STUDENT MENTAL HEALTH IN HIGHER EDUCATION – AN ATTEMPT TO UNDERSTAND A CHANGING STUDENT POPULATION AND PREPARE FOR THE FUTURE

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Abstract

Within UK higher education there is an 'overwhelming consensus' [1] that the student demand for mental health support is rising.

Over the last five years the proportion of disabled students who declared a mental health condition increased from 5.9% in 2007-08 to 9.6% in 2011-12 and from 0.4% to 0.8% of the entire student population. [2]

UCAS reports the numbers of UK accepted applicants declaring a disability increased from 23,772 in 2008-09 to 34,625 in 2013-14 [3]

In a recent report the drivers for this considerable increase in demand were identified as:

a more open culture in society concerning mental health; changes in healthcare leading to more reliable diagnoses at much earlier stages of students' lives, and better quality treatment allowing students to access HE who would not have been able to do so in the past; institutions developing a reputation for supporting students; and greater financial and academic pressures on students leading to problems emerging during studies. [1]

The same report identified '*increasing numbers disclosing pre-arrival; increasing needs emerging while students were at university; and increasing complexity of problems ... alongside other impairments'*.[1]

Other types of disability support needs are not growing at the same rate: HE institutions are '*not seeing the same level of increases in the numbers of students with complex physical or sensory impairments'*. [1]

In 2012 the Mental Health Foundation reported that one in four people in the United Kingdom will have some kind of mental health difficulty in any given year. [4] This does not seem to be an issue confined to the UK - the European Commission has estimated that mental illness is experienced by one in 11 EU citizens [5]; evidence from Australia suggests that *a substantial number of students may be attempting to complete university studies while managing problematic symptoms, behaviours or an emerging or diagnosed mental disorder* [6], and reports from the USA suggest that '*college students were reporting the lowest levels of emotional health in 25 years'*. [7]

Buchanan [8] identifies poor mental health as having a negative impact on educational achievement as it presents a barrier to learning: something that '*occupies our mind, preventing us from focusing the necessary attention on what needs to be learnt'*. [9] This is clearly evidenced in a range of statistics, for example the simple fact that disabled students are more likely than non-disabled entrants to have left HE after their first year of study [10], and the assertion by Lipson et al: *Overall, 35.5% of undergraduates met criteria for at least one mental health problem* [11].

Thus poor mental health can have a profoundly negative impact on students and consequential negative effects on the HE institution. But these negatives do not have to be the only outcome – with appropriate support, students with a wide range of disabilities can 'perform above the sector average in terms of degree attainment' [12]. (In the UK this 'appropriate support' would include the support provided by the Disabled Students Allowance)

This paper provides an outline of some key research into student mental health and provides examples of current best practice in terms of supporting students, engaging with mental health and supporting all staff, academic and non-academic, in a shared endeavour to help students overcome the stigma of poor mental health and the associated educational challenges they often face.

Keywords: Disability, Mental Health, Higher Education, Undergraduate, Student Support, Pastoral Care.

1 STUDENT MENTAL HEALTH – A BRIEF LITERATURE REVIEW

Mental health encompasses the emotional resilience that enables us to enjoy life and to survive pain, disappointment and sadness, and an underlying belief in our own, and others' dignity and worth. It also allows us to engage productively in and contribute to society or our community. [13]

This guidance document from Universities UK (UUK) goes on to discuss the importance of mental wellbeing and the impact that adverse life events can have, for example bereavement or the end of an important relationship. These factors can impact on anyone at any time in their lives but students in higher education may be particularly susceptible for a number of reasons:
Transition points in life can be particularly challenging: at the start of their courses, many students are likely to be adapting to significant changes in their lifestyle at a time when they are themselves adjusting to study. [13]

For example, new undergraduates may need to

- separate from family and existing friends
- move to a new area or country
- experience a range of different cultures
- communicate in a language in which they are not fully fluent
- meet unfamiliar modes of learning, teaching and assessment, and unfamiliar
- professional requirements
- manage changed financial circumstances, including living on greatly reduced
- incomes or taking out loans for the first time
- balance study with being a parent or carer, or part-time or full-time employment
- manage the transition from home to university life
- make the transition from home to university local health providers and support services.

