

Office for  
Students



# Analysis of data of students reporting a mental health condition

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# Overview

1. In this report, we explore data relating to students who have reported to their university or college that they have a mental health condition. We consider their outcomes, and the makeup of this group of students in terms of a small set of other characteristics. This expands on analyses presented in the Office for Students (OfS) publication of student characteristics data, which provides information about sector-level trends in student outcomes and populations for a wide range of student characteristics, among those studying at English higher education providers.<sup>1</sup>
2. These analyses are published alongside OfS Insight brief #20, 'Meeting the mental health needs of students'.<sup>2</sup>
3. This report considers six key student characteristics – age, sex, ethnicity, eligibility for free school meals when at school, indices of multiple deprivation (IMD) and Tracking Underrepresentation by Area (TUNDRA) middle super output area (MSOA) quintiles.<sup>3</sup> This analysis looks into the differences between groups with these characteristics who reported having a mental health condition, and those who did not report a mental health condition.

It is important to note that the way disability reporting works across higher education providers means that it is not possible to find out whether students who reported multiple disabilities also considered themselves to have a mental health condition. This means that within the population we consider as 'not having reported having a mental health condition', there are likely to be students who have a mental health condition alongside another disability.

4. This report presents findings for the six student characteristics described in paragraph 3 and a breakdown by reporting of a mental health condition. This is presented in the following ways:
  - Student populations data is shown for a population of undergraduate entrants for the time series between 2010-11 and 2021-22.
  - Student outcomes data is shown for a population of undergraduate entrants or qualifiers for four different student outcomes: continuation, completion, attainment and progression.

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<sup>1</sup> OfS, '[Student characteristics data](#)' (web page), last updated July 2023.

<sup>2</sup> OfS Insight brief #20, '[Meeting the mental health needs of students](#)'.

<sup>3</sup> IMD: See Gov.uk, '[National statistics: English indices of deprivation 2019](#)' (web page), published September 2019. 'The English indices of deprivation measure relative deprivation in small areas in England called lower-layer super output areas. The index of multiple deprivation is the most widely used of these indices.'

TUNDRA: See OfS, '[Young participation by area](#)' (web page), last updated September 2022. TUNDRA is an area-based measure of young participation in higher education at age 18 or 19 for state-funded mainstream school students in England. It classifies local areas across England (using middle super output area and lower super output area), according to the young participation rate in higher education.

5. All definitions of student outcome measures align with definitions used in OfS regulation and are described in more detail in the box that follows.<sup>4</sup>

- **Continuation rate:** The proportion of entrants who were continuing in the study of a higher education qualification (or who had gained a qualification) one year and 15 days after they started their course (two years and 15 days for part-time students).
- **Completion rate:** The proportion of entrants who gained a higher education qualification (or were continuing in the study of a qualification) four years and 15 days after they started their course (six years and 15 days for part-time students).
- **Attainment rate:** The proportion of undergraduate qualifiers who achieved a first or upper-second for their first degree.
- **Progression rate:** The proportion of qualifiers who identified managerial or professional employment, further study, or other positive outcomes among the activities that they were undertaking at the Graduate Outcomes survey census date, 15 months after they left higher education.

6. This report describes the methodology, caveats, data coverage and key findings in this data release. It sits alongside data files containing all of the information presented here, as well as combinations of populations and outcomes for all of the six characteristics listed.

7. It should be noted that some of these definitions changed following the 2022 OfS consultation on constructing student outcomes and experience indicators for use in OfS regulation.<sup>5</sup> Therefore, users should take caution when comparing figures with the previous Insight brief on mental health published in 2019.<sup>6</sup> Definitions have been updated for all of the years of data in the data file so that it can be used for comparing historic trends.

## COVID-19 pandemic impact

8. The sector-level trends reported in this report include data up to the 2021-22 academic year. There may be some expectation that these statistics will reflect changes due to the coronavirus (COVID-19) pandemic, particularly given that the UK entered three national lockdowns throughout the period March 2020 to July 2021.<sup>7</sup> For example:

- a. The impact of the pandemic and the consequent changes to the structure of learning and assessment could have affected students' decisions in terms of whether and how they

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<sup>4</sup> Detailed definitions of these can be found at OfS, '[Description and definition of student outcome and experience measures](#)' (OfS 2022.55), 2023.

<sup>5</sup> OfS, '[Student outcomes and teaching excellence](#)', last updated October 2022.

<sup>6</sup> OfS Insight brief #5, '[Mental health: Are all students being properly supported?](#)', 2019.

<sup>7</sup> For more information, see Institute for Government, '[Timeline of UK government coronavirus lockdowns and restrictions](#)'.

might choose to register on higher education courses, and subsequently continue with their studies.

- b. The introduction by many OfS-registered providers in the 2019-20 and 2020-21 academic years of a 'no detriment' policy typically ensured no student would be awarded a final grade lower than the provider's most recent assessment of their attainment.<sup>8</sup> This may have affected attainment rates in the 2019-20 and 2020-21 academic years.

9. However, users should not automatically interpret changes in the data since 2019-20 as having been caused by the pandemic. It is often not possible to attribute cause without further knowledge of the motivations and experiences of the students involved.

## Caveats

10. A few caveats relate to the data on mental health conditions:

- a. Disability information (including whether a student has a mental health condition) is recorded by providers at the student's entry to higher education. Providers can update this information should a student's circumstances change, but it is unclear how common this practice is. 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. The higher education sector charity Advance HE suggests that the following question is used when asking a student about disability: 'Do you have an impairment, health condition, or learning difference that has a substantial impact on your ability to carry out day-to-day activities and has lasted, or is expected to last, at least 12 months?' Because of this, it is likely that poor mental health that does not meet this definition will not be captured here.
- c. Mental health conditions are self-reported to the provider, based on the student's own assessment. Therefore, under-reporting of mental health conditions is possible, and 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.
- d. If students consider themselves to have more than one disability, they are recorded as having 'multiple disabilities'. Therefore, there are likely to be more students with reported mental health conditions than we see in the data.

## Students included in this report

11. The population of students used here is the same as the one used in the recent OfS publication of student characteristics population data.<sup>9</sup> Students are included in the population if they are either registered or taught at an OfS-registered provider, and in the relevant contextual

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<sup>8</sup> See Higher Education Statistics Agency, '[Higher education student statistics: UK, 2020-21 – Qualifications achieved](#)'.

<sup>9</sup> OfS, '[Student characteristics data](#)' (web page), last updated July 2023.

population.<sup>10</sup> These populations are detailed in the 'Rebuild instructions: Data about the size and shape of higher education provision' section of the rebuild instructions for spring 2023 data resources.<sup>11</sup>

12. The findings are mostly presented for full-time undergraduate entrants to or qualifiers from higher education from all domiciles, in the latest years of available data. We have also included some data for part-time undergraduate students. Ethnicity, TUNDRA MSOA and IMD quintile data is only available for UK-domiciled students. Progression outcomes are also only available for UK students.

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<sup>10</sup> See OfS, '[Size and shape of provision data dashboard](#)' (web page), published September 2022.

<sup>11</sup> OfS, '[Rebuilding student outcome and experience measures used in OfS regulation: 2023 rebuild instructions](#)', updated July 2023, pp31-38.

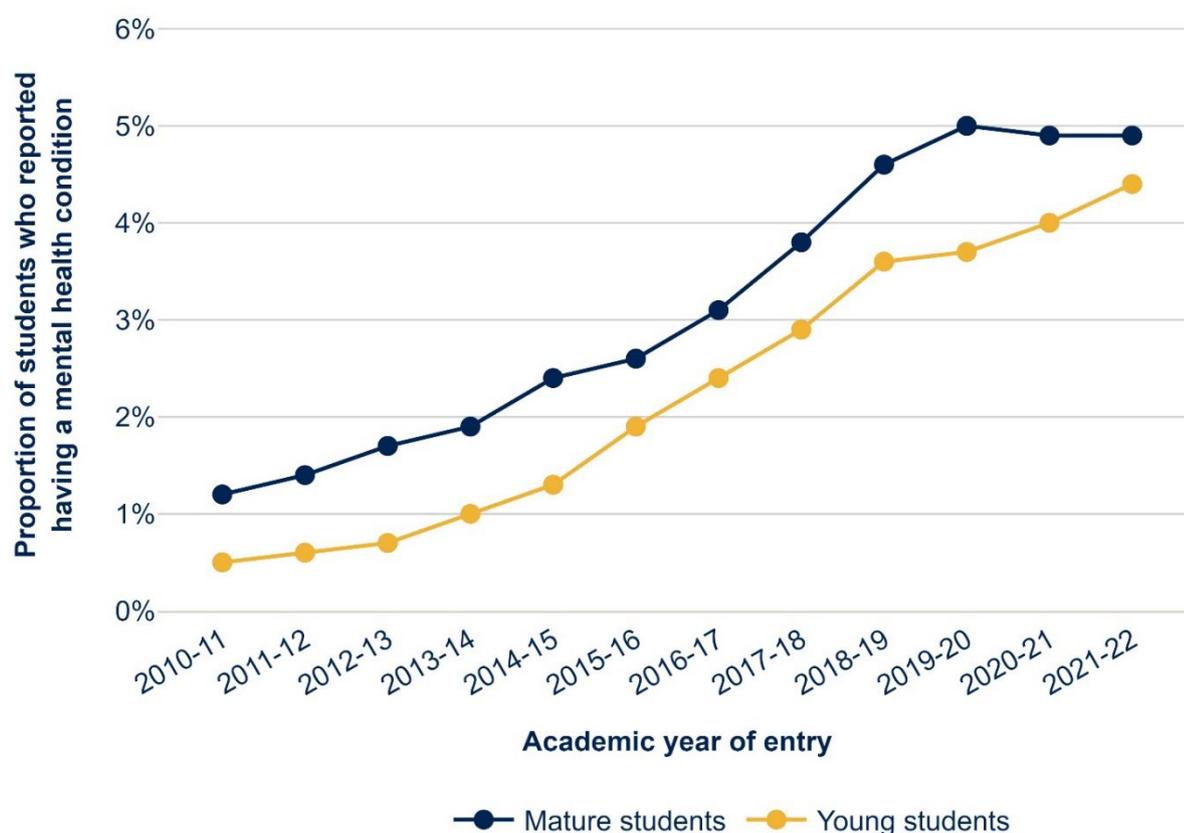
## Student population

13. Full-time undergraduate entrants are less likely to report having a mental health condition than their part-time counterparts. In 2021-22, 4.5 per cent of full-time entrants reported a mental health condition, compared with 5.3 per cent of part-time entrants.
14. A broad trend of increased reporting can be observed across the whole sector. However, we cannot say whether this reflects an underlying increase in the number of individuals with a mental health condition or a greater willingness to report having such a condition. The proportion of all undergraduate full-time entrants reporting having a mental health condition has increased from 0.7 per cent in 2010-11 to 4.5 per cent in 2021-22 (an increase from 3,010 to 24,700 students).

### Age

15. Full-time entrants aged 21 and over (mature students) have been consistently more likely to report having a mental health condition than entrants under 21 (young students) throughout the time series from 2010-11 to 2021-22. This is shown in Figure 1. In 2021-22, 4.9 per cent of full-time mature entrants had reported having a mental health condition, compared with 4.3 per cent of full-time young entrants.

**Figure 1: Proportion of full-time students who reported having a mental health condition by age**

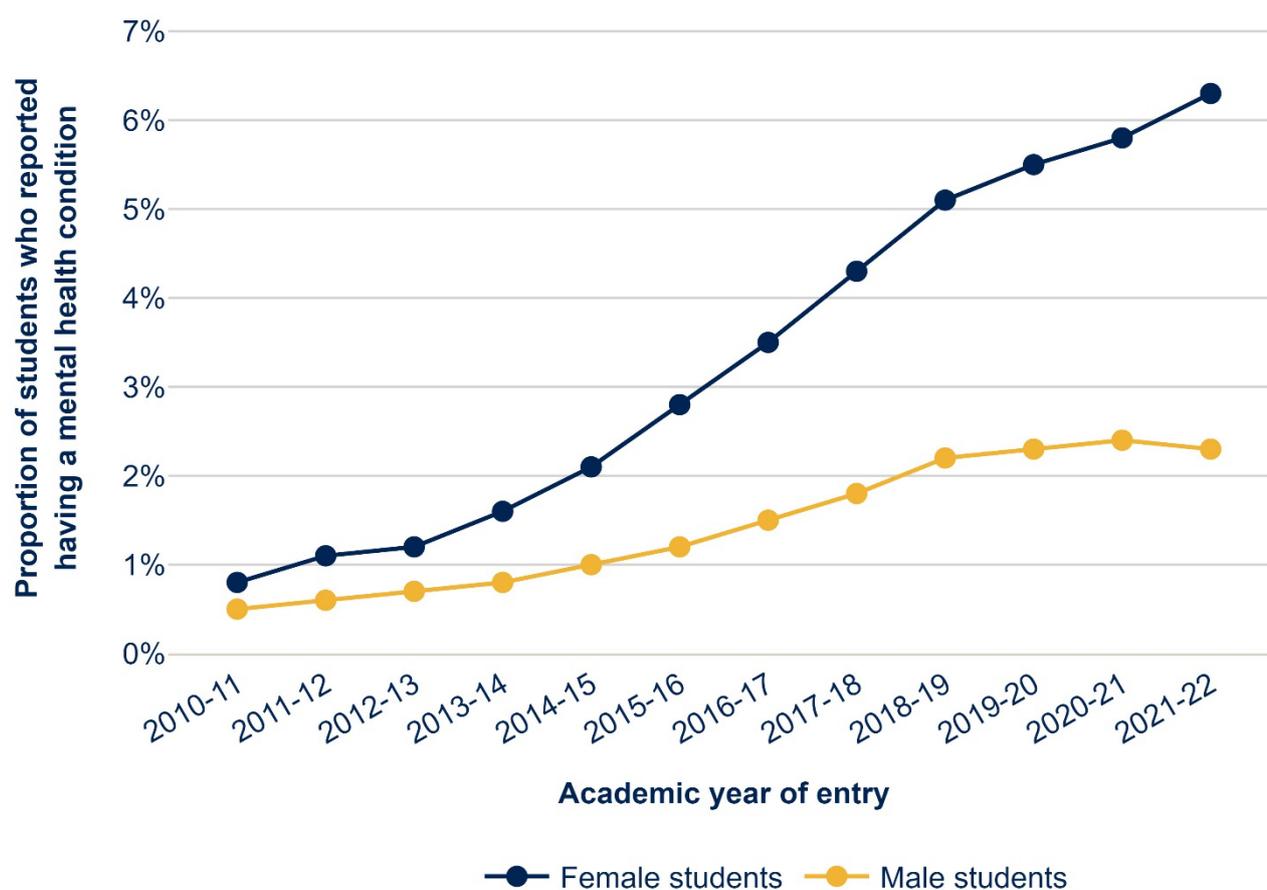


Note: Because of what they measure, the scales in Figures 1 to 8 do not run from 0% to 100% as in later figures, so the differences will appear larger than if they used this wider scale.

## Sex

16. Female entrants were more likely to report having a mental health condition than male entrants. In 2021-22, 6.3 per cent of full-time female entrants reported having a mental health condition, compared with 2.3 per cent of male entrants. Figure 2 shows that the rate of reporting of mental health conditions for female students has increased dramatically throughout the time series. It has remained stable for male students over the last few years, following a less sharp increase between 2010-11 and 2018-19 than for female students.

