small sample size.

31. The biggest gap in progression rates across IMD quintiles is in quintile 5 (the least deprived areas), where full-time students who have reported having a mental health condition had a progression rate 6.5 percentage points lower than that of all full-time students from quintile 5 in 2016-17. The gaps for other IMD quintiles can be seen in Figure 12.

**Figure 12: Progression rates of full-time students who graduated in 2016-17 by IMD quintile**



32. In 2016-17, progression rates of full-time male students were 3.0 percentage points lower if they had reported having a mental health condition, while the gap was 4.0 percentage points for full-time female students.



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