

MINDING OUR FUTURE

STARTING A CONVERSATION ABOUT THE SUPPORT OF STUDENT MENTAL HEALTH



Universities UK

INTRODUCTION



With half of all school leavers going to university, students now form a significant group within the young adult population. But their health needs remain largely unrecognised.

To avoid longer-term personal, social and economic consequences, these needs should be addressed early. Students should be included in the ambition to create a **stepped pathway** between educational settings and mental health services.

We need to improve the links between local NHS services and the support that universities provide. It requires a partnership approach at the local level to assess needs and to design and deliver services for students.

This research sets out students' characteristics and vulnerabilities. It dispels commonly held misconceptions and describes opportunities.

It is essential that these young people are provided with the right support at each step of the pathway.

Paul Jenkins

Chair, Universities UK Task Group on Student Mental Health Services

LIVED EXPERIENCES



“I feel like my degree is something that I would really enjoy and something I would thrive at, but being so unwell has meant that I haven’t been able to fulfil the experience as I would like to.

Izzy, King’s College London

LIVED EXPERIENCES

“After I was discharged from home services I had no mental health or GP support while I was back during the holidays. Since I was home for four weeks at Christmas, and another four at Easter, this was a problem!

Undergraduate student



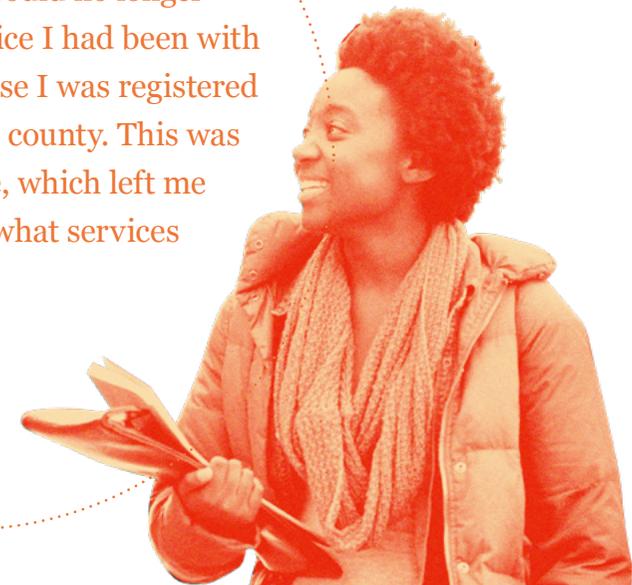
“My mental health kept getting worse because of having to constantly retell my traumatic story to then only be told that a service couldn't help my specialist need.

Undergraduate student



“When I moved out of my home area to university, I could no longer access the NHS service I had been with for over a year because I was registered with a GP in another county. This was a difficult experience, which left me feeling uncertain of what services I could receive.

Undergraduate student



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* Graduates enjoy higher levels of wellbeing and lower levels of mental ill health than non-graduates.

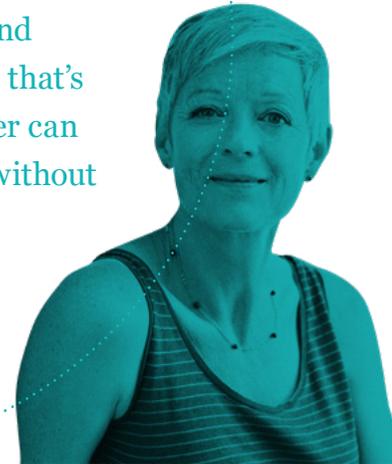
* Students with mental health problems are more likely to experience disruption to their education through taking time off, attempting to continue their studies without the support they need, or dropping out altogether.



“Quick access to mental health services is a problem. Referrals take a long time; talking therapies take much, much longer. In the interim, students are missing classes, falling behind with coursework, and needing help. The impact on grades can be huge...
Grand Challenges, Student Minds

“My daughter is in her first semester of her first year at university and our experience is a disjointed, complicated, stressful and timely one. I have provided the role of case worker to help join up the dots, communicate and facilitate her best use of the help that’s out there. I can see how a sufferer can very easily slip through the net without this support and motivation.