[13]

According to the 2012 report from the Mental Health Policy Group in the UK [8], half of all ill-health reported in Britain by people under 65 is due to mental illness: it accounts for nearly 40% of morbidity, in contrast, for instance, to cancer (3%) and cardiovascular disease (6%). *Subsequently, in Britain the cost of treating mental ill-health accounts for the greatest proportion of the NHS budget, at approximately £105 billion per year, and this is predicted to rise.* [8]
Neither is this prevalence unique to the UK: the European Commission (2008) estimates that *mental illness is experienced by one in 11 EU citizens*. [8]

Outside Europe, research from Australia suggests that *the presence of mental health problems in university students is increasingly highlighted in international literature as an area of importance. Moreover, mental health problems in this cohort appear to be increasing in numbers and severity ...* [6]

This is reinforced in a study from Curtin University, Australia who found that *within the university community, student demographic data highlights a high level of cultural diversity and an 'at-risk' population for the onset of mental health problems. Moreover, the transition to higher education is itself associated with a range of emotional, social and academic demands that can cause psychological distress. Therefore, at any one time, a substantial number of students may be attempting to complete university studies while managing problematic symptoms, behaviours or an emerging or diagnosed mental disorder.* [6]

The report also asserted that *University communities contain an 'at-risk' population for mental ill-health. This occurs because the age at which young adults are engaged in higher education tends to coincide with the age of onset of a number of mental disorders, such as anxiety, depression and schizophrenia, as well as substance abuse problems.* [6]

Other research from Australia confirms that poor mental health is also a major health concern and is said to account for 13% of the country's disease burden in 2005 [14]

Young adults have the highest prevalence for mental disorders, with 26% of people aged16–24 years and 25% of people aged 25–34 years having had a mental disorder [14] and that *university students experience significantly higher levels of psychological distress than the general population* [14]

Another Australian study found that *83.9% of university students reported elevated psychological distress (scoring in the 'moderate' category or above)* with 19% of this group scoring within the 'very high' category indicative of serious mental illness.
This was seen as *an alarmingly high figure* in contrast with the general population where scores of this kind are estimated at only 2% of population. [14]

Studies in the US also suggest that poor mental health is a widespread problem, at least in the English-speaking world:
'... the overall rate of psychiatric disorders in the 18 to 24 year age bracket is high, with about half having had a psychiatric disorder in the past year.' [7]

Some studies have observed wide variations in mental health among students of different disciplines:
Overall, 38.9% of students in the humanities and 44.4% of art and design students met criteria for at least one mental health problem, which is significantly higher than the overall rate of 33.8%.
Some of this variation was attributed to the 'unique set of stressors' experienced by Art & Design students: *Art students receive a certain level of technical training ... but have constant pressure towards innovation and originality. Instructor critiques may also be quite harsh and sometimes delivered in a public setting.* [11]

So in broad terms, and with credible evidence from a number of countries, University communities *contain an 'at-risk' population for mental ill-health*. [6]
Many reports claim that this link is related to both age and study: *the age at which young adults are engaged in higher education tends to coincide with the age of onset of a number of mental disorders, such as anxiety, depression and schizophrenia, as well as substance abuse problems.*
The transition to higher education is also associated with a range of emotional, social and academic demands that may increase students' levels of psychological distress.
[6]

2 SOME CHARACTERISTICS OF POOR MENTAL HEALTH

A 2013 survey by the national Union of Students (NUS) in the UK ranked the symptoms of mental distress experienced by students. *For HE students, stress is the most often felt feeling of mental distress, followed by demotivation and 'feeling down'*. [15]
These are the most frequently reported symptoms, from the most often reported (top of the list) to those reported less often (lower in the list):

- Stress
- Lack of energy or motivation
- Feeling unhappy/down
- Anxiety
- Insomnia/trouble sleeping
- Depressed feeling
- Irritability or anger
- Feeling of hopelessness/worthlessness
- Sudden mood changes
- Panic
- Numbness/lack of emotion
- Hypersensitivity to others
- Paranoia
- Thoughts of self-harm

- Suicidal thoughts
- Another feeling of distress

[15]

The same NUS survey found that the *contributors to feelings of mental distress are primarily course and work related. These are key triggers across all symptoms/feelings. Those experiencing the more 'severe' symptoms/feelings are more likely to have more triggers* [15].
These are the most frequently reported triggers, from the most often reported (top of the list) to those reported less often (lower in the list):