**Figure 2: Proportion of full-time students who reported having a mental health condition by sex**



Note: The scales in Figures 1 to 8 do not run from 0% to 100%, so the differences will appear larger than in later figures.

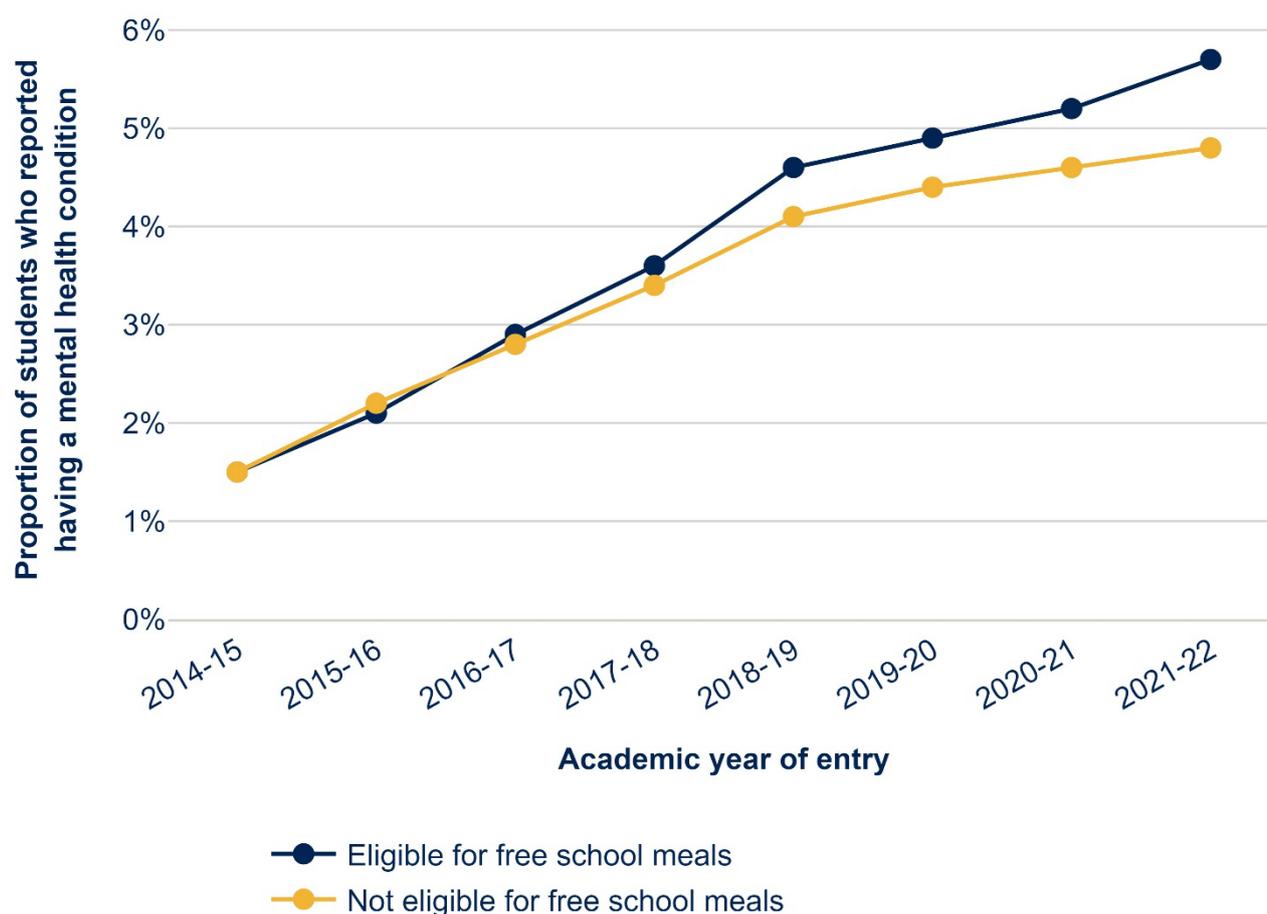
17. A similar trend is observed in wider society, where 13.3 per cent of men aged 17 to 24 were considered to have a probable mental disorder, compared with 31.2 per cent of women of the same age.<sup>12</sup> It should be noted that, while the majority of undergraduate entrants are in this age group, the student data includes students of all ages.

<sup>12</sup> NHS Digital, 'Mental health of children and young people in England 2022: Wave 3 follow up to the 2017 survey' (web page), November 2022. The Strengths and Difficulties Questionnaire was used to assess different aspects of mental health, including problems with emotions, behaviour, relationships, hyperactivity and concentration. Responses from parents, children and young people were used to estimate the likelihood

## Free school meals eligibility

18. Full-time entrants who had been eligible for free school meals (FSM) when at school have been more likely to report having a mental health condition than students who were not FSM-eligible, throughout most of the available time series from 2014-15 to 2021-22. This is shown in Figure 3. In 2021-22, 5.7 per cent of full-time FSM-eligible entrants had reported having a mental health condition, compared with 4.8 per cent of full-time entrants who were not FSM-eligible.

**Figure 3: Proportion of full-time students who reported having a mental health condition by free school meals eligibility**



Note: The scales in Figures 1 to 8 do not run from 0% to 100%, so the differences will appear larger than in later figures. Free school meals data is only available for entrants from 2014-15 onwards.<sup>13</sup>

## IMD quintile

19. Figure 4 shows that 2021-22 full-time entrants from IMD quintile 4 were most likely to report having a mental health condition (5.5 per cent of all entrants from this quintile), while those from quintile 1 were least likely (4.7 per cent). Overall, the number of entrants who reported

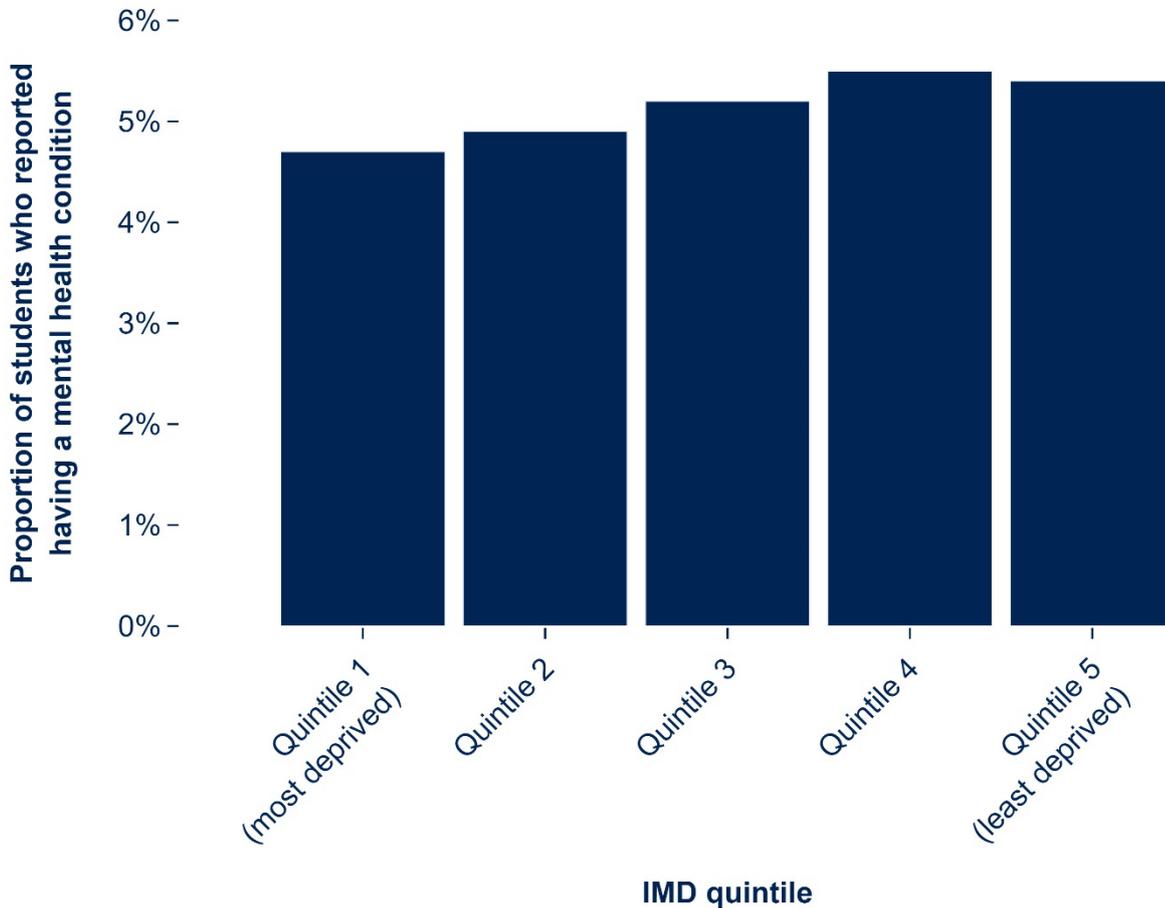
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that a child or young person might have a mental disorder as 'unlikely', 'possible' or 'probable'. This means that the comparison between students and the general population is not like to like.

<sup>13</sup> See OfS, 'Student characteristics: Technical document'.

having a mental health condition in each quintile is broadly similar (between 4,240 and 4,760); the difference in the proportions reporting a mental health condition is because of the high proportion of entrants from IMD quintile 1 and 2 areas.<sup>14</sup>

**Figure 4: Proportion of full-time students who started their course in 2021-22 and reported having a mental health condition by IMD quintile**

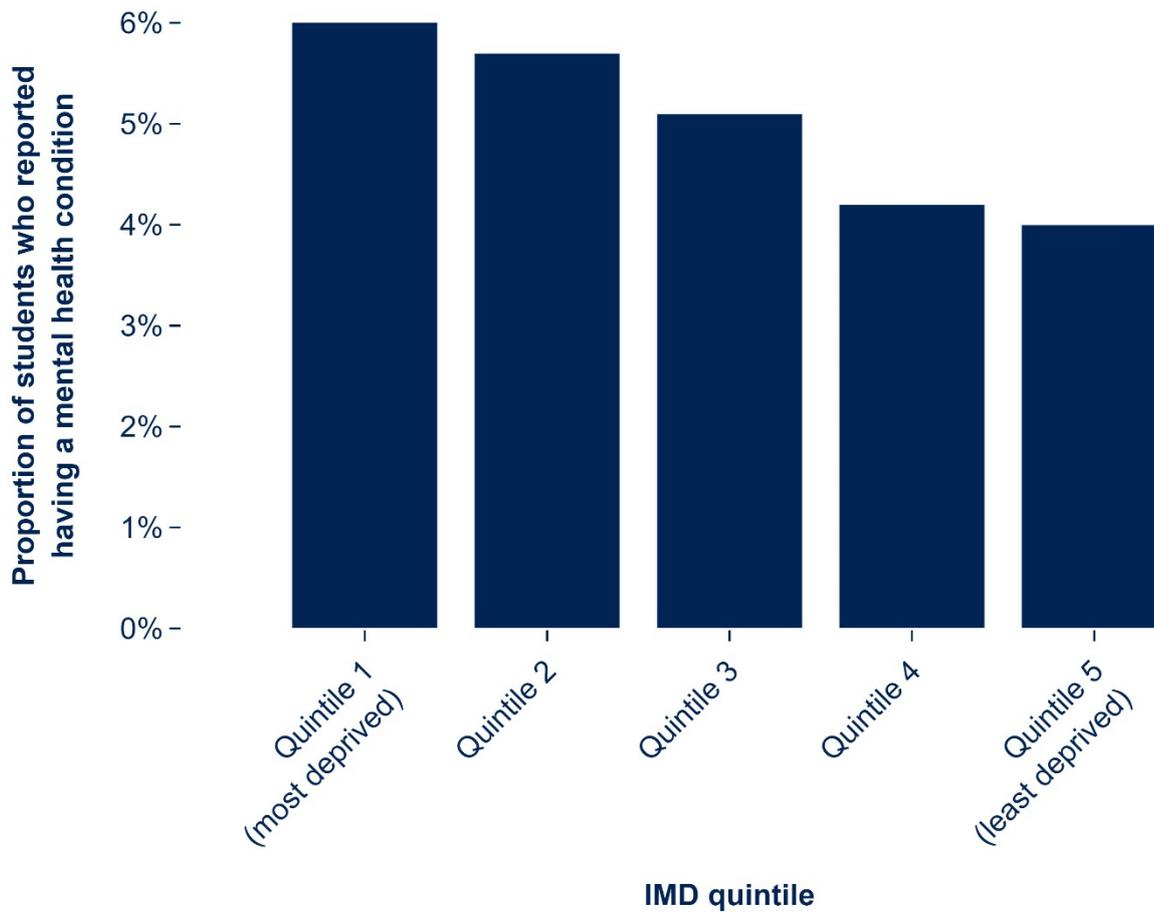


Note: The scales in Figures 1 to 8 do not run from 0% to 100%, so the differences will appear larger than in later figures.

20. However, the pattern looks different for part-time students. The proportion of part-time undergraduate entrants in 2021-22 who reported having a mental health condition corresponds exactly with the order of IMD quintiles, with those from quintile 5 being least likely to do so, while those from quintile 1 were the most likely (see Figure 5).

<sup>14</sup> See data downloads at '[Analysis of data of students reporting a mental health condition](#)'.

**Figure 5: Proportion of part-time students who started their course in 2021-22 and reported having a mental health condition by IMD quintile**

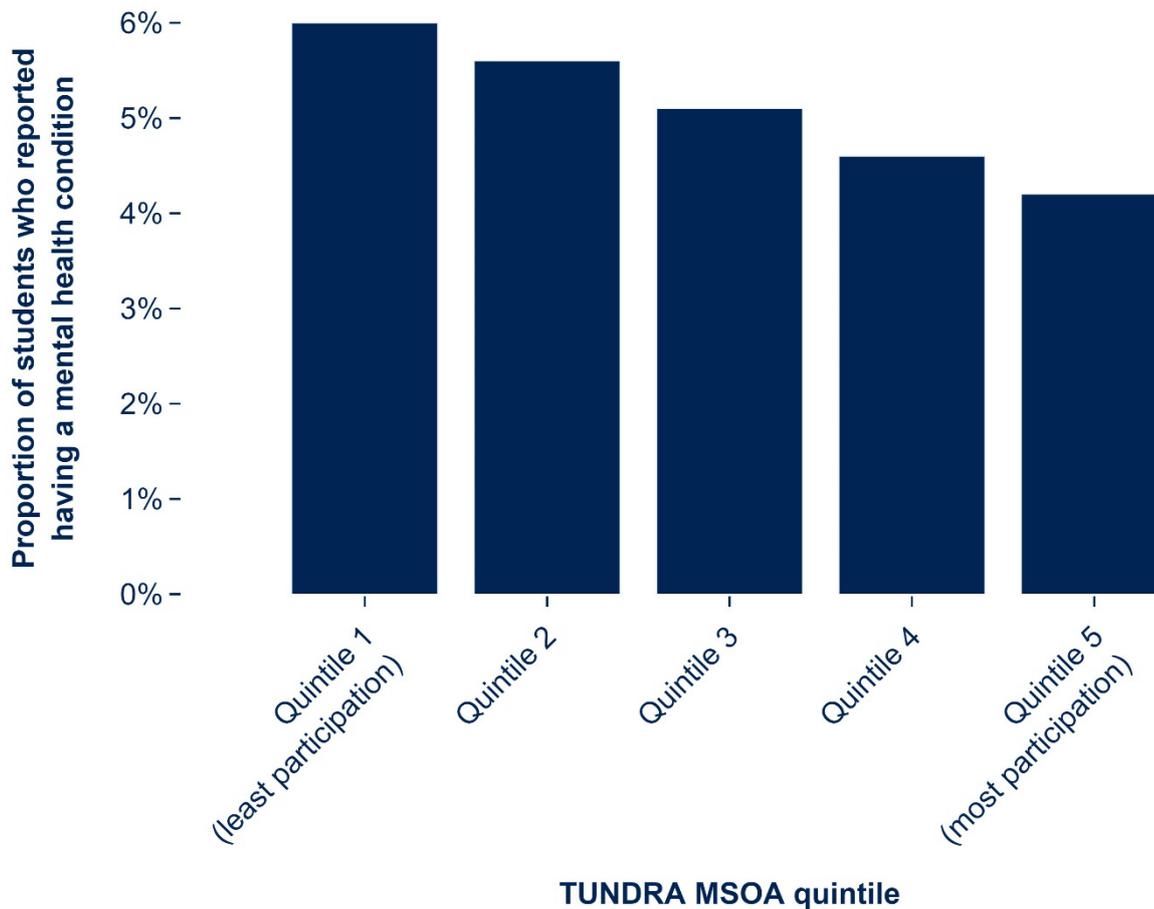


Note: The scales in Figures 1 to 8 do not run from 0% to 100%, so the differences will appear larger than in later figures.

### **TUNDRA quintile**

21. Figure 6 shows that the trends observed for full-time entrants from different TUNDRA MSOA quintiles are different from the IMD trends discussed in paragraphs 18 to 19. 2021-22 entrants from TUNDRA quintile 1 areas were the group most likely to have reported a mental health condition (6.0 per cent of all entrants from quintile 1), and entrants from quintile 5 were least likely (4.2 per cent of entrants from quintile 5).

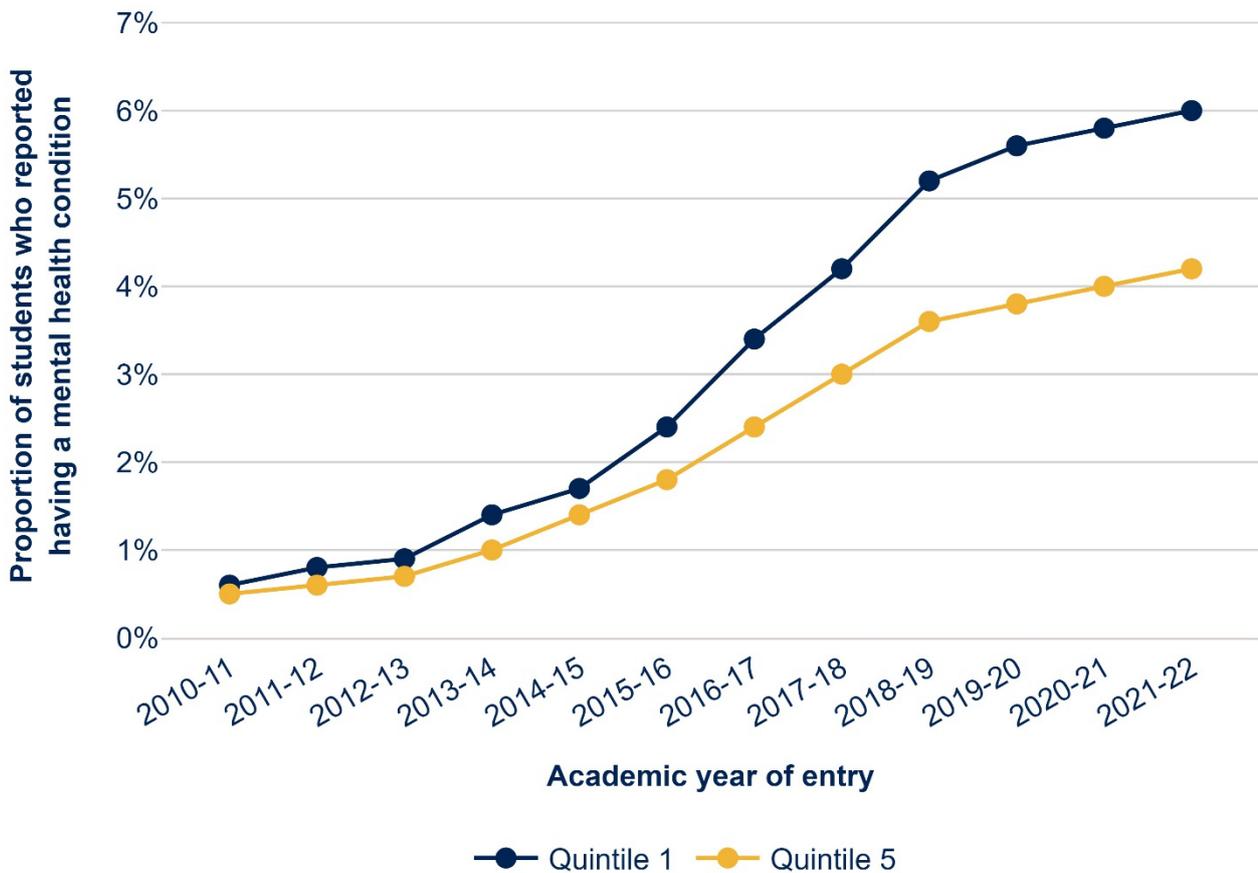
**Figure 6: Proportion of full-time students who started their course in 2021-22 and reported having a mental health condition by TUNDRA quintile**



Note: The scales in Figures 1 to 8 do not run from 0% to 100%, so the differences will appear larger than in later figures.

22. Figure 7 shows that the difference in reporting of mental health conditions between entrants from TUNDRA MSOA quintiles 1 and 5 has widened throughout the time series, with the rate of reporting for quintile 1 entrants increasing at a much quicker pace.

**Figure 7: Proportion of full-time students who reported having a mental health condition by TUNDRA quintile**

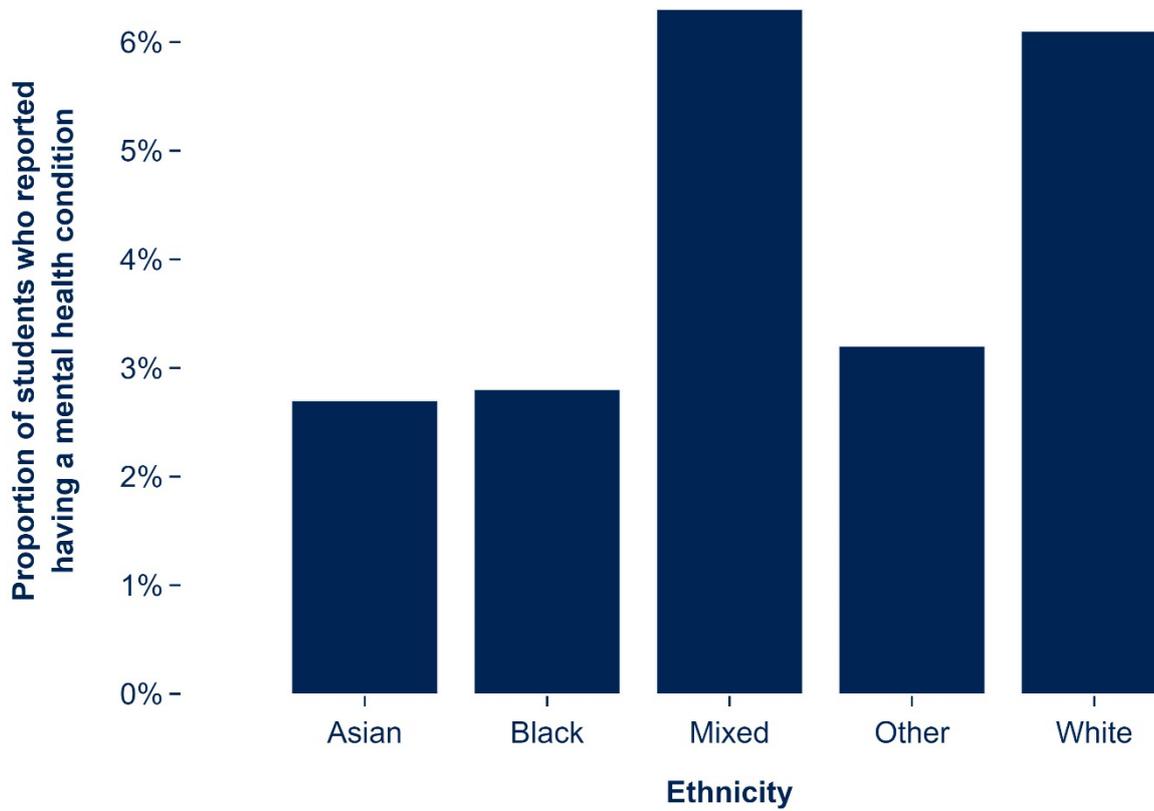


Note: The scales in Figures 1 to 8 do not run from 0% to 100%, so the differences will appear larger than in later figures.

## Ethnicity

23. For both full-time and part-time entrants, those of mixed ethnicity were most likely to report having a mental health condition for all academic years since 2010-11. Figure 8 shows that 6.3 per cent of full-time entrants of mixed ethnicity had reported having mental health condition in 2021-22, followed by 6 per cent of full-time white entrants. Asian entrants were the least likely to have reported a mental health condition (2.7 per cent).

**Figure 8: Proportion of full-time students who started their course in 2021-22 and reported having a mental health condition by ethnicity**



Note: The scales in Figures 1 to 8 do not run from 0% to 100%, so the differences will appear larger than in later figures.

## Student continuation

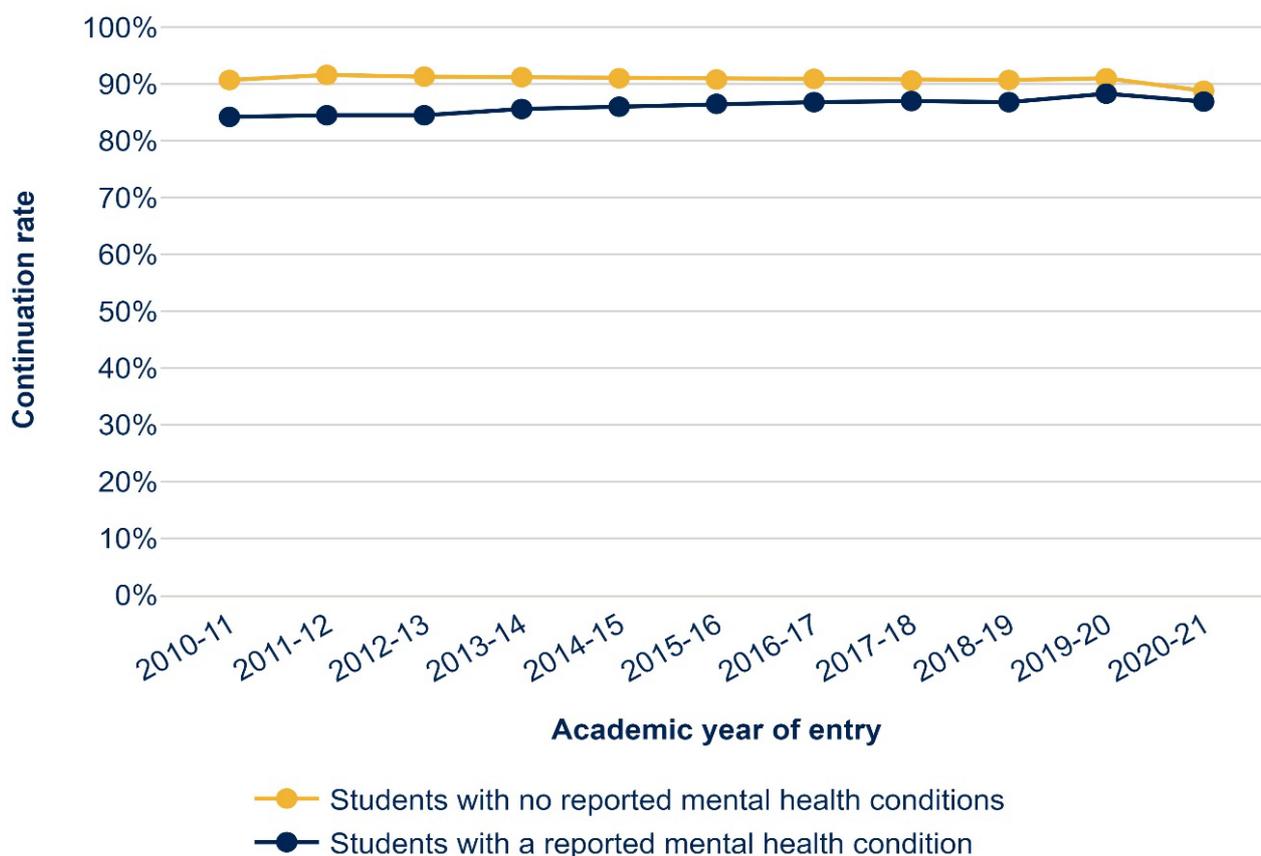
24. This section explores student continuation. This is the proportion of entrants who were continuing in the study of a higher education qualification (or had gained a qualification) one year and 15 days after they started their course (two years and 15 days for part-time students).
25. The continuation rate for all full-time undergraduate students starting in 2020-21 was 89 per cent. For part-time students (starting in 2019-20)<sup>15</sup>, it was 64.6 per cent.<sup>16</sup>
26. Continuation rates were lower for both full-time and part-time students who reported having a mental health condition, compared with the continuation rate for students who did not. Figure 9 shows that the continuation rate for 2020-21 full-time entrants who did not report a mental health condition was 88.8 per cent, compared with 86.9 per cent for those who did. This means the difference between the two groups was 1.9 percentage points. This difference has shrunk by 4.6 percentage points since 2010-11. This is caused by the continuation rate for students who reported a mental health condition increasing, while the rate for students who did not report a mental health condition remained more stable between 2010-11 and 2019-20. This was followed by a dip in continuation rates for both populations in 2020-21, but this was steeper for those with no reported mental health condition, further reducing the difference.

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<sup>15</sup> This reflects the most recent data we have for part-time students, as their continuation rates are based on their status two years and 15 days after they started their course.

<sup>16</sup> OfS, '[Student characteristics data: Entry qualification and subject data](#)' (web page), last updated July 2023.

**Figure 9: Continuation rates of full-time students who did and did not report having a mental health condition**

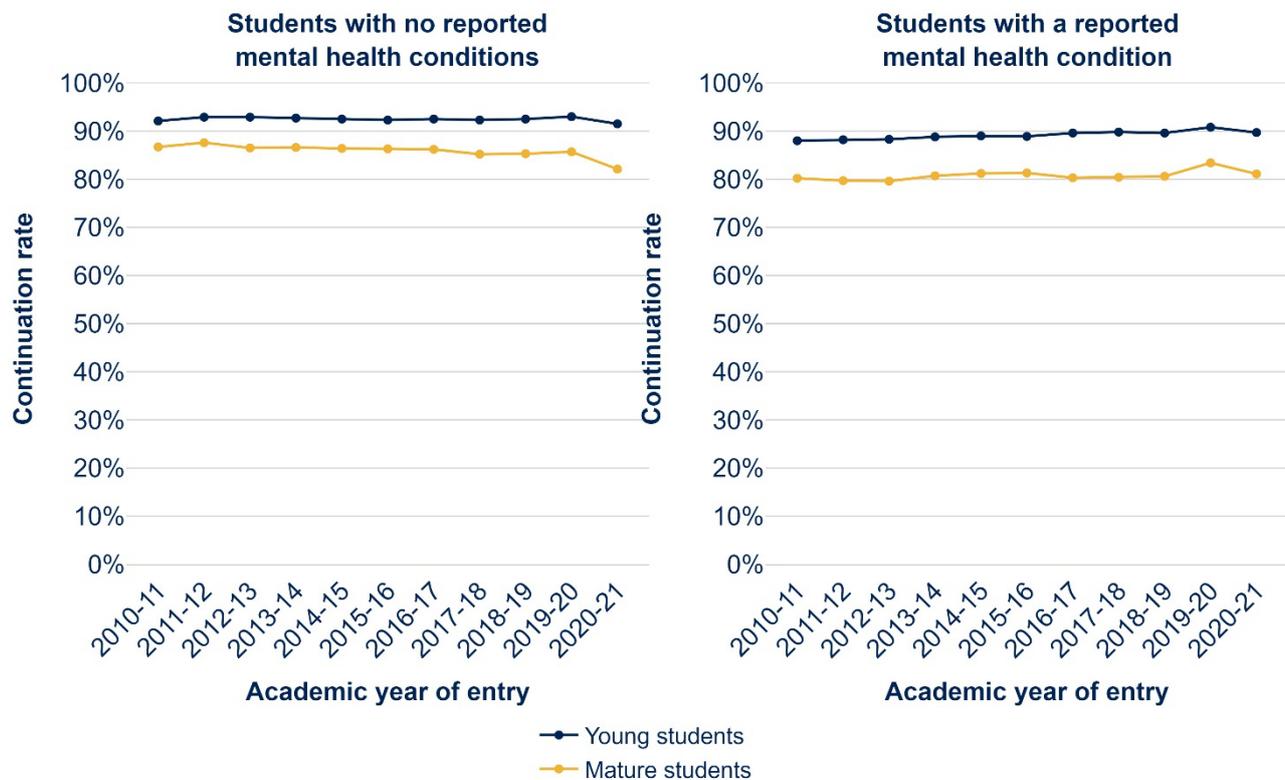


## Age

27. The difference in continuation rates between full-time students who were under 21 at the start of their course and those who were over 21 has increased since 2010-11, whether or not they reported a mental health condition. For those who did not, the continuation rate remained fairly steady for young entrants between 2010-11 and 2018-19 (rising from 92.1 per cent to 92.5 per cent) but saw a bigger increase in 2019-20 to 93 per cent, followed by a decrease to 91.5 per cent in 2020-21. This means that the increasing difference is due to a decrease in continuation rates for mature students, from 86.7 per cent for entrants in 2010-11 to 82.1 per cent for entrants in 2020-21.
28. For young full-time students who reported having a mental health condition, the continuation rate has, overall, been increasing across the time series (with an exception for entrants in 2020-21, following the larger than usual increase between 2018-19 and 2019-20). For mature full-time students, the rate has remained fairly static, with the exception of 2019-20, where the rate rose from 80.6 per cent in 2018-19 to 83.4 per cent in 2019-20, decreasing to 81.1 per cent in 2020-21. However, in every year, the difference between young and mature students is larger for those who report having a mental condition than for those who did not (see Figure 10).
29. For all years for both young and mature entrants, continuation rates are higher among those who did not report having a mental health condition. However, this difference narrows over time, starting at 4.1 percentage points for young entrants in 2010-11 and decreasing to 1.8

percentage points for entrants in 2020-21, and starting at 6.5 percentage points for mature entrants in 2010-11 and decreasing to one percentage point in 2020-21.

**Figure 10: Continuation rates of full-time students who did and did not report having a mental health condition, by age**



## Sex

30. Figure 11 shows the difference in continuation rates between all full-time students who reported having a mental health condition and those who did not, by sex. The continuation rate is higher for female students than male students whether or not they reported a mental health condition. The difference between female and male students is larger among those who reported having a mental health condition throughout the time series. However, the difference has increased and decreased over time for those with a reported mental health condition, narrowing from 5.1 percentage points to 3.0 percentage points in 2014-15 as a result of the continuation rates for male students rising at a quicker rate than for female students between 2012-13 and 2014-15. However, this difference had increased again to 5.4 percentage point for entrants in 2020-21.

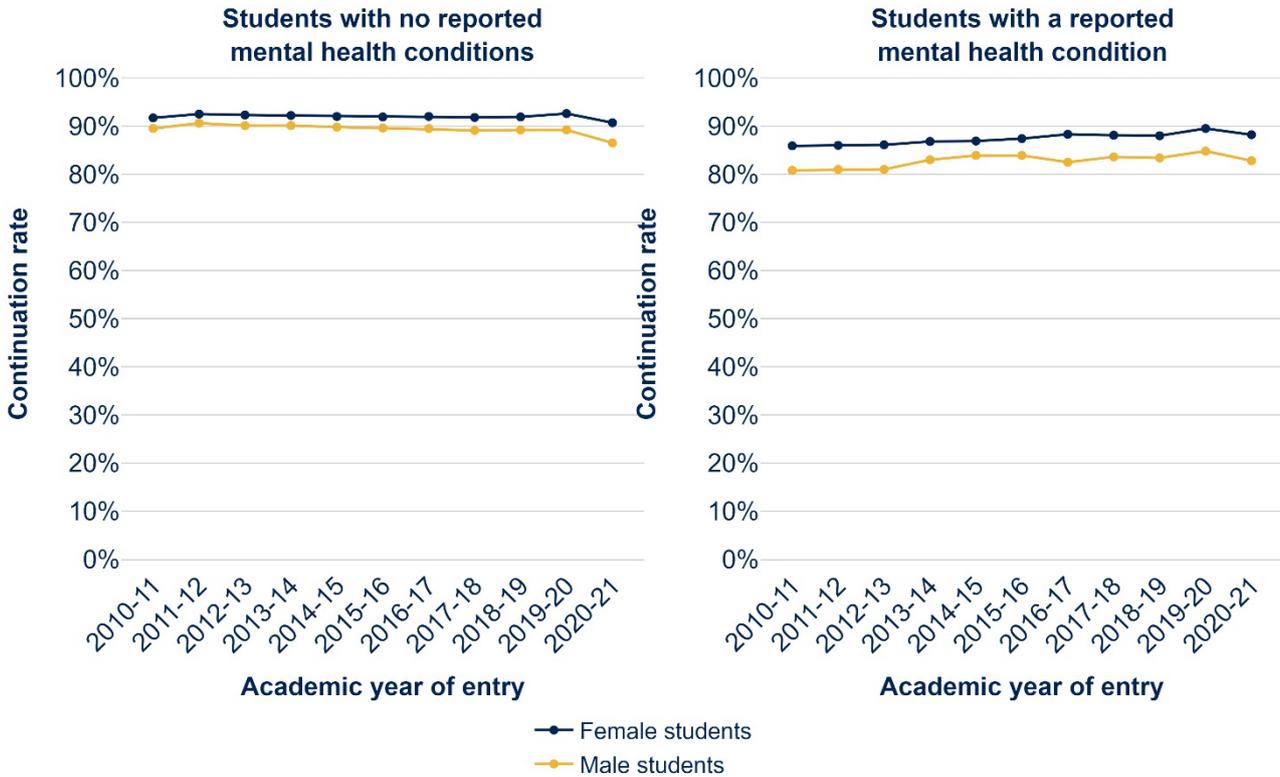
31. The differences for both sexes have been decreasing for most of the time series, and in the latest two academic years. However, the difference for female students remains lower than for male students, and this sits in the context of female students having higher overall continuation rates than male students<sup>17</sup>, and higher proportions of female students reporting mental health conditions.<sup>18</sup> For full-time entrants in 2020-21, the difference between students who reported

<sup>17</sup> OfS, 'Student characteristics data: Outcomes data' (web page), last updated July 2023.

<sup>18</sup> See paragraphs 16 to 17.

having a mental health condition and those who did not was 2.5 percentage points for female students and 3.7 percentage points for male students.

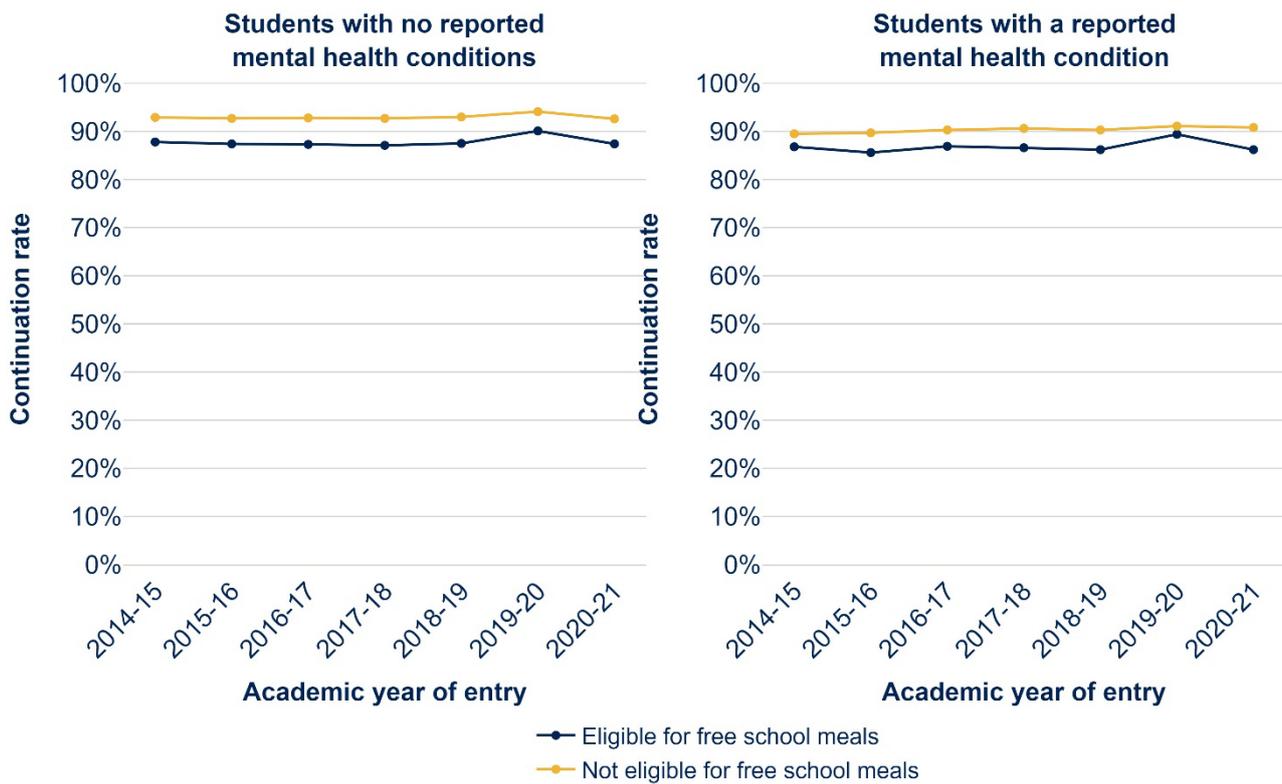
**Figure 11: Continuation rates of full-time students who did and did not report having a mental health condition, by sex**



### Free school meals eligibility

32. Figure 12 shows the difference in continuation rates between full-time students who reported having a mental health condition and those who did not, by free school meals eligibility. The continuation rate is higher for students who were not FSM-eligible when at school, whether or not they reported a mental health condition. Throughout the time series the difference between FSM-eligible and non-FSM-eligible students is larger among those who did not report having a mental health condition.
33. For full-time FSM-eligible entrants who reported having a mental health condition, the continuation rate has, overall, been steady throughout the time series, until 2019-20, when it increased to nearly match the continuation rate for students who were not FSM-eligible and reported a mental health condition. However, it showed a larger drop the following year compared with the rate for students who were not FSM eligible.
34. The difference in continuation rates between those who did and did not report having mental health conditions was also narrower for students who were FSM-eligible than for those who were not, throughout most of the time series.

**Figure 12: Continuation rates of full-time students who did and did not report having a mental health condition, by free school meals eligibility**



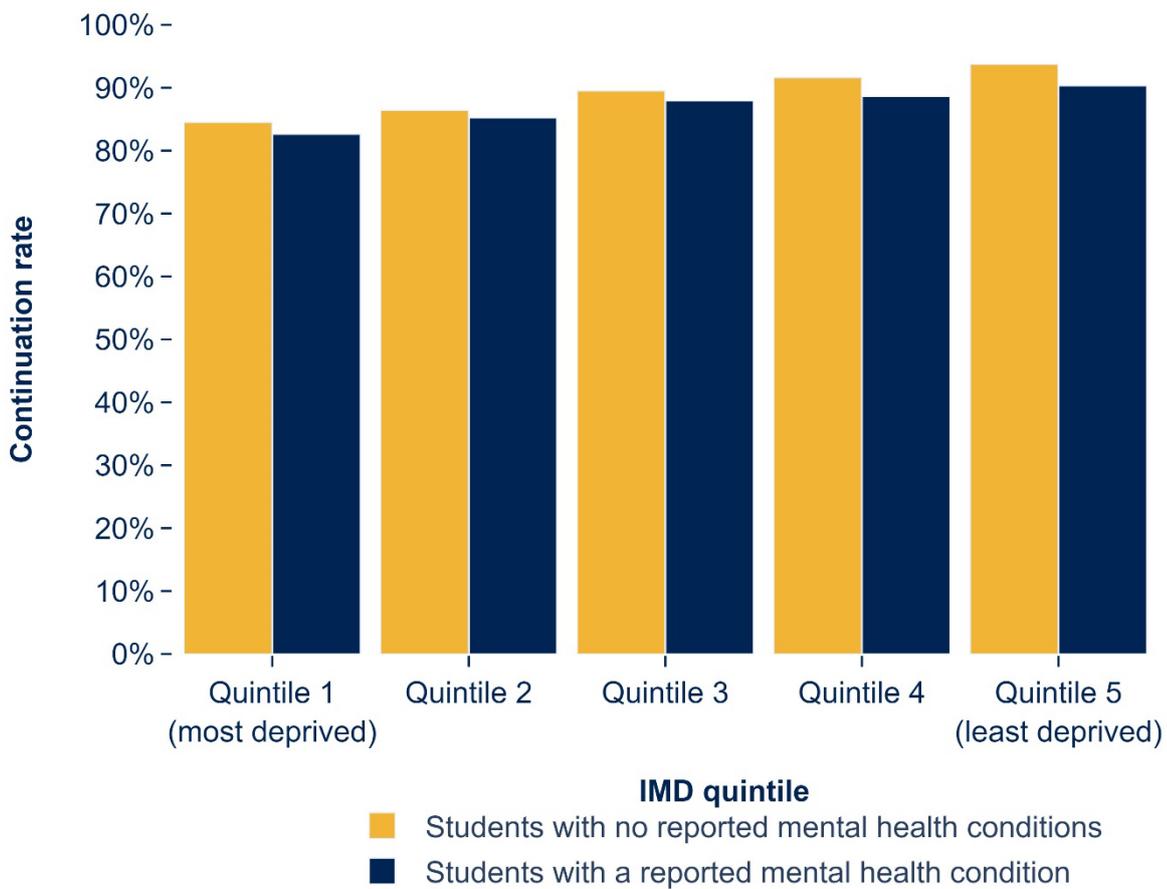
Note: Free school meals data is only available for entrants from 2014-15 onwards.<sup>19</sup>

## IMD quintile

35. Figure 13 shows the continuation rates for full-time students by IMD quintile. In 2020-21, entrants across all five quintiles had lower continuation rates if they had reported having a mental health condition. The difference was biggest for students from quintile 5 (3.4 percentage points) and smallest for students from quintile 2 (1.2 percentage points).

<sup>19</sup> See OfS, 'Student characteristics: Technical document'.

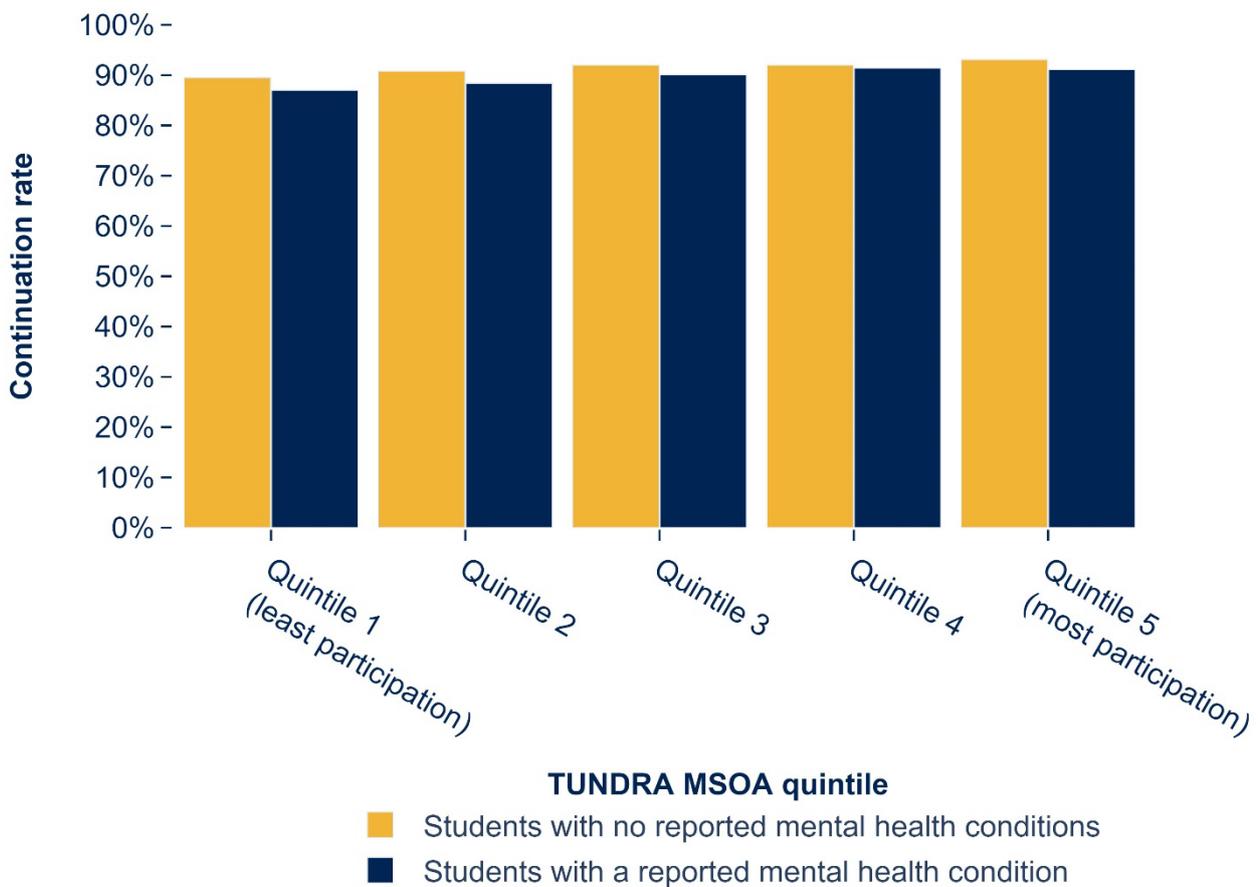
**Figure 13: Continuation rates of full-time students by IMD quintile for courses starting in 2020-21**



### TUNDRA quintile

36. Similarly, students from all TUNDRA MSAO quintiles who had reported having a mental health condition had lower continuation rates than students who had not. The differences in rates for each quintile are very similar. This is shown in Figure 14.

**Figure 14: Continuation rates of full-time students by TUNDRA quintile for courses starting in 2020-21**



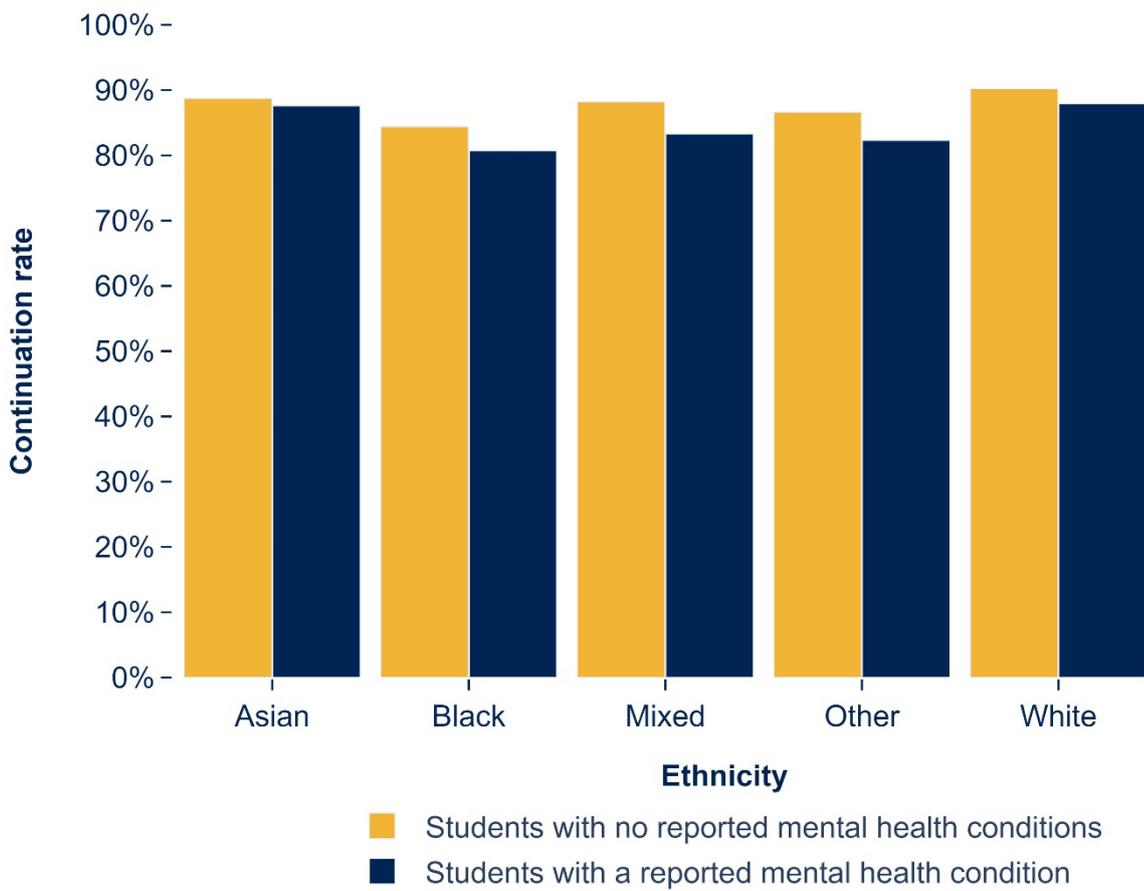
## Ethnicity

37. Figure 15 shows the continuation rates for all full-time students who had reported having a mental health condition and those who had not, by ethnicity. In 2020-21, the continuation rate for entrants with a mixed ethnicity was 4.9 percentage points lower if they had reported having a mental health condition. This is the largest difference of any ethnic group, followed by students with other ethnicity (4.3 percentage points) and black students (3.7 percentage points). By comparison, Asian full-time students had a continuation rate 1.1 percentage points lower if they had reported having a mental health condition, and the rate for white students was 2.3 percentage points lower.

38. Moreover, the differences in continuation for students from white and Asian ethnicities have decreased throughout the time series, but they have been on the increase for students with a mixed ethnicity since 2016-17.<sup>20</sup>

<sup>20</sup> See data downloads at '[Analysis of data of students reporting a mental health condition](#)'.

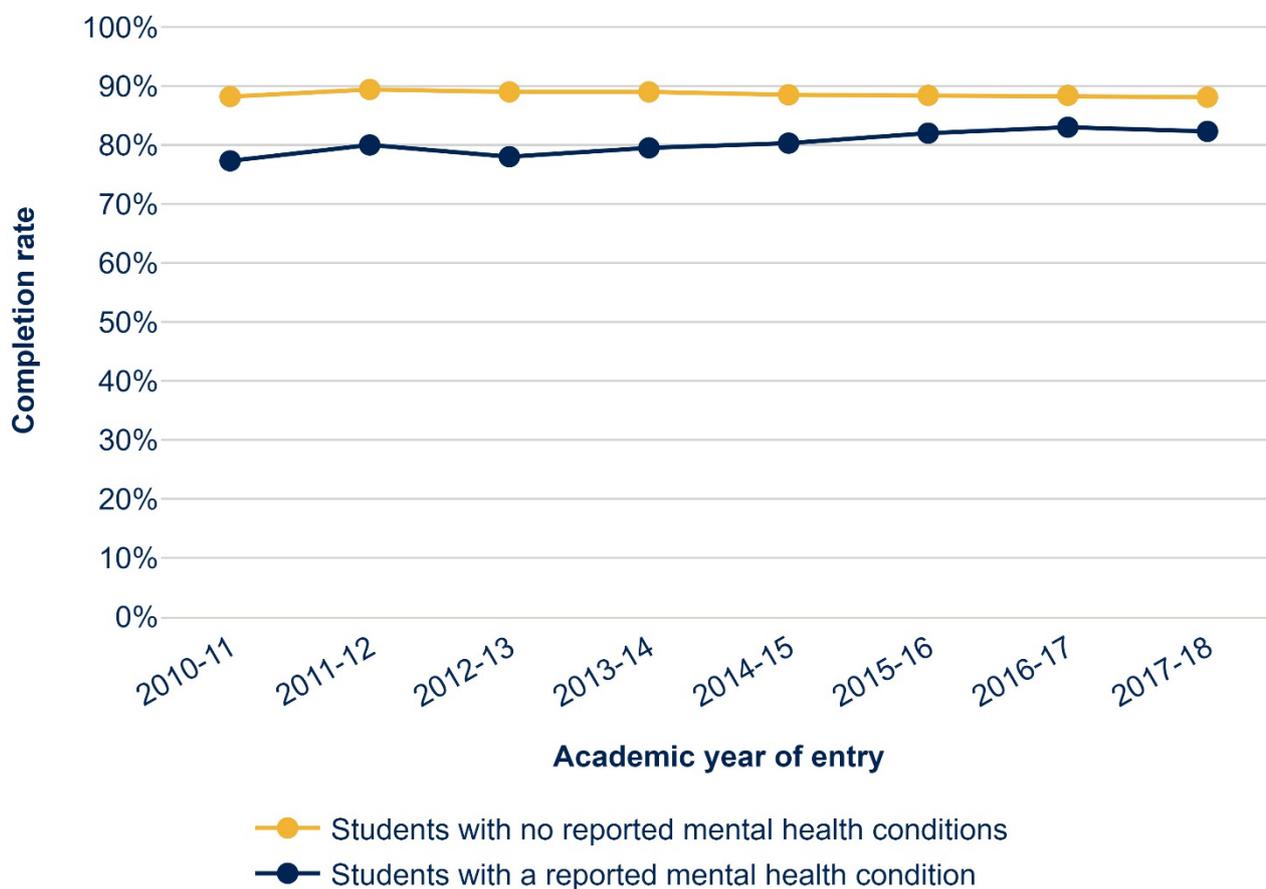
**Figure 15: Continuation rates of full-time students by ethnicity for courses starting in 2020-21**



## Student completion

39. This section explores completion: the proportion of entrants who gained a higher education qualification (or were continuing in the study of a qualification) four years and 15 days after they started their course (six years and 15 days for part-time students).
40. The completion rate for all full-time undergraduate students starting in 2017-18 was 87.9 per cent. For part-time students (starting in 2015-16), it was 57.5 per cent.
41. Completion rates were lower for both full-time and part-time students who reported having a mental health condition, compared with the completion rate for students who did not. Figure 16 shows that the difference was 5.8 percentage points for 2017-18 full-time entrants, but had shrunk by 5.1 percentage points since 2010-11. This is because completion rates for students who reported having a mental health condition have increased throughout the time series, whereas the rates for students who did not have remained stable.

**Figure 16: Completion rates of full-time students who did and did not report having a mental health condition**

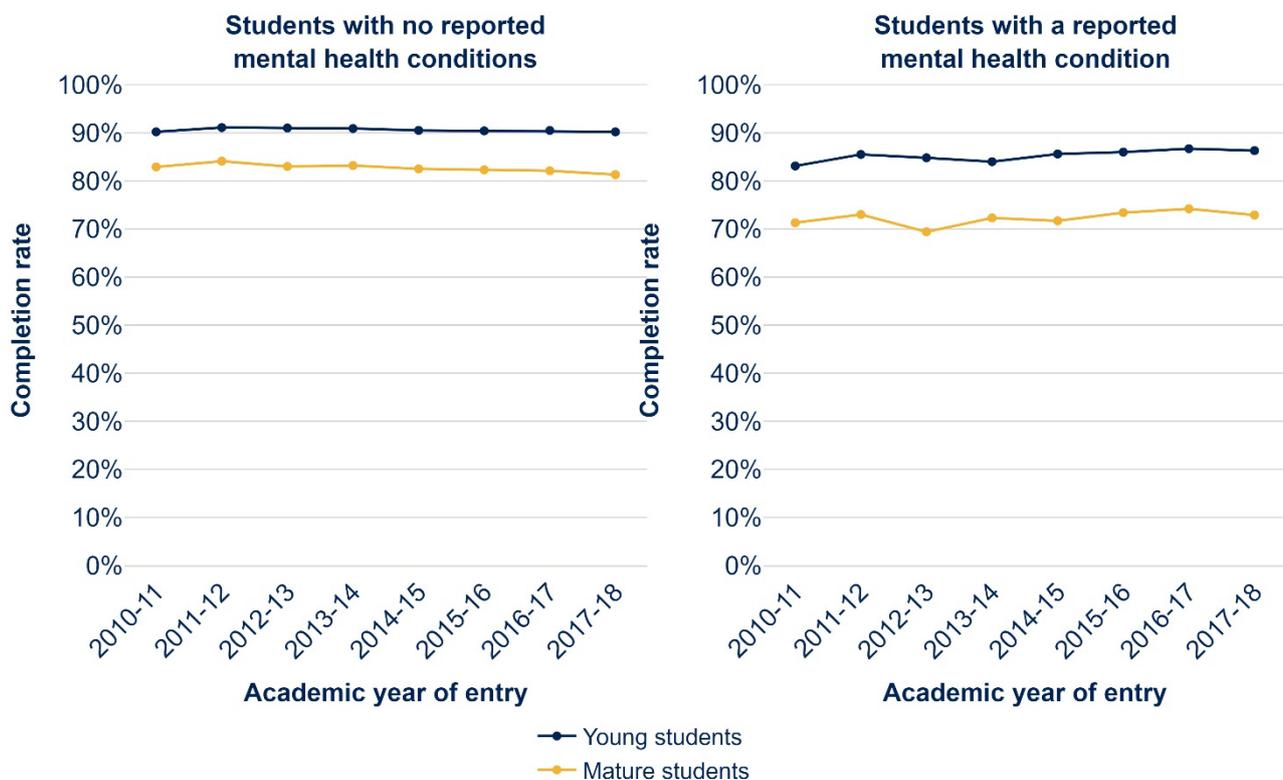


42. The difference was much larger between completion rates for part-time students who reported having a mental health condition and part-time students who did not. However, this is based on the much smaller population of part-time students who reported having a mental health condition. The difference for 2015-16 part-time entrants was 20 percentage points.

## Age

43. For full-time students, completion rates are consistently higher for young students than for mature students, regardless of whether or not they reported having a mental health condition. However, the rates are also higher for young students who did not report a mental health condition than for their counterparts who did, and the same is true for mature students.
44. For students who did not report a mental health condition, the difference between completion rates for young and mature students has seen an increase over time, rising from 7.3 percentage points for entrants in 2010-11 to 8.9 percentage points for entrants in 2017-18. This is due to an overall decline in completion rates for mature students who did not report having a mental health condition, from 82.0 per cent for 2010-11 entrants to 81.3 per cent for entrants in 2017-18.
45. For students who reported a mental health condition, the difference in completion rates is consistently larger than for those who did not. However, completion rates for both young and mature entrants who reported a mental health condition have increased between 2010-11 and 2017-18. For young entrants, this increase was from 83.1 per cent in 2010-11 to 86.3 per cent in 2017-18. For mature entrants, the increase was from 71.3 per cent in 2010-11 to 72.9 per cent in 2017-18. Since the increase is smaller for mature entrants, the difference in rate between young and mature entrants has seen an overall increase, from 11.8 percentage points in 2010-11 to 13.4 percentage points in 2017-18.

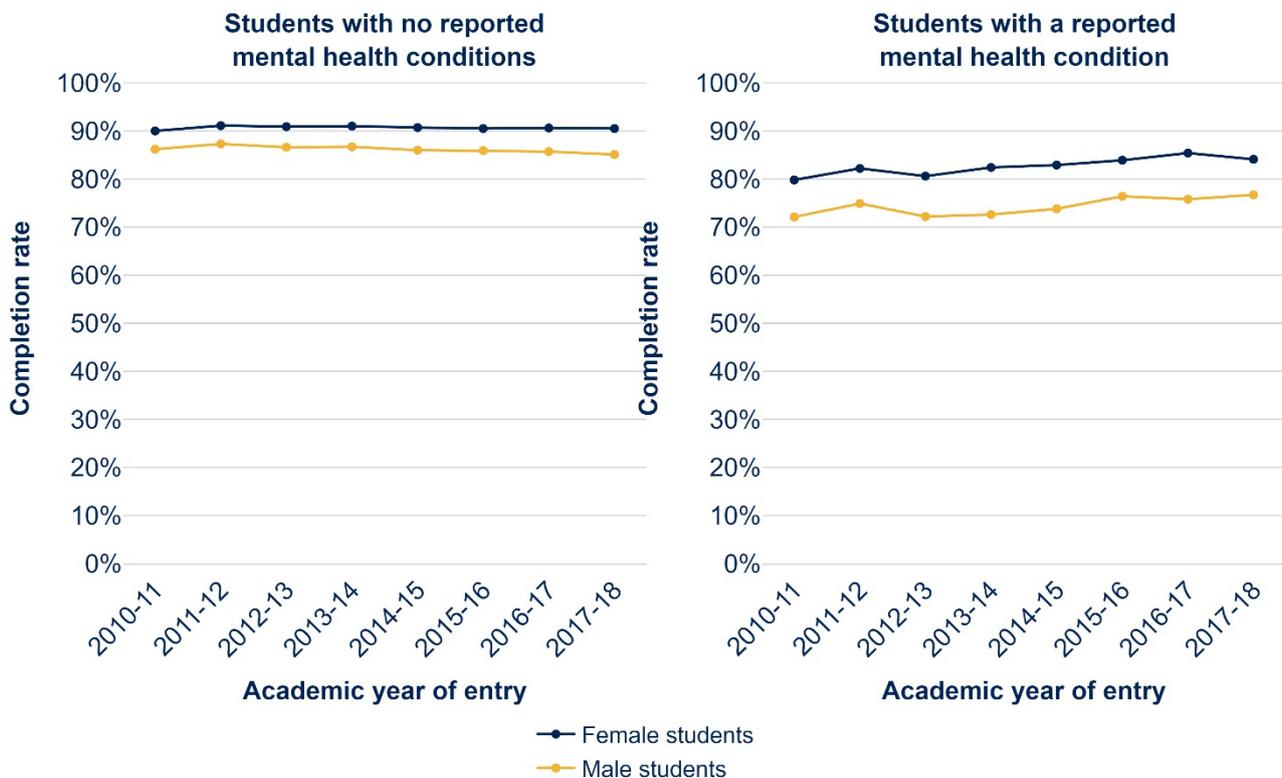
**Figure 17: Completion rates of full-time students who did and did not report having a mental health condition, by age**



## Sex

46. Overall, throughout the time series female students have had higher completion rates than their male counterparts, whether or not they reported having a mental health condition. The difference in completion rates was larger for those who did.
47. Figure 18 shows the difference in completion rates between full-time students who reported having a mental health condition and those who did not, by sex. The rate for female students who did not report a mental health condition has remained fairly static over time, with a slight increase between entrants in 2010-11 (90 per cent) and entrants in 2011-12 (91.1 per cent), followed by a slow decline to 90.5 per cent for entrants in 2017-18. Male students who did not report a mental health condition saw a similar pattern, but the overall change is from 86.2 per cent in 2010-11 to 85.1 per cent in 2017-18. Hence, the difference between female and male students has increased from 3.8 percentage points in 2010-11 to 5.4 percentage points in 2017-18.
48. For students who reported a mental health condition, completion rates fluctuated more than for those who did not. Overall, completion rates increased for both female and male students who reported having a mental health condition, between entrants in 2010-11 and entrants in 2017-18. For female entrants, this change was from 79.8 per cent for 2010-11 to 84.1 per cent for 2017-18. For male entrants, it was from 72.1 per cent for 2010-11 to 76.7 per cent in 2017-18.

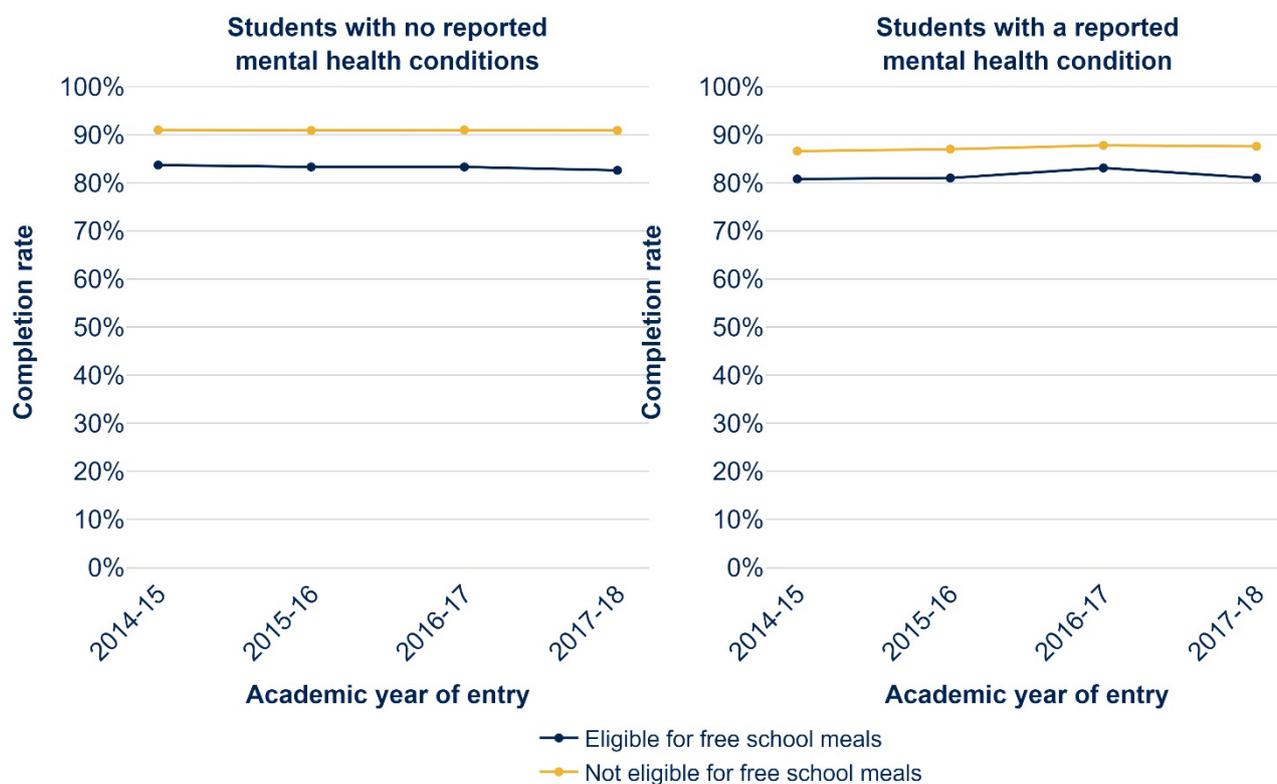
**Figure 18: Completion rates of full-time students who did and did not report having a mental health condition, by sex**



## Free school meals eligibility

49. Overall, throughout the time series, students who were not FSM-eligible have had higher completion rates than their FSM-eligible counterparts, whether or not they reported having a mental health condition. The difference in completion rates was larger for those who did not report a mental health condition.
50. The differences have remained mostly steady for both groups of students – those who reported having a mental health condition and those who did not. Completion rates for students who were FSM-eligible and reported a mental health condition increased for entrants in 2016-17, narrowing the gap between them and their non-FSM-eligible counterparts. However, the completion rate decreased again for FSM-eligible entrants in 2017-18, returning the difference between the two groups to the levels previously seen.

**Figure 19: Completion rates of full-time students who did and did not report having a mental health condition, by free school meals eligibility**



Note: Free school meals data is only available for entrants from 2014-15 onwards.<sup>21</sup>

## IMD and TUNDRA quintiles

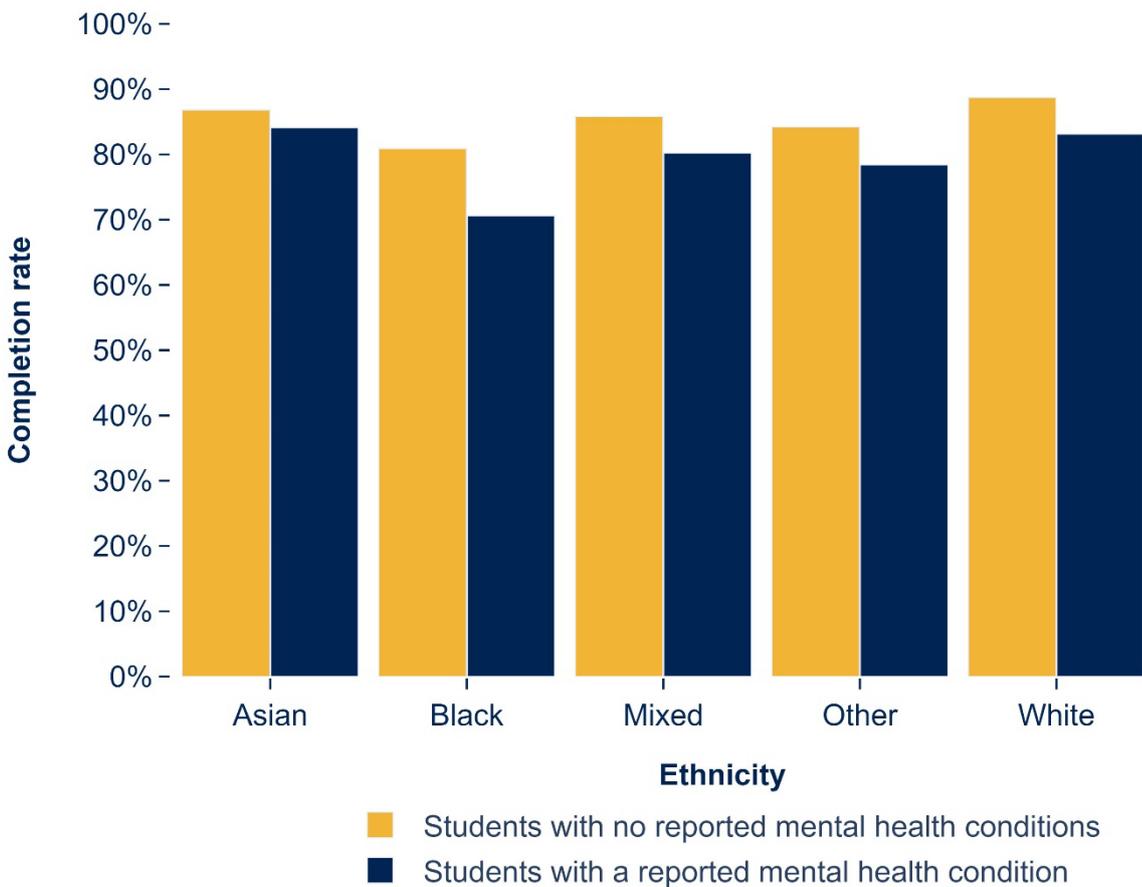
51. Students across all five IMD and TUNDRA MSOA quintiles had lower completion rates if they had a reported having a mental health condition, but the differences between the two groups in each quintile were broadly similar across the five quintiles.

<sup>21</sup> See OfS, 'Student characteristics: Technical document'.

## Ethnicity

52. Figure 20 shows the completion rates for full-time students who reported having a mental health condition and those who did not, by ethnicity. In 2017-18, the completion rate for black entrants was 10.3 percentage points lower if they had reported having a mental health condition. This is the largest difference of any ethnic group. Asian students had the smallest difference in completion (2.7 percentage points). The differences for all other ethnicities were between 5.6 and 5.8 percentage points.

**Figure 20: Completion rates of full-time students by ethnicity for courses starting in 2017-18**



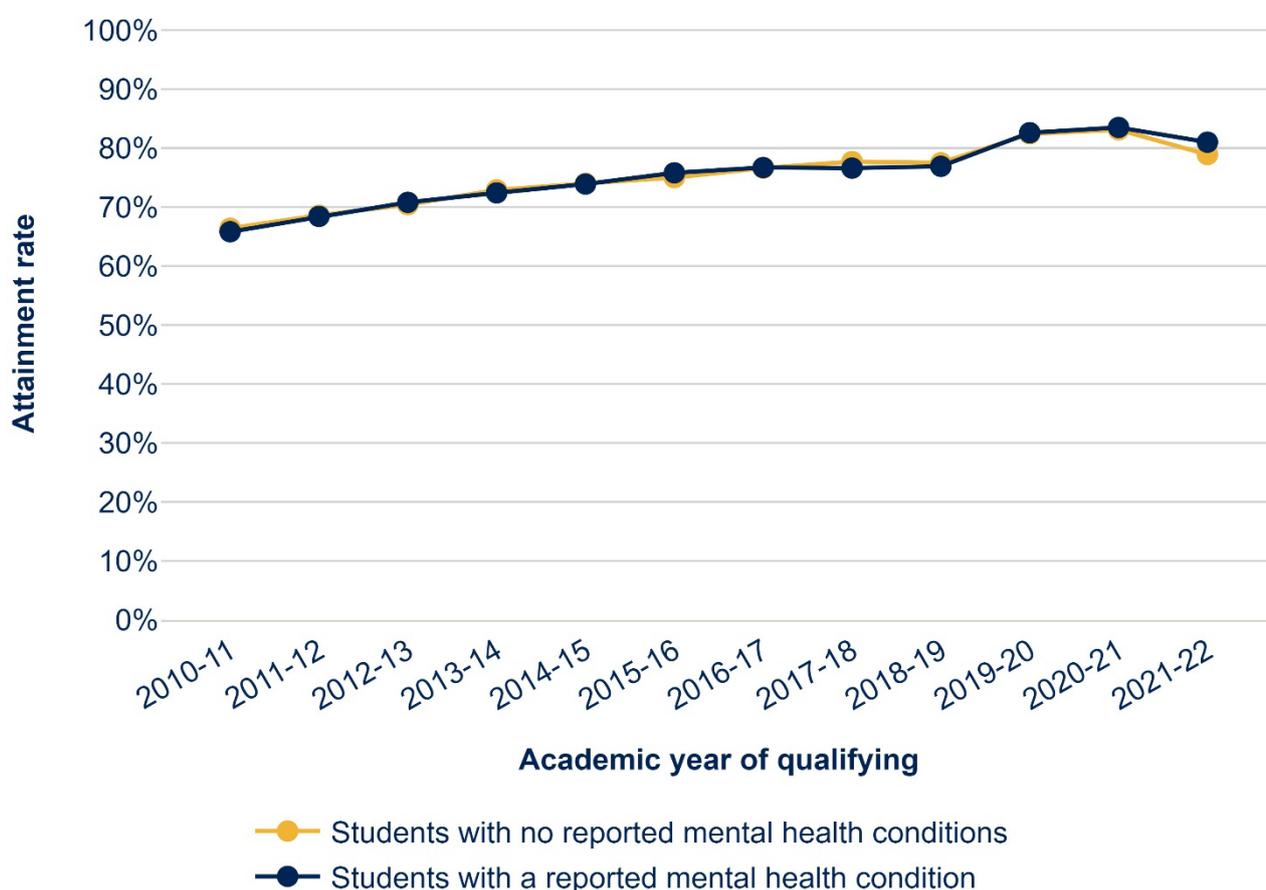
## Student attainment

53. This section explores attainment: the proportion of undergraduate qualifiers who achieve a first or upper-second for their first degree. Attainment rates are calculated for UK-domiciled qualifiers only.

54. The attainment rate for all full-time undergraduate students qualifying in 2021-22 was 79 per cent. For part-time students, it was 70.5 per cent.

55. Attainment rates were higher for full-time students who reported having a mental health condition. Figure 21 shows that the difference was -2.1 percentage points for 2021-22 full-time qualifiers. Across the time series, the difference had been close to zero (both positive or negative differences), and generally a lot smaller than the differences seen in the continuation and completion lifecycle stages.

**Figure 21: Attainment rates of full-time students who did and did not report having a mental health condition**

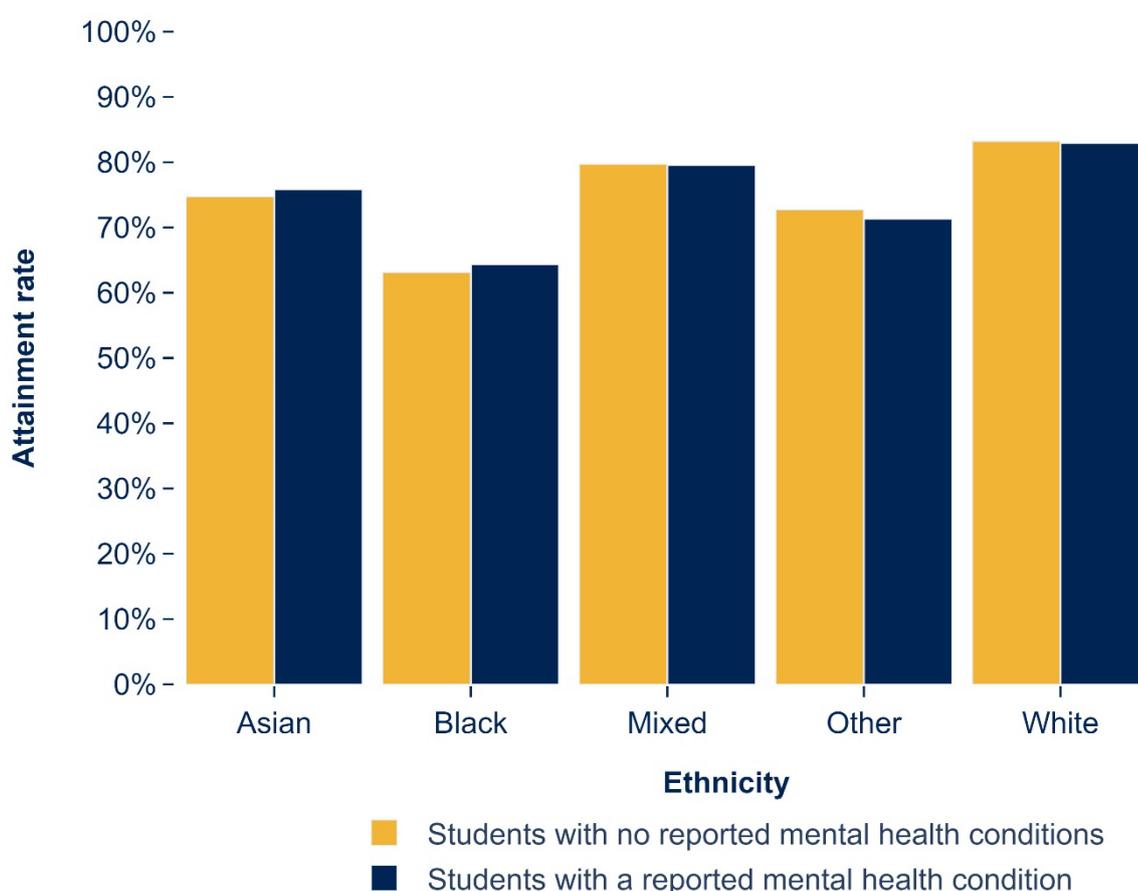


56. Attainment rates were higher for students who had reported having a mental health condition across most of the other student characteristics discussed in this report. For example, both young and mature students who reported having a mental health condition had better attainment rates than students who did not.

## Ethnicity

57. The only exception to this rule in the latest year of data (2021-22 qualifiers) was students with mixed, white and other ethnicities. However, the difference between students who did and did not report a mental health condition was still very small (0.2, 0.3 and 1.4 percentage points for the three ethnicities respectively) compared with other student lifecycle stages. This can be seen in Figure 22. These trends have been changing over the time series. The small number of qualifiers of specific ethnicities reporting having a mental health condition in earlier years make these rates more prone to natural variation. These differences can be seen in the data file accompanying this publication.<sup>22</sup>

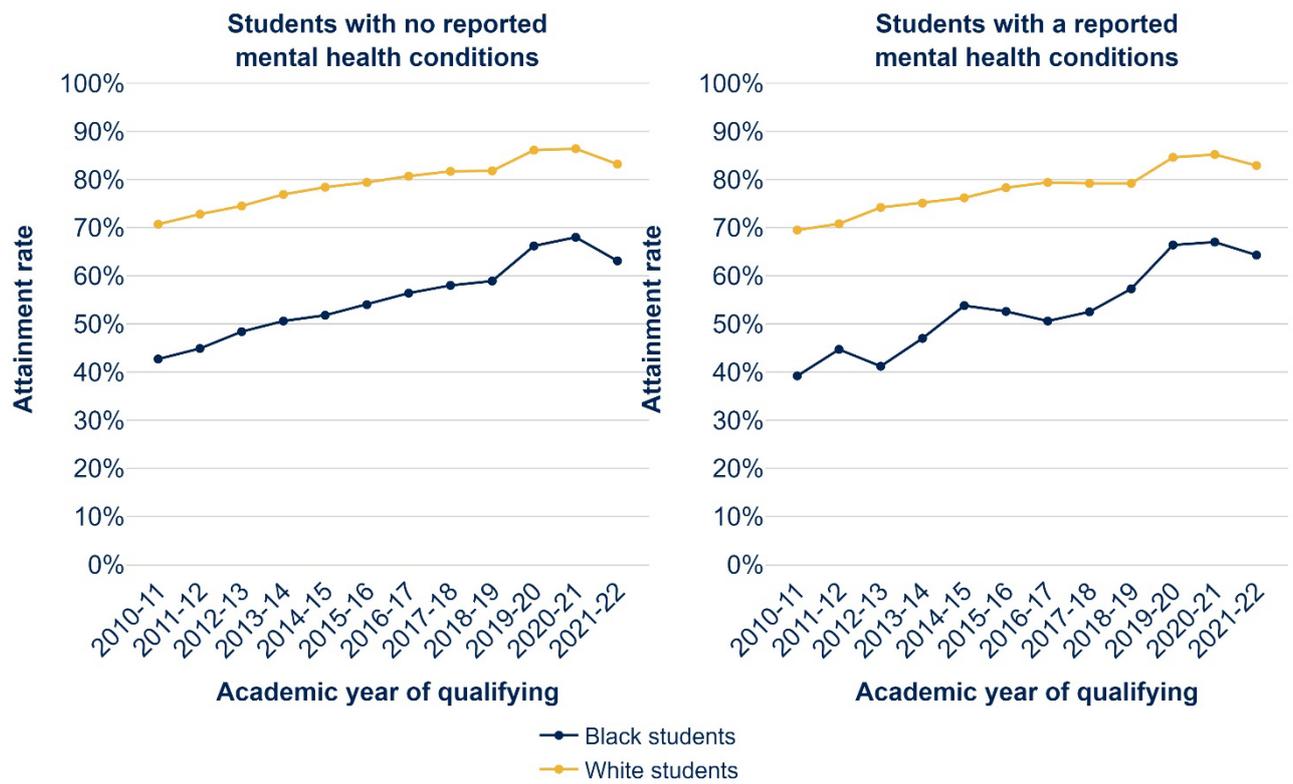
**Figure 22: Attainment rates of full-time students by ethnicity for courses starting in 2017-18**



58. Historically, the overall difference in attainment between white and black students has been large: it stood at 20.1 per cent for 2021-22 qualifiers, but reduced from 28 per cent for 2010-11 qualifiers. The difference between white and black students with a reported mental health condition used to be larger than for those without a reported mental health condition. However, the trend has reversed in the last four years in the time series, and the difference is now smaller (18.6 percentage points for students with a reported mental health condition, compared with 20.1 for those without). This is shown in Figure 23.

<sup>22</sup> See data downloads at '[Analysis of data of students reporting a mental health condition](#)'.

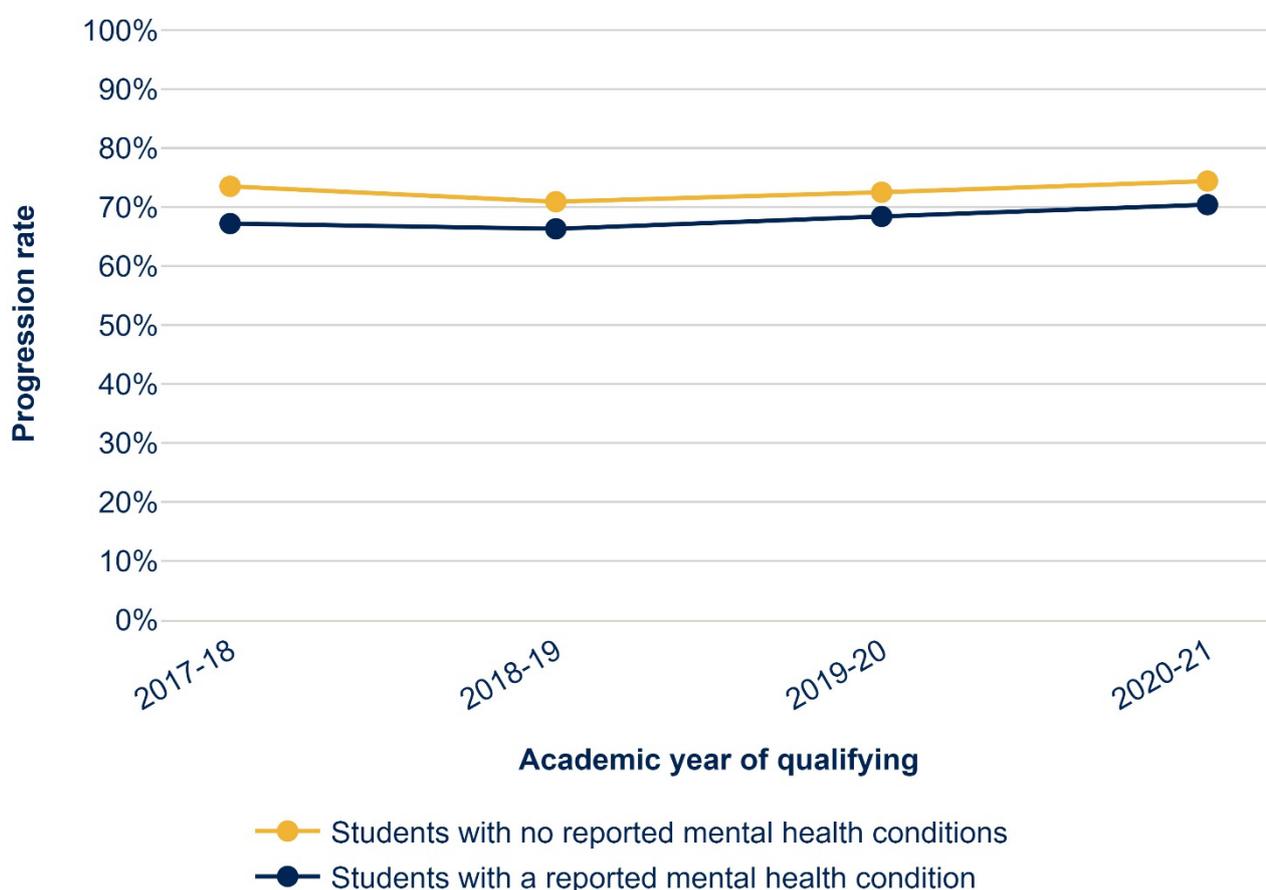
**Figure 23: Attainment rates of full-time students who did and did not report having a mental health condition, by ethnicity**



## Student progression

59. This section explores progression. This is the proportion of qualifiers who identify managerial or professional employment, further study, or other positive outcomes among the activities that they were undertaking at the Graduate Outcomes survey census date, 15 months after they left higher education. Progression rates are calculated for UK-domiciled qualifiers only.
60. The progression rate for all full-time undergraduate students qualifying in 2020-21 was 74.2 per cent. For part-time students, it was 79.7 per cent.
61. Progression rates were lower for both full-time and part-time students who had reported having a mental health condition than for students who had not. The difference was 4.0 percentage points for 2020-21 full-time entrants and has decreased from 6.3 percentage points in 2017-18. This is shown in Figure 24.

**Figure 24: Progression rates of full-time students who did and did not report having a mental health condition**

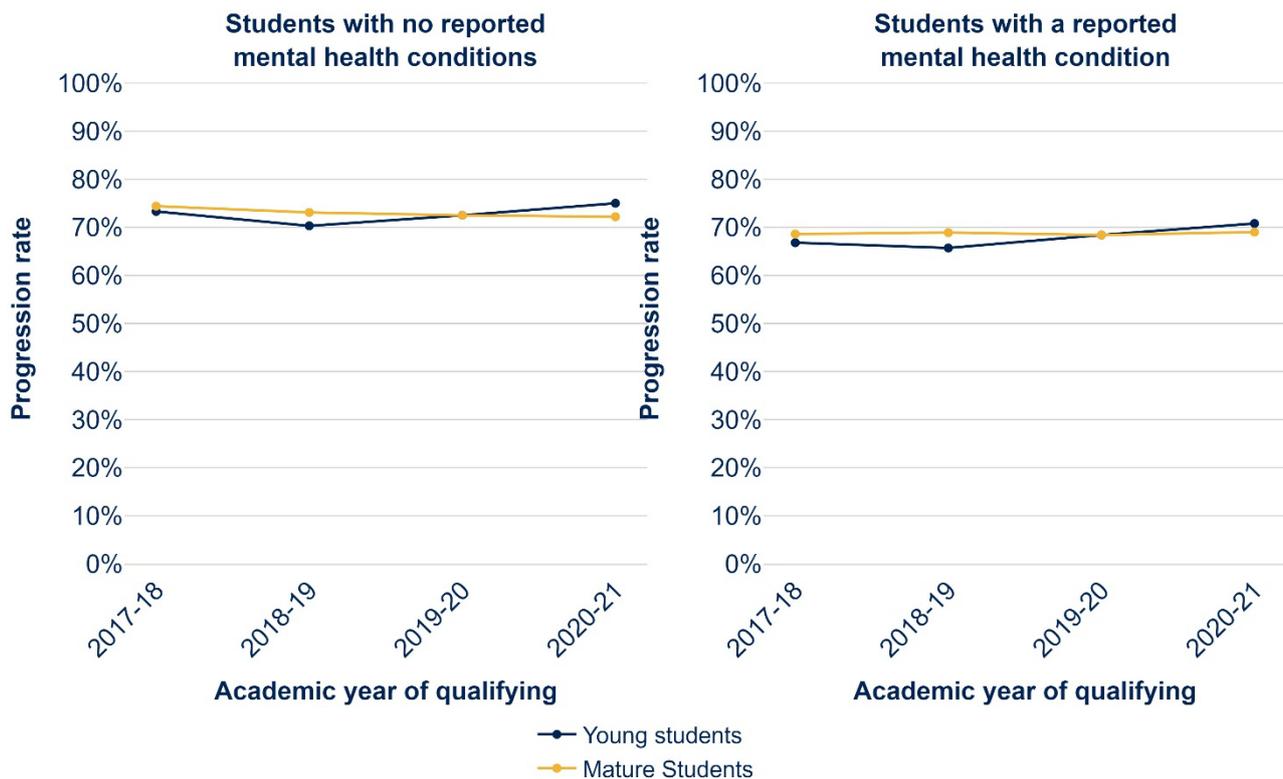


62. For full-time students who were under 21 at the start of their course, the difference between the progression rates for students who had reported having a mental health condition and those who had not has been narrowing. The difference was 6.5 percentage points for 2017-18 qualifiers, closing to 4.2 percentage points in 2020-21.

## Age

63. Figure 25 shows progression rates for full-time graduate who did not report a mental health condition and those who did, by age. For both groups, mature graduates had a higher progression rate at the start of the time series, but this trend reversed for those who graduated in 2020-21. In this most recent year, the difference is larger among those who did not report having a mental health condition (2.8 percentage points, compared with only 1.8 percentage points for those who had reported having a mental health condition). However, progression rates remain lower in both ages for those who reported having a mental health condition.

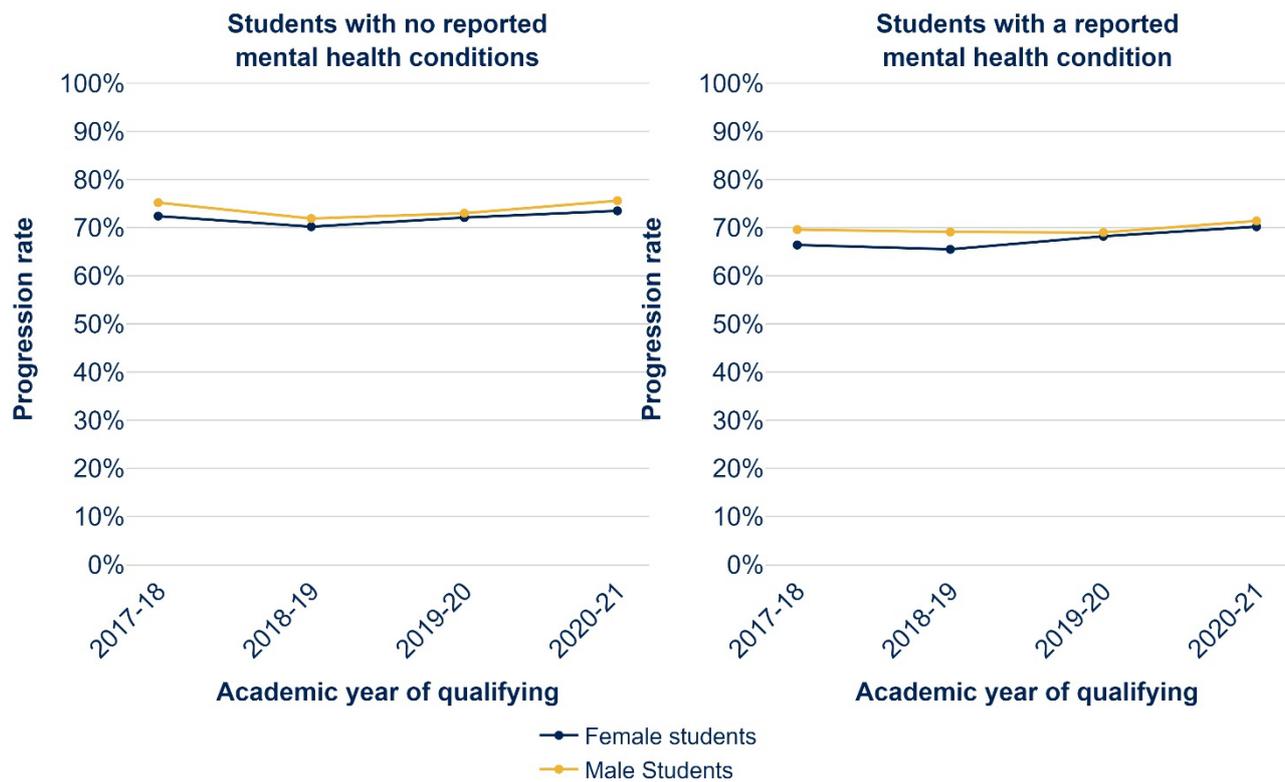
**Figure 25: Progression rates for full-time students who did and did not report having a mental health condition, by age**



## Sex

64. Figure 26 shows the difference in progression rates between students who reported having a mental health condition and those who had not, by sex. Unlike for continuation and completion, progression rates are higher for male students, whether or not they reported having a mental health condition. The size of the difference has been inconsistent throughout the time series. It was largest for those who did not report a mental health condition for graduates in 2017-18 at 2.8 percentage points, and smallest for graduate in 2019-20 at 0.9 percentage points. For those who did report a mental health condition, the difference between rates for female and male students was largest for graduates in 2018-19 at 3.6 percentage points and smallest for graduates in 2019-20 at 0.8 percentage points.

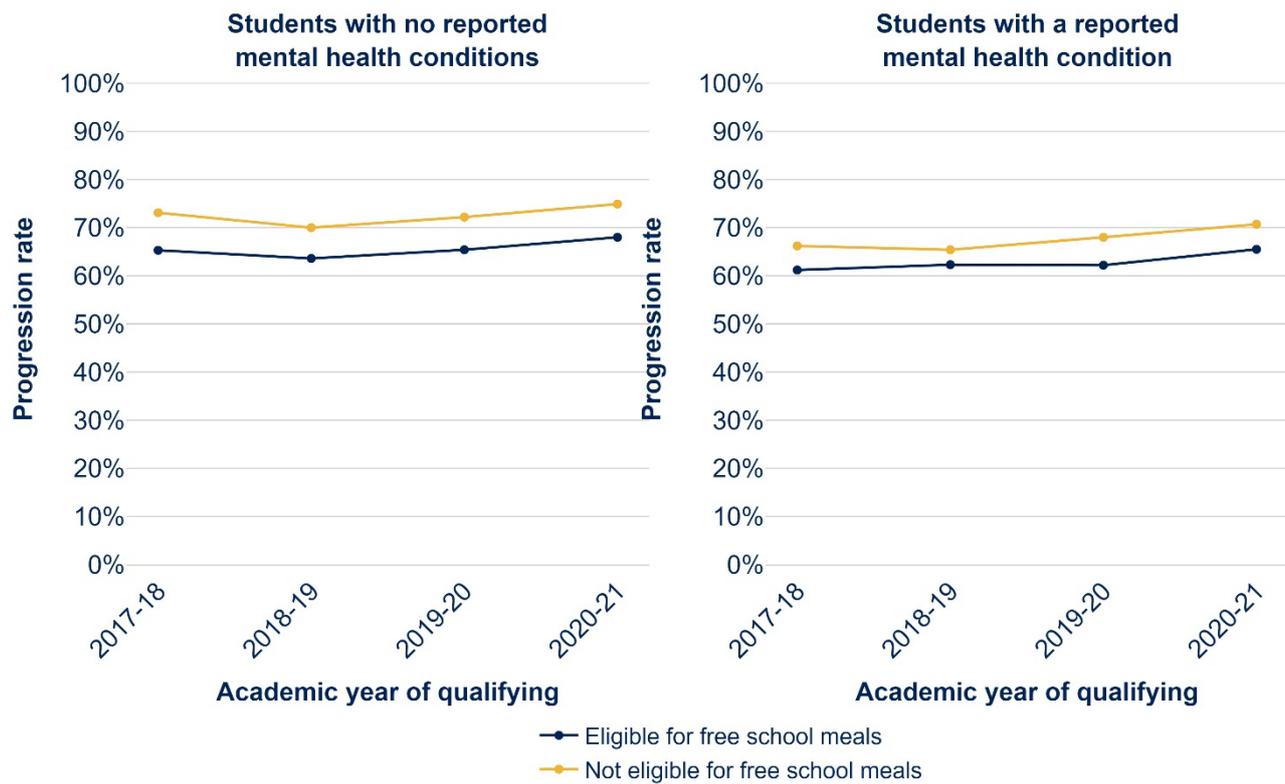
**Figure 26: Progression rates of full-time students who did and did not report having a mental health condition, by sex**



### Free school meals eligibility

65. Figure 27 shows progression rates for full-time graduate who did not report a mental health condition and those who did, by free school meals eligibility. It shows that students who were not FSM-eligible had higher progression rates whether or not they had reported having a mental health condition. It also shows that the size of the difference between FSM-eligible and non-FSM-eligible students is bigger for those who did not report a mental health condition (6.9 percentage points for 2020-21 qualifiers) than for those who did (5.2 percentage points for 2020-21 qualifiers).

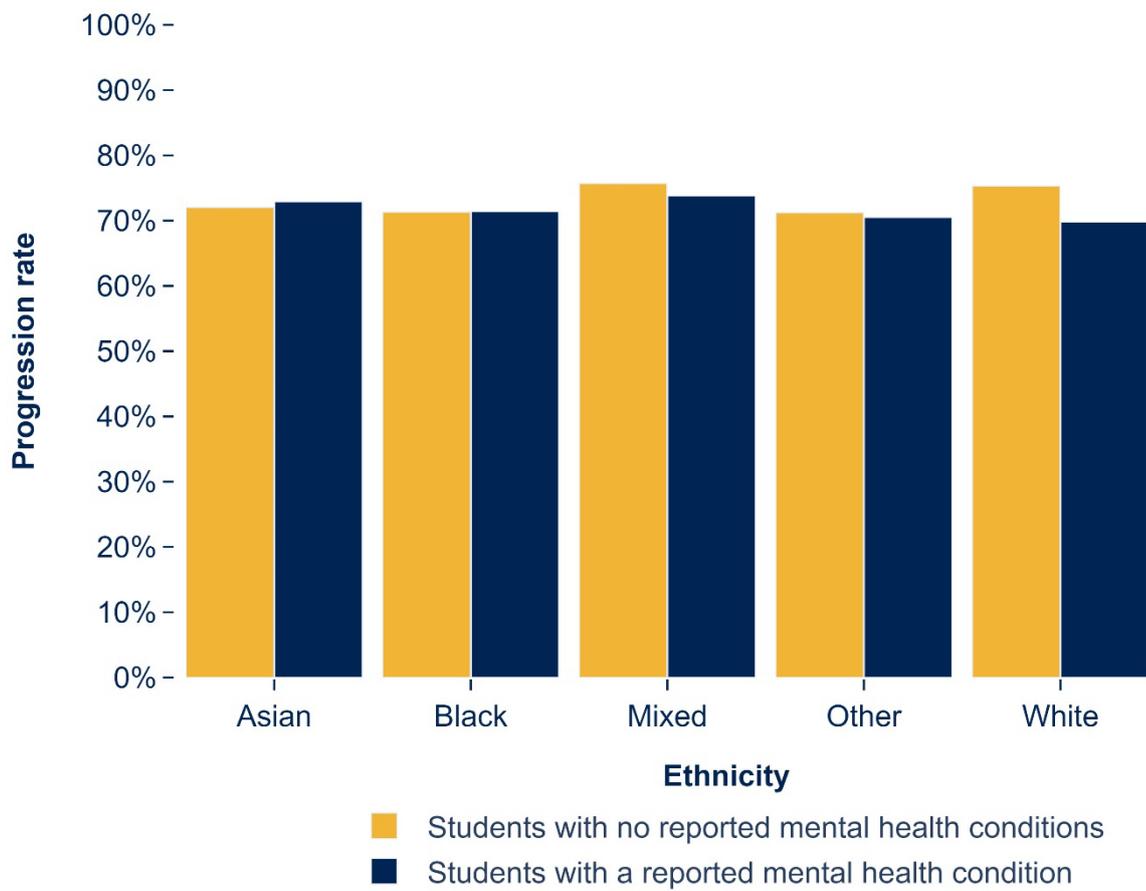
**Figure 27: Progression rates of full-time students who did and did not report having a mental health condition, by free school meals eligibility**



## Ethnicity

66. Figure 28 presents the progression rates for 2020-21 full-time qualifiers who reported having a mental health condition and those who did not, by ethnicity. It shows a very different pattern from those seen in the continuation and completion rates for different ethnicities. For example, Asian and black students who reported having a mental health condition actually have a higher progression rate than those without. However, these rates are based on a small number of Asian and black qualifiers, as these are the groups least likely to have reported a mental health condition. On the other hand, the difference between white qualifiers who did and did not report a mental health condition is much larger than those for other ethnicities, and also larger than the differences for white students at other lifecycle stages.

**Figure 28: Progression rates of full-time students by ethnicity for students qualifying in 2020-21**





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