University Challenge, Student Minds



* Young people with a mental health condition are more likely to experience difficulties in their future employment.

* International students may face additional barriers because of differences in culture and language, and a lack of information on how care services in the UK work.



“There always seems to be a lag in transferring records between GPs and my records have been misplaced more than once.

University Challenge, Student Minds

“If I had received help earlier I am sure I would not have cost the NHS anywhere near as much as five years of inpatient treatment no doubt has done, and I would maybe be further into recovery and enjoying a better quality of life.

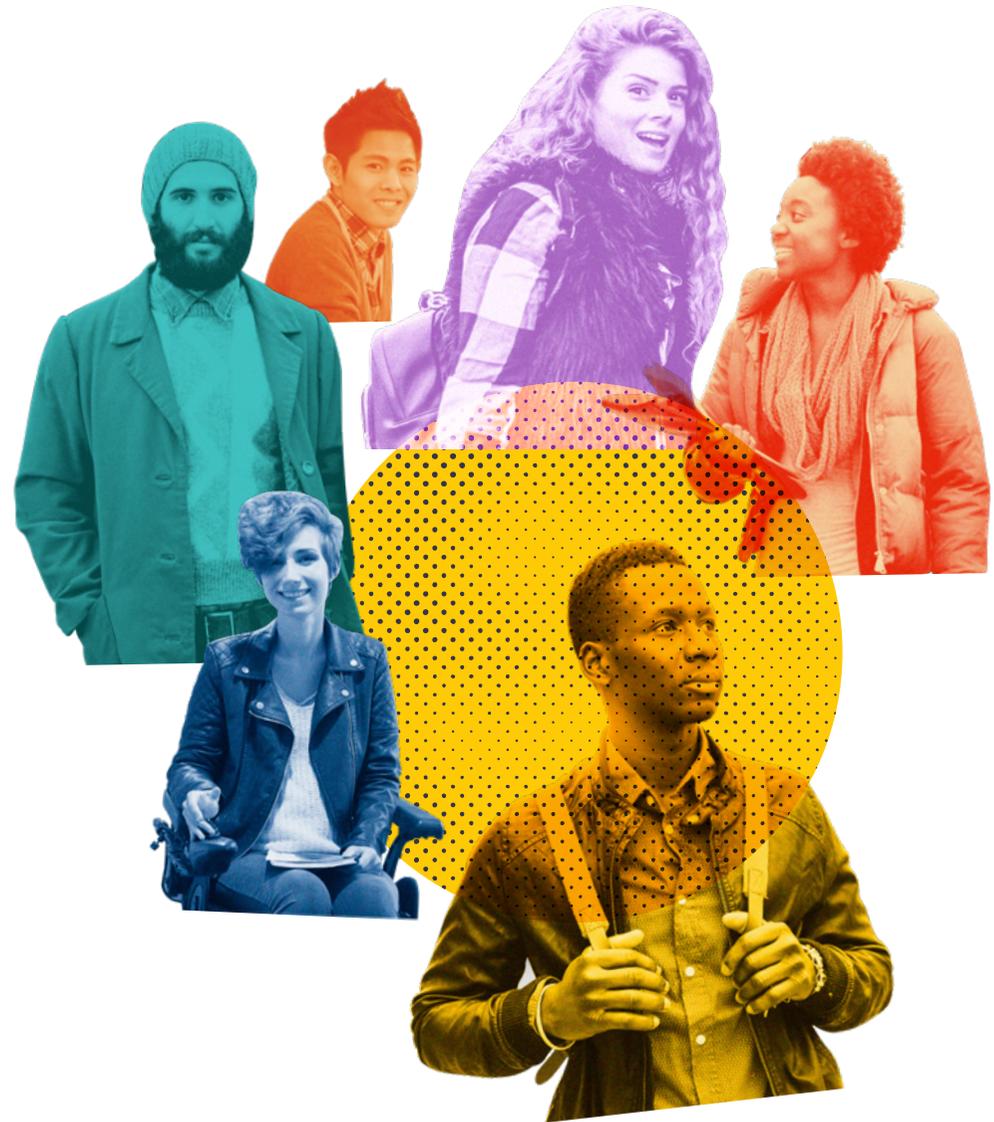
University Challenge, Student Minds



STUDENTS ARE NO LONGER AN ELITE MINORITY

Half of all young adults will access higher education by the time they are thirty.

As numbers have grown, the student population increasingly resembles the wider young adult population in its diversity and characteristics. Support within universities and NHS services needs to build from a nuanced understanding of the differing identities and characteristics of individual students.



2.3 million

TOTAL STUDENT POPULATION

MODE OF STUDY

FULL-TIME:

1.8 m

PART-TIME:

518,930

COUNTRY OF ORIGIN

FROM THE UK:

1.87 m

FROM NON-UK:

442,375

AGE

UP TO 24:

1.54 m

ABOVE 24:

736,385

SEXUAL ORIENTATION

BISEXUAL:

27,445

GAY MAN:

17,380

GAY WOMAN/LESBIAN:

8,290

HETEROSEXUAL:

1.07 m

OTHER:

20,600

ETHNICITY

WHITE:

1.42 m

BME:

395,690

GENDER

MALE:

991,670

FEMALE:

1.29 m

DISABILITY STATUS

NON-DISABLED:

2.02 m

DISABLED:

256,995

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* Being the first in a family to attend university, and having to take up paid work while studying due to financial pressures have both been identified as risk factors for poor mental health among students.

* In 2017, 20.4% of 18-year-old English-domiciled young people from low participation neighbourhoods (POLAR3 quintile 1) entered higher education, compared to 11.2% in 2006.

* LGBTQ+ students are also at a higher risk for depression and anxiety.



YOUNG ADULT MENTAL HEALTH

While the young adult population enjoys good physical health compared to the general population, the same cannot be said for their mental health and wellbeing. In the wider young adult population, there is a rise in common mental disorders, driven particularly by increased depression and anxiety in young women.



* The Prince's Trust has indicated that young people have the lowest levels of happiness and confidence in their emotional health since reporting started in 2009.



The incidences of mood, anxiety, psychotic, personality, eating, and substance use disorders peak in adolescence and early adulthood: 50% of mental health problems are established by age 14 and 75% by age 24.

Proportion of people aged 16–24 in England who experienced a common mental health disorder in the past week (%)



STUDENT MENTAL HEALTH

The 2.3 million students studying at UK universities are an important mental health population, with distinctive characteristics and vulnerabilities.

There is limited direct evidence on student mental health; the most reliable data is provided by proxy measures of disclosure and demand for services.