- Course workload deadlines
- Exams (including revision)
- Balancing study and other commitments
- Grades/academic performance
- Personal, family or relationship problems
- Financial difficulties
- Looking for a job for during my studies
- Accommodation/housing
- Social pressures/fitting in
- Graduate employment
- Feelings of homesickness
- Insensitivity of fellow student/s
- Insensitivity of lecturer or other teacher
- Not knowing where to seek support
- Bullying or harassment by fellow student/s
- Substance misuse e.g. alcohol, drugs
- Bullying or harassment by a lecturer/teacher

[15]

3 MENTAL HEALTH AND DISABILITY

Statistics from the Equality Challenge Unit (ECU) in the UK found that 1.0 % of all undergraduate students declared a mental health condition in 2011-2012.That same number of students, however, constitutes 10.2% of all disabled undergraduates, indicating a very clear link between poor mental health and other forms of disability. [13]

Poor mental health, in its many forms, is often declared by HE students in the UK, but in the last few years *the proportion of disabled students who declared a mental health condition increased from 5.9% in 2007-08 to 9.6% in 2011-12 and from 0.4% to 0.8% of the entire student population.* [13] Thus we are dealing with an issue that has virtually doubled in size within five years.

Students with mental health difficulties should not be confused with students who have learning difficulties or physical disabilities, *although for some these may overlap* [8], but some research indicates that *students are presenting with more complex mental health disorders than in the past, with greater incidences of personality disorders, bipolar disorder, psychosis, and also comorbidity of mental health problems alongside other disabilities or impairments.* [1]

Recent Australian research indicates that mental ill health in the university population may be five times that in the general population and when compared with the general student body, and disability groups in post-secondary education, *those reporting mental health issues are the least likely to complete the course in which they are enrolled*. [16]

The 2015 HEFCE report in the UK [1] summarised some key findings that encompass mental health and other forms of disability:

- Mental health and social/communicative impairments (such as autism) have doubled since 2008/09, impacting quite significantly on institutional services and support structures.
- UCAS (the Universities and Colleges Admissions System) reports the numbers of UK accepted applicants declaring a disability increased from 23,772 in 2008-09 to 34,625 in 2013-14.
- The numbers of students receiving DSA (Disabled Students Allowance) increased from 36,000 in 2007/08 to 56,600 in 2012/13.
- Higher Education Statistics Agency (HESA) data showed increases in the number of disabled students studying at postgraduate level and that the mode of study (full or part time) is broadly similar to that of PG students who are not disabled.
- Disabled entrants are more likely than non-disabled entrants to no longer be in HE after their first year of study.
- Disabled students are less satisfied in five out of seven question categories of the National Student Survey
- The HEFCE report 'HE and beyond' shows that students claiming DSA perform above the sector average in terms of degree attainment and progressing to graduate employment or further study. However, students with a declared disability not in receipt of DSA perform below the sector average across all outcomes.

A 2015 report by the Institute for Employment Studies for the Higher Education Funding Council for England (HEFCE) noted that all HE institutions claim to provide support for all types of impairments. The largest single group claiming support were those students with dyslexia, and *the group most often cited as not having their needs met sufficiently were students with mental health problems*. In terms of mental health, institutions noted how the way in which the '*unpredictable and high risk nature of 'crisis' events makes adequate resourcing extremely difficult*'. [1]

4 SEEKING SUPPORT

An Australian study found that people are more likely to seek 'informal' rather than 'formal' i.e. professional help for mental health issues: *Informal help is often cheaper, more readily available and less stigmatised than seeking help from mental health professionals* such as psychologists or counsellors, and might be easily obtained from sources such as family, friends, spouses, or even impersonal sources on the internet. [14]

The same Australian study that found 83.9% of university students experienced elevated psychological distress also found that only 34.3% of those students had consulted a health professional regarding their distress. [14]

A 2013 survey by the national Union of Students (NUS) in the UK found that the majority of students will tell their friends and family about their feelings of mental distress. The other possible places to share these feelings are used with much lower incidence. Most worrying for anyone involved in UK Higher Education, *just over one-quarter do not tell anyone.*

- **28% did not tell anyone**
- 58% told friends
- 45% told family
- 15% told Doctor / GP
- 14% told an academic
- 10% told counselling services

[15]

In terms of using services, the same survey found that 64% of students experiencing mental distress do not use any formal service for advice or support in relation to their condition, even though 68% of the students surveyed are aware of the advice & support available from their place of study and students' union. [15]

- **64% do not use any formal service for advