

Insight

Insight 5 November 2019

Mental health

Are all students being properly supported?

Background

The definition of ‘mental health’ is broad and covers a spectrum from a diagnosed and declared mental health condition to positive mental health and wellbeing. Depending on how it is defined and measured, the rates of students reporting difficulties with their mental health can vary immensely.

Students with mental health conditions have needs and experiences that differ from those with such conditions among the general population. They may well be living away from home for the first time, and experiencing stress or isolation caused by long hours of study. Many now balance study with employment, and may worry about the growing cost of

living and how to manage their student loans. Some will face the challenge of discontinuity of care on arriving on campus, and later moving between campus and home.¹ Even students with good mental health can experience challenges during times of transition which affect their wellbeing, and universities and colleges² need to put systems and initiatives in place to support students through such challenges.

Mental ill health is a longstanding concern for universities, colleges and those who attend them. Many universities and colleges are working on practical steps, both to sustain wellbeing and to provide support when mental ill

More students than ever are reporting mental health conditions. This brief asks what approaches are being taken across the higher education sector to support them, and what more can be done. Using data available for the first time from the OfS’s access and participation dataset, it explores the outcomes and needs of students with declared mental health conditions. We consider whether universities and colleges are doing enough for students with different identities who have such conditions.

health arises. Onsite counselling and wellbeing support have all been features of campuses for decades.³ There have been

This Insight brief discusses issues relating to mental health. If you are affected by any of the issues raised then the Samaritans are open every day of the year. You can phone them on 116 123 or email jo@samaritans.org. Mind, the mental health charity, offers support by phone at 0300 123 3393 or online at www.mind.org.uk/information-support/helplines.

The Office for Students is the independent regulator of higher education in England. We aim to ensure that every student, whatever their background, has a fulfilling experience of higher education that enriches their lives and careers. We regulate to promote quality, choice, competition and value for money in higher education, with a particular remit to ensure access, success and progression for underrepresented and disadvantaged groups of students.

significant external campaigns in recent years, such as the Universities UK 'step change' framework for mental health in higher education. This promotes a whole-university approach to ensure that considerations relating to the mental health of students and staff permeate every aspect of a university's work and are embedded across all policies, cultures, curriculums and practices.⁴

Universities and colleges are increasingly linking up with NHS services to better integrate campus support with local primary care.⁵ Students have campaigned to improve support for mental health and wellbeing in universities and colleges, including shorter waiting times, as well as running longstanding volunteer services such as Nightline.

The increased awareness of mental health and wellbeing issues among students, the increase of the student population to the point where half of young people attend university or college, and the year-on-year rise in students seeking support for their mental health, have all put pressure on universities' and colleges' support services and on their staff. University counselling services

Definitions

- **Mental health conditions** are clinically diagnosable. They may be more or less severe, and their treatment pathways vary depending on the condition.
- **Mental ill health** is a broader term describing mental distress that may or may not be related to a diagnosable mental health condition.
- **Wellbeing** is broader still, and relates to people's thoughts and feelings about their own quality of life.⁶

are reporting longer waiting times,⁷ and student newspapers frequently raise concerns about mental health on their campus.

While there has undoubtedly been an increase in students seeking out help, this is not necessarily evidence that the current generation of young people (who make up the majority of entrants to higher education) is more prone to mental ill health. The Mental Health of Children and Young People survey, which uses clinically trained assessors to assess children for a range of mental health disorders, has seen only a 'slight increase' of 1.5 percentage points in the prevalence of mental health

conditions among children between 1999 (9.7 per cent) and 2017 (11.2 per cent).⁸ In 2017, the figures for those aged 17 to 19 were especially high for women. While 10.3 per cent of men of this age were assessed as having a mental health condition, this compared to 23.9 per cent of their female contemporaries.⁹

The Office for Students (OfS) takes a wide-ranging approach to encouraging, considering and sharing innovative and effective practice to improve the mental health and wellbeing of the wider student population. Our overall focus is on incentivising and promoting change across the whole higher education sector and student population. We

Suicide among students

Much of the press interest in mental health among students has focused on students who take their own lives. This attention runs the risk of making suicide seem especially common among students.¹⁰ In fact, there has been a significant fall in suicides of students since the 1990s. In 1993-94, 9.7 suicides were reported per 100,000 students.¹¹ The most recent figures available, from 2017, now report this figure as 4.7 per 100,000.¹²

Suicide rates among students are also significantly lower than among the general rate for people of the same age. For students aged 20 and under, suicide rates are 2.8 per 100,000, compared with 6.7 per 100,000 for the overall population of this age. For male students, the suicide rate is just over a third of the rate for men in the general population. Rather than suicide being an issue particular to students, it is a wider social problem, especially among young adults.

More generally, suicide rates alone are not a good measure of mental health. Not everyone who takes their own life has a mental health condition; nor is everyone with such a condition suicidal. But there is overlap between suicide prevention and good practice for mental health. We have funded guidance, developed by Universities UK and Papyrus, on suicide prevention and on how to offer support to students after a suicide has occurred.¹³

aim both to improve support for students with existing mental health conditions and to encourage universities and colleges to identify early warning signs that individuals may be at risk, as well as improving the wellbeing of all students.

This brief has a narrower focus, and is concerned primarily with students with mental health conditions. It looks at:

- understanding effective practice for improving mental health among students
- the outcomes and needs of specific groups with mental health conditions, based on OfS access and participation data and on wider research
- the role of universities and colleges in addressing their students' mental health, and innovative practice in the sector.

Understanding effective practice for improving mental health among students

Universities and colleges cannot be expected to replace services traditionally offered by the NHS. Rather, they are linking up with the NHS to ensure students with severe conditions get access to the right care. The University of the West of England is leading a partnership to improve care for students in need of mental health support by establishing five regional hubs for collaboration between universities, students' unions and the NHS.¹⁴

Universities and colleges interact with the NHS in a variety of ways. In our recent survey of support for disabled students, respondents described seeking medical advice, support and involvement in delivering workshops and awareness projects.¹⁵ Some interaction is more formal, such as involving NHS specialist staff on university and college committees (including health and wellbeing committees), forming

Projects funded by the OfS Challenge Competition

Enhancing students' mental health through innovation and partnership

OfS funding will help the University of Birmingham establish a 'hub' of qualified therapists and volunteers with mental health experience who will offer brief therapeutic interventions for students without the need for appointments or waiting lists.

The project will run for 30 hours per week, 50 weeks per year across the campus, ensuring easy access to specialist support for students when they need it. To deliver this project, the university will work with the Children's Society, Birmingham Women's and Children's NHS Foundation Trust, and Forward Thinking Birmingham.

Aiming to enhance mental and social health and wellbeing

Led by the University of Sussex, and working with the University of Brighton and the Mental Health Foundation, the Students in Transition at University: Aiming to Enhance (SITUATE) project will produce a sustainable best practice model for the higher education sector. It will support students and promote positive mental health and wellbeing at key educational transitions: from before university to university, and between years at university. The project will focus on prevention and early intervention.

The project's key intervention will be a mental health peer education training programme, delivered by older students to younger students to coincide with transitions. The project will design and deliver interventions for all students, but will specifically involve communities of students who are from ethnic minority backgrounds or who are LGBT+.

partnerships with NHS services, having a GP practice on site, or offering drop-in sessions with nurses for students.¹⁶

At a sector level, the OfS is helping to ensure universities and colleges are places which promote a safe, healthy and inclusive experience. We have an important role in identifying systemic gaps in student advice and support. We co-ordinate with other organisations, commissioning research and funding initiatives. Our aim is to incentivise change and encourage solutions to ensure the best possible outcomes for students.

In 2019, through the OfS Challenge Competition, we funded 10 large-scale projects to achieve a step change in mental health outcomes. These projects cover a variety of innovative approaches to facilitating better mental health and wellbeing for students. The partnerships involve more than 50 partners including universities, further education colleges, sixth form colleges, local NHS trusts and charities. The innovative approaches include developing curriculums and pedagogy that enable better mental health; developing better partnerships with local NHS trusts; early

intervention; taking a whole-university approach; and how technology can be used to match students in need with appropriate health and wellbeing support.¹⁷

What the data tells us about specific groups

Concerns about the level of mental health conditions among students are of long standing.¹⁸ What is of emerging importance is how other factors, such as ethnicity and sexuality, impact outcomes and support for students, and how universities and colleges might consider an intersectional approach. Through the access and participation plans universities and colleges submit to the OfS, we are able to monitor continuation and attainment gaps for students who report a disability, including mental health conditions, taking action when universities fall short.

We have therefore used our access and participation data to highlight substantial gaps in student outcomes and areas of concern for universities and colleges. This analysis enables us to explore how the challenges of dealing with a mental health condition are compounded and made more complex by intersections with ethnicity and sexuality.¹⁹ We can thus identify some of the unique challenges for these marginalised groups, and also what universities and colleges can do to ensure these students have equality of opportunity while on their courses.

The proportion of UK-domiciled full-time students studying in England reporting a mental health condition has increased from 1.4 per cent in 2012-13 to 3.5 per cent in 2017-18.²⁰ This figure is almost certainly an underestimate for a number of reasons:

- Firstly, a stigma remains around mental ill health and students may feel uncomfortable or worry about being discriminated against if they declare a

condition. A 2019 Unite survey showed that, of students with such a mental health condition who responded, 53 per cent had declared it to their university.²¹ This means that the actual number of students with a mental health condition is likely to be substantially underestimated.

- Secondly, disability information (including whether a student has a mental health condition) is recorded by universities and colleges at the student's point of entry to higher education. Universities and colleges returning data to the Higher Education Statistics Agency (HESA) are advised that this information should be updated annually, but it is unclear how common this practice is, especially among those 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.²²
- Thirdly, of students who self-report a disability and are full-time (or apprenticeship) undergraduate students, 15.8 per cent declare 'multiple

impairments' and we do not know for how many students this 'multiple' includes one or more mental health conditions.²³

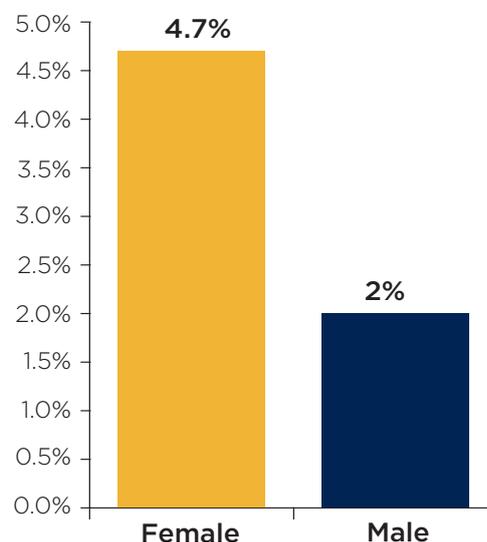
This increase in reporting has seen a simultaneous rise in students using universities and colleges' support services. Responses to a 2017 survey by the thinktank IPPR showed that 94 per cent of universities' and colleges' counselling services saw an increase in demand over the previous five years, with 61 per cent reporting a rise of over a quarter.²⁴

The OfS access and participation dataset²⁵

As in the NHS figures, a disparity between men and women is evident in our access and participation figures. There is an incidence rate of 2 per cent and 4.7 per cent respectively among full-time students who entered higher education in 2017-18 (see Figure 1).

Students now come from a diverse range of backgrounds.²⁶ Wider studies show that people from lower socioeconomic backgrounds, those from minority ethnic backgrounds and those who are lesbian, gay, bisexual, transgender or of other

Figure 1: 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 because of their small sample size.

minority sexualities and sexual identities (LGBT+) are more likely to experience mental ill health.²⁷ Young women are considered a risk group for mental health disorders, and make up a substantial part of the undergraduate population.²⁸

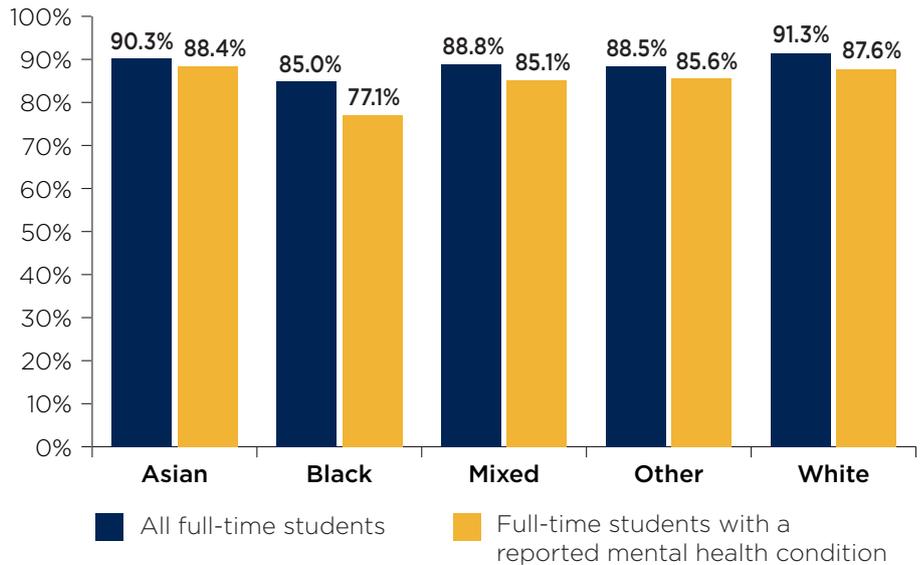
The impact of this intersectionality is reflected in the experience of students entering higher education. Those full-time students who described their ethnicity as 'mixed' were most likely to report having a mental health condition (4.5 per cent), with white students having the second highest proportion (4.1 per cent).²⁹ Among part-time students, those who came from the most deprived areas of Britain (Index of Multiple Deprivation quintile 1) were most likely to report having a mental health condition, while those from the least deprived were least likely to do so.³⁰

Full-time students who reported a mental health condition have lower continuation, attainment and progression rates than full-time students overall. In 2016-17, 86.8 per cent of full-time students with mental health conditions continued their studies after their first year, compared to 90.2 per cent of all full-time undergraduates. In 2017-18, graduates who had reported a mental health condition were marginally less likely to be awarded a 1st or 2:1. Among full-time students who graduated in 2016-17, 69.2 per cent of those with declared mental health conditions progressed into skilled work or further study compared with 73.1 per cent of all undergraduates.³¹

Ethnicity in the access and participation dataset

There is a wide variation in outcomes when looking at ethnicity. Figure 2 shows the continuation rates by ethnicity for all full-time students and for full-time students who reported having a mental health condition. Black full-time students who

Figure 2: Continuation rates of full-time students by ethnicity for courses starting in 2016-17