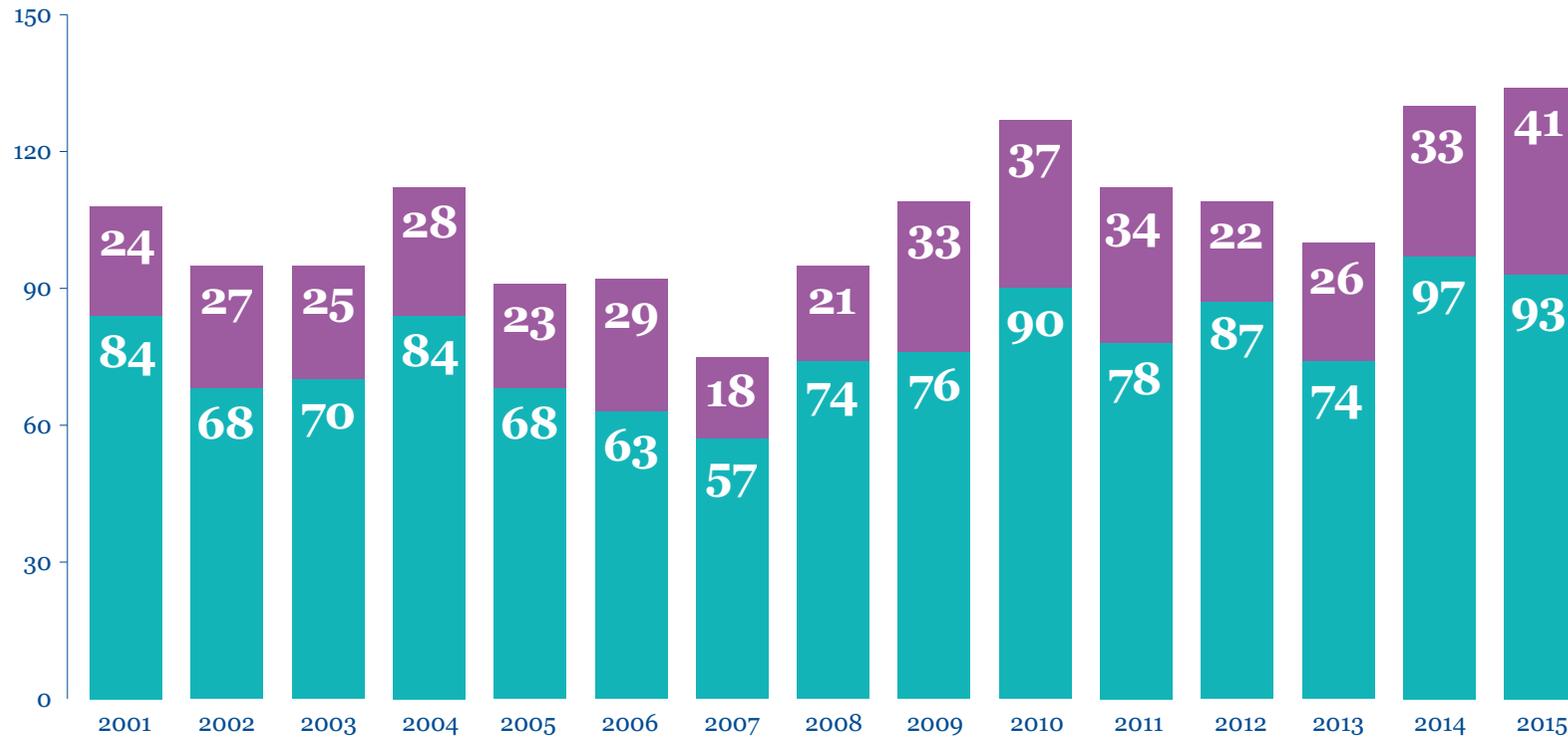


The number of students disclosing a mental health condition to their higher education institution is increasing

POSTGRADUATE

UNDERGRADUATE

In recent years, there has been a steady increase in the number of student suicides. Several universities in the UK have experienced a number of student suicides within a short period of time.



The number of student suicides in England and Wales has increased since 2001

FEMALE MALE

The ONS is currently working with the HESA to improve the reliability of the national dataset and a more robust calculation of rate per hundred thousand. This will publish in May 2018. The above graph will be amended accordingly.



* Research by the IPPR found that over the past five years, 94% of universities have experienced a sharp increase in the number of people trying to access support services, with some institutions noticing a threefold increase.

* According to Unite Students' *Insight report 2016*, students scored 15% and 22% lower than the total UK population on all four wellbeing measures (life satisfaction, life worthwhile, happiness, low anxiety).

* The number of students dropping out of university with mental health problems has more than trebled in recent years.

SUPPORT SERVICES IN UNIVERSITIES

Higher education settings are often the first and only time in young adults' lives in which work, leisure, healthcare and social support are provided in the same place. This provides the perfect setting for universities and health services to embed positive mental health, strengthen protective factors, work to reduce risk factors, and take opportunities to intervene early in mental illness or distress.



Universities have a duty of care to support students experiencing mental health difficulties and to safeguard those at risk.

Universities provide a wide range of support services, including wellbeing and counselling services, and in some cases General Practitioners (GPs) and specialist mental health services. However, they cannot do this alone. If students experience difficulties including distress or a mental disorder, effective liaison with NHS care services is essential.



Universities UK's *Stepchange* is a strategic framework to improve the mental health of students and staff.



71% of higher education institutions **monitor lecture attendance** of all students, which can be used as an indicator for early intervention.



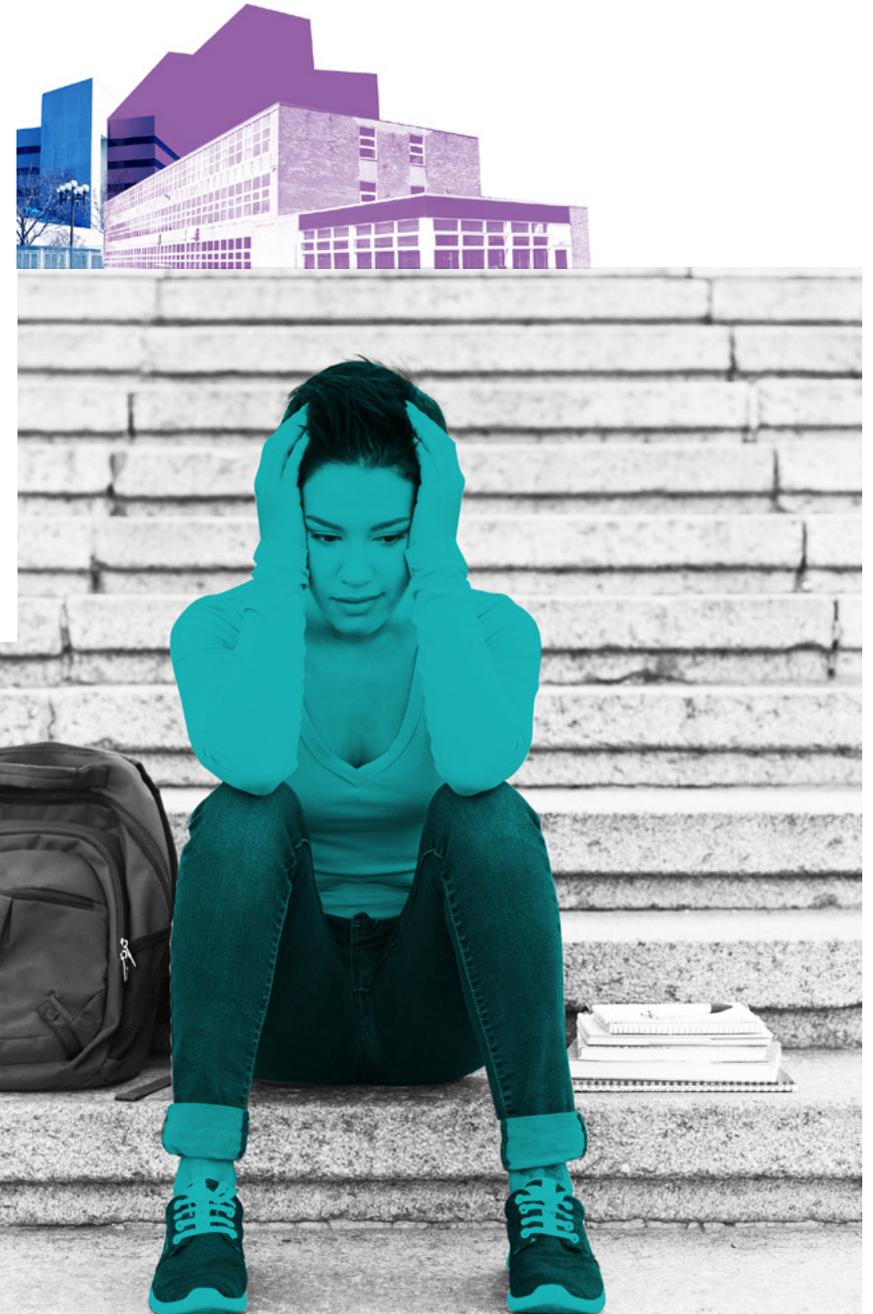
45% of institutions have a student GP based on-site.



In 33% of institutions, students can access NHS mental health practitioners on-site.

WHERE ARE THE GAPS?

For most students, university is an enjoyable and life-changing experience. For a significant minority, including those who have a pre-existing mental health condition, the transition into higher education may be difficult to deal with and may disrupt existing informal support or formal care. For others who develop difficulties during their time at university, access to appropriate care can be challenging.



GEOGRAPHICAL

In many instances, students move to a new county – or even country – to enrol at university. This may result in registering with a new GP in their university area. Those who move away to study typically return home at the end of each term for several weeks or months.

EDUCATIONAL

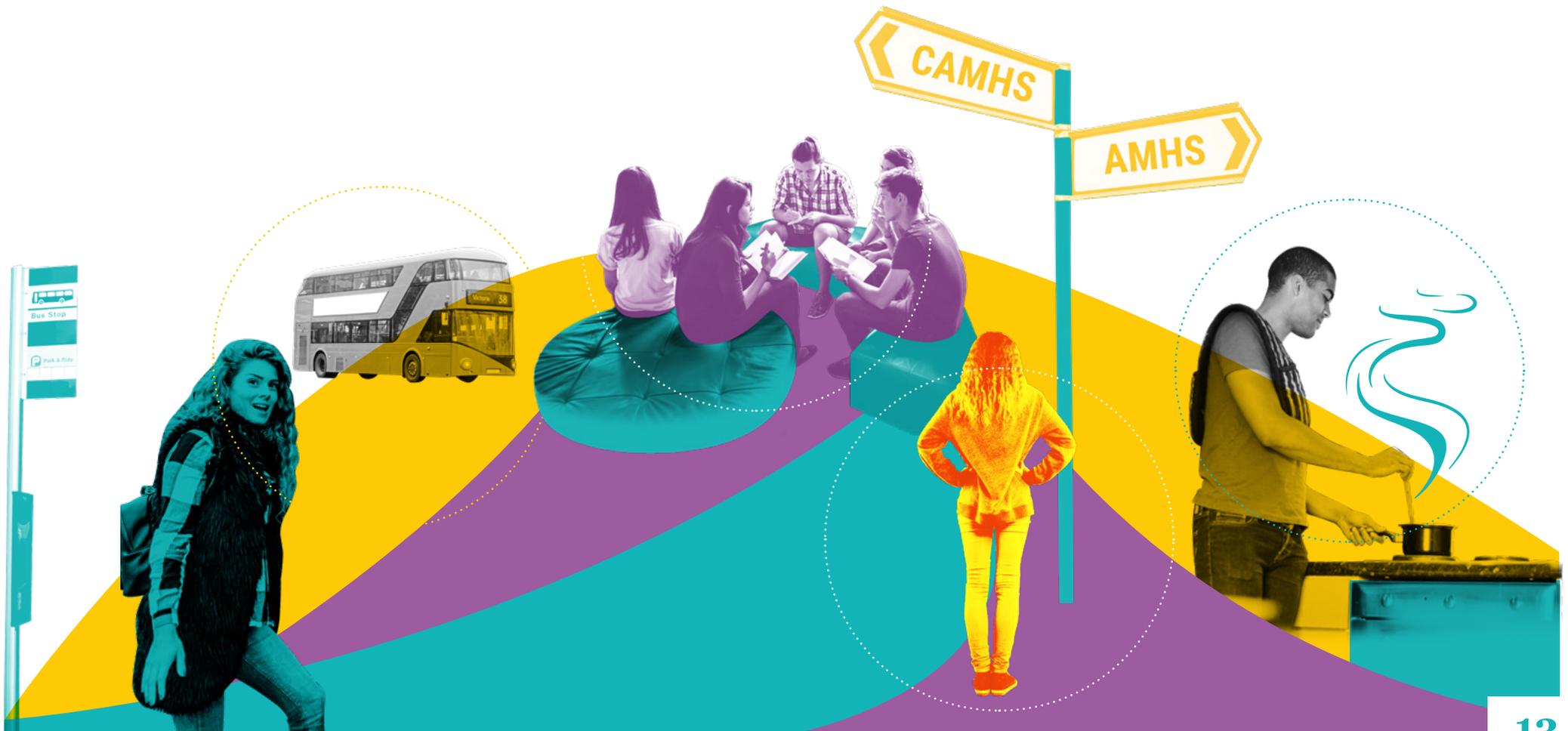
Students enrolling at university transition to an education system that requires more independent learning than the teaching they experienced at school or college.

SERVICES

Many students are at the age at where the mental health services they receive move from child and adolescent mental health services (CAMHS) to adult mental health services (AMHS).

PERSONAL

Students who move away from home to attend university acquire financial and domestic responsibilities and pressures. Some might also be experimenting sexually for the first time, having relationships and experiencing break-ups.



“No matter how good the local university area services are, maintaining treatment can still be a major challenge, due to student mobility and them moving from home to university and back.

Dr Michael Doherty, Vice Chair – Royal College of Psychiatrists Northern Ireland Executive Committee & Officers



* Although the NHS is starting to consider students as an **atypical population**, significant difficulties remain with the coordination of care between primary and specialist care and with the support provided by universities.

* **PATIENT DATA:** As students move between GP and university services, information about their condition and treatment rarely travels with them. This means that students either need to repeat their situation several times, acting as their own case co-ordinators, and access treatment and support with incomplete information, or not access it at all. Better sharing of patient records is essential to address potential discontinuity of care.

* **ROLE of PARENTS/CARERS:** Parents and carers seeking to actively support the coordination of care around their adult children may be frustrated by issues of data protection and consent. Note that a number of students do not have parental or carer support: this estranged group may be particularly vulnerable and require targeted support.

* **MOBILE POPULATION:** As well as the well-described transition between child and adolescent mental health services, and adult mental health services, students can fall between home GPs and university GPs, often moving back home in a period of crisis. **Dual GP registration is unlikely to provide a solution.**

* **SPECIALIST NEEDS:** More students are arriving at university with pre-existing mental health disorders. Some of these disorders – in particular eating disorders and autistic spectrum disorder – require effective coordination of specialist care and adjustment of the student environment.

* **FUNDING ANOMALIES:** GP funding is allocated via the General Medical Services funding formula, and allocated according to the number of patients each surgery serves. On top of this, surgeries can receive **additional funding to help treat patients** with certain long-term physical illnesses. This funding does not extend to the treating of mental health conditions. As surgeries that serve university populations treat a higher proportion of patients with mental health conditions, a funding gap develops, of up to 66% in some cases.

STARTING A CONVERSATION

In many cities and regions, students form a substantial proportion of the population. Local partnerships are forming between universities, NHS organisations and local authorities to develop mental health strategies to improve the design and delivery of services for students. Universities UK will be working with health and education government bodies to identify how they can be best supported by national policy.

STUDENTS ATTENDING GREATER
MANCHESTER'S FOUR UNIVERSITIES

99,025

GRADUATES PER YEAR

33,000

INTERNATIONAL STUDENTS

19,000



One of the priorities identified in *Five Year Forward View* was for the NHS is to take decisive steps to break down the barriers in how care is provided.



Health and Education Committees recognised the role of education in children and young people's mental health.



The Secretary of State for Health and Social Care identified the 'need to look at the wide variations in mental health provision available for students'.



The joint education and health department green paper *Transforming Children and Young People's Mental Health Provision* proposed a strategic partnership to improve the mental health of 16–25-year-olds.

NEW MODELS OF STUDENT CARE

With the development of Sustainability and Transformation Partnerships (STPs), the NHS has moved to a place-based approach to planning and prioritising services to make improvements to health and care. The approach is built from the need of the local population and through partnership working with local authorities, schools, businesses and the third sector. Universities are already part of these strategic relationships, through training health professionals and driving research and innovation.

Student mental health needs to become a shared priority, to ensure that the mental health needs of students are understood, and services are redesigned to integrate university support with NHS care more effectively.

Such an approach would bring benefits not only for students and for their universities, but also for the NHS: immediately by more effectively managing demand and by

improving outcomes; and in the longer-term by providing a tractable model for similar approaches to other populations. Such approaches can support the existing momentum to deliver the Five Year Forward View for Mental Health and align with models of future provision.

Examples of place-based approaches to care for students are now starting to appear across the UK.

Students who experience mental health problems need a single experience of care as they move from university support to NHS provision, both at university and at home. This unified service model has to be underpinned by shared data and informed by an agreed assessment of local need. It should start with conversations between students, higher education institutions and local care services to describe strategic relationships, working together on the basis of agreed values to achieve a shared set of outcomes.

WAYS OF WORKING

ENGAGING PARTNERS

The services need to organise locally and address service issues as they arise. They should be developed with local multi-agency input, including the local Clinical Commissioning Groups, Public Health teams, and secondary care organisations including mental health trusts, and higher and further education leads.

ASSESSING NEED

Needs should be quantified and based on aggregated individual data and the local implications from published epidemiological evidence. This involves a strategic approach, potentially by a team such as Public Health or Local Authority, carrying out a Joint Student Strategic Needs Assessment (JSSNA) for the city or geographical area.

FOCUSING ON PREVENTION

Universities work with partners to promote positive mental health and wellbeing. This includes initiatives to support individuals, strengthen communities and reduce stigma and reduce barriers to positive mental health. Measures are taken to make reasonable adjustments for those students with pre-existing conditions.

INTEGRATING DELIVERY

Links between NHS providers and student services to create 'student mental health teams' will help support students within university provision and facilitate timely and seamless referrals for those who need specialist help. 'Student passports' will help students address services at university and at home where required.

JOINT DEVELOPMENT

Commissioning – informed by discussions with students' unions and institutions – will be at the heart of ensuring services meet the needs of students with mental health disorders.

MAPPING ASSETS

Strategic relationships should bring together the appropriate skills, experience, expertise and attitudes to meet young peoples' needs.

CO-PRODUCTION

The services should be user-centred and co-produced with students. Health care and educational objectives are addressed together.



GENERATIONAL CHALLENGE



A place-based, collaborative model of planning and delivering mental health support and treatment to students offers huge opportunities both for universities and for the NHS.

In some areas the NHS, universities and colleges, local government and third sector are already starting to form strategic partnerships. They are developing a common approach to shared problems, supported by common values anchored in a commitment to human flourishing.

Students have the potential to be the ‘poster child’ for an integrated, place-based approach to meeting the distinct needs of a sub-population. These local partnerships depend on open, honest, and broad dialogue about the collective challenges we face. Students must be at the centre of these partnerships and must lead and sustain the changes.

It will not be easy. But this is too pressing and too important to postpone. Sometimes it is about doing the right thing at the right time. That time is now!

Steve West

Chair of the Universities UK Mental Health in Higher Education Advisory Group

CONTACTS

For media enquiries, please contact the Universities UK press office.

For questions concerning Universities UK's ongoing programme of work in mental health in higher education please contact [John de Pury](#), Assistant Director of Policy or [Gedmintė Mikulenaite](#), Policy Officer (Mental Health in Higher Education).

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