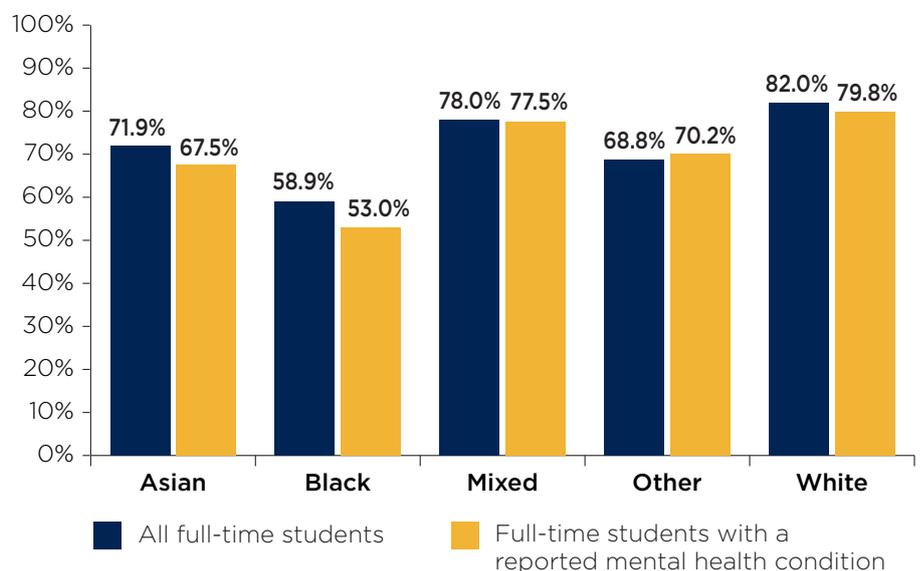


report a mental health condition have some of the lowest continuation and attainment rates. Only 77.1 per cent continued to their second year, compared with 85.0 per cent for black full-time students overall. This was also 8 percentage points lower than any other ethnicity with a mental health condition.

Since 2013-14, the continuation rates for full-time students who reported a mental health condition improved in all ethnic groups apart from black students, for whom the gap increased.³²

Only 53 per cent of black students studying full time who reported a mental health condition graduated with a 1st or 2:1. The degree attainment gap between black and white students with a mental health condition is extremely high at 26.8 percentage points (see Figure 3). This figure is higher than the gap for all full-time students by 3.7 percentage points. This gap persists, but is less pronounced, when looking at the proportion of black and white students with mental

Figure 3: Attainment rates of full-time students graduating in 2017-18 by ethnicity



health conditions who go on to further study or highly skilled employment (4.7 percentage points).³³

These gaps show that black students with mental health conditions are being failed throughout the student cycle. Barely three-quarters remain in study beyond their first year; of those who reach their final year barely half get a 1st or a 2:1; and they are less likely to go on to a graduate job or further study. Universities and colleges need to pay heed to the different experiences of students with mental health conditions and put in place tailored support to close these gaps.

Studies have suggested that ways forward for universities and colleges might include the following:

- Prioritising culturally competent approaches to support services.
- Support services and campaigns addressing black students specifically, as black people with a mental health condition are in general less likely to disclose it, and may feel less able to open up in a multi-ethnic group.³⁴
- Linking up with black, Asian and minority ethnic groups and the students' union on campus, to understand their unique challenges and support needs. This could help foster a greater sense of belonging for black students at university and college.³⁵

Groups not covered in the dataset

LGBT+ students

Multiple studies show that LGBT+ people, especially transgender and young people, are more likely to suffer from mental health conditions.³⁶ The September 2019 issue of the journal for University and College Counselling stated

that 'As a profession, we are just beginning to understand the needs of transgender students on college and university campuses.'³⁷

The worry is that not only do we not know the full extent of mental ill health among LGBT+ students because of the way such statistics are collected, but also that their specific needs are not fully understood by support staff.

Possible ways forward include:

- Encouraging relevant staff to work with LGBT+ groups on campus or local LGBT+ charities to better learn about the views and experiences of LGBT+ students.
- Advertising counselling and support services specifically for LGBT+ students.³⁸
- Ensuring services are trans-friendly by allowing transgender and nonbinary students to self-identify on forms and in person.³⁹
- Considering that suicide prevention schemes could be particularly necessary given the high rates of suicidal thoughts and attempts among young LGBT+ people.⁴⁰

International students

International students face a number of challenges in higher education. They are often further away from family and existing support networks than their UK peers. There are often language barriers and cultural differences to contend with. For some students, it can be the first time they experience being identified as an ethnic minority and the discrimination that can accompany it.⁴¹

At a university and college level, a number report that international students are less likely to use campus counselling and wellbeing services than their British peers.⁴² We have funded a partnership led by the University

of Nottingham to discover what works in improving international students' mental health.⁴³ Studies suggest a number of ways in which universities and colleges can achieve parity between the proportion of international and home students accessing their counselling and support services:

- Prioritising culturally competent approaches to support services.
- Engaging students as soon as they arrive in the UK, or even before. This can be done through the international office, social media, emails and students' union groups.
- Establishing targeted promotion and awareness-raising specifically for international students.
- Working with students' union groups for international students, and considering translating materials into other languages.⁴⁴

Intersectional practices

The challenge for universities and colleges is to recognise how identities intersect and overlap, multiplying the difficulties students with mental health conditions face. Universities and colleges need to listen to the affected students and ensure that their unique needs are met.

To better understand their student population and the additional barriers they may face, we encourage universities and colleges to use their own data to understand their student population. They could look at where mental health conditions intersect with other characteristics (for example, LGBT+ status, ethnicity, or being the first in a family to enter higher education), to understand the additional barriers that such students face and what steps they could take to support them in overcoming these.

The law and regulation

Under the Equality Act 2010, universities and colleges have a legal requirement to make ‘reasonable adjustments’ for disabled students, including those with a mental health condition.⁴⁵

There are a number of avenues for recourse when a student with a mental health condition feels a higher education provider has not done enough to help them. They can raise the issue with their provider through its complaints procedure, make a complaint to the Office of the Independent Adjudicator after they have exhausted the provider’s internal complaints procedure, and as a last resort take their provider to court.

For the last four years, the Office of the Independent Adjudicator has noted in its annual reports that mental health issues are a major concern in the cases it examines.⁴⁶ This type of action does, however, place the onus on the student to challenge their university or college, which takes time and can be stressful.

Through our regulation of access and participation plans, we require providers to analyse the position of students reporting different types of disability and the intersection of these with other characteristics, to identify any gaps in relation to access, success and progression into further study and work for these students. Providers must establish targets and plans to address these identified gaps over a period of five years, and to demonstrate how they will evaluate whether they are succeeding. One provider noted in a recent survey on how OfS funding has been used that gaps in attainment ‘have highlighted disabled students and mental health difficulties, it’s really pushed this up the agenda’.⁴⁷

We also use funding to promote and support effective and inclusive practice (for example the Challenge Competition Mental Health projects, and supporting the University Mental Health Charter), and the identification and sharing of effective support practices.

Through this combination of requirements for individual higher education providers and sector-wide support, we expect universities and colleges not only to fulfil their duties under the Equality Act 2010 but also to provide the best possible learning environment for students with mental health conditions.

Student response

Universities and colleges need to engage with their students to understand the particular needs they face across the whole range of mental health. In the past year, issues student newspapers have highlighted have included opaque ‘fitness to study’ procedures, the lack of flexibility in mitigating circumstances, and the lack of counselling staff from ethnic minority groups.⁴⁸

Perceptions of their university or college’s mental health services can also have an impact on whether a student seeks support. Consultations

by students’ unions at the London School of Economics and the University of Chester saw many students reporting that they were put off using counselling because of reports of long waiting times, because the staff were overworked, and because there was a cap on the number of sessions available to them and they did not want to ‘use up’ their sessions too early.⁴⁹ What these reports and associated newspaper articles suggest is that it is not enough to raise awareness of mental illness, but that universities and colleges need to be clear about

the services they offer and should consider offering a broader range of support.

As shown in our recent survey of support for disabled students, over 90 per cent of universities and colleges are encouraging students to disclose disability at any point in the student lifecycle.⁵⁰ Raising awareness is laudable, but must be accompanied by easily accessible support systems to help students after they disclose.

Having well-advertised and robust services can lead to higher disclosure rates and better continuation rates. In the

same survey, one institution commented that the support it provides has enabled it to reduce the stigma in disclosing mental health conditions,⁵¹ which has resulted in higher disclosure rates and attracted applications from students with mental health conditions. The head of counselling services at Brunel University London reported that, in 2014-15, without intervention, the university could have seen 250 students not continue their course.⁵²

Recently, some universities have asked students to name a parent or guardian who can be contacted in the case of mental ill health. A Higher Education Policy Institute survey of current students showed that 15 per cent supported their parents or guardians being made aware of concerns about their mental health under any circumstances, and 66 per cent in extreme circumstances.⁵³ It is clearly important that this is done with informed consent by the students, and with the recognition that individual circumstances will be different. Universities UK has set up a task force to consider these issues, which will be reporting in the coming months.

Conclusion

This brief has pointed to the importance of looking at the data on students with mental health conditions, including the links between different datasets, and at these students' specific needs. The large gaps in attainment and continuation rates between black students with a mental health condition and their white peers are a cause for especial concern. The poorer outcomes of these students suggest that the overlap of multiple identities can have a drastic effect on students' experience at university. It underlines that issues of intersectionality are crucial when it comes to understanding

differences in students' outcomes in and experiences of higher education.

We expect that universities and colleges will use the access and participation data to work towards closing gaps between students who report a mental health condition and those who do not. Similarly, universities and colleges should have systems in place to collect up-to-date information on student characteristics, as mental ill health can develop at any time in a student's career. This will help universities and colleges to implement changes across the whole range of their activities, from induction to the curriculum to support services. Continuing commitment from senior leaders to mental health support is necessary to ensure this change is embedded. Partnerships and collaboration at all levels are essential to tackling mental health challenges.

To aid the sector in achieving these goals, we will assess the impact and success of the Challenge Competition projects we have already funded, disseminating effective practice in supporting groups of students with different characteristics, and approaches based on whole student populations. To help support a whole-university approach, we are co-funding a £15 million programme with Research England for 17 projects that examine the mental health of postgraduate research students.⁵⁴ We are supporting the launch of the refreshed Universities UK step change framework.

We are also supporting the student-led development of a sector-wide University Mental Health Charter, in collaboration with the mental health charity Student Minds. This aims to deliver improved mental health and wellbeing outcomes for students and staff in higher education across the UK. The charter will be an essential tool in

driving continuous improvement across the sector, facilitating the sharing of effective practice and delivering cultural change in tackling issues relating to mental health. It will provide a set of key principles to support universities and colleges in developing their approach, together with a voluntary award scheme evaluating them against the charter's principles and rewarding effective practice.

To better understand student perceptions of the support services on offer at their university or college, we will run a consultation on the National Student Survey in spring 2020. This will be a further tool for universities and colleges and the OfS to measure whether students are in fact receiving appropriate advice and support. This will help the sector better understand the often complex and specific needs of students, as well as encouraging universities and college to be upfront about the support students can expect.

Notes

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- 2 In this brief, for the sake of readability, we have used 'universities and colleges', or sometimes simply 'universities', to refer to what our regulatory framework and other more formal documents call 'higher education providers'.
- 3 Tinklin, T, S Riddell and A Wilson, 'Support for students with mental health difficulties in higher education: The students' perspective', British Journal of Guidance & Counselling, 2005, pp495-499.
- 4 Universities UK, '#stepchange: Mental health in higher education' (<https://www.universitiesuk.ac.uk/policy-and-analysis/stepchange/Pages/default.aspx>).
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- 13 Universities UK, 'Guidance for universities on preventing student suicides', September 2018 (<https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Pages/guidance-for-universities-on-preventing-student-suicides.aspx>).
- 14 OfS, 'University of the West of England: Implementing a strategic approach to mental wellbeing in higher education' (www.officeforstudents.org.uk/advice-and-guidance/promoting-equal-opportunities/addressing-barriers-to-student-success-programme/university-of-the-west-of-england/).
- 15 IES, 'Review of support for disabled students in higher education in England', p99.
- 16 IES, 'Review of support for disabled students in higher education in England', p99.
- 17 OfS, 'OfS Challenge Competition: Achieving a step change in mental health outcomes for all students' (www.officeforstudents.org.uk/advice-and-guidance/student-wellbeing-and-protection/improving-mental-health-outcomes/).
- 18 Tinklin, Riddell and Wilson, 'Support for students with mental health difficulties in higher education', pp495-512.
- 19 Crenshaw, Kimberle, 'Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics,' University of Chicago Legal Forum, 1989, pp139-167.
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- 23 OfS, 'Access and participation data analysis', p4. 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.
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- 31 OfS, 'Access and participation data analysis', pp7, 9-10, 10.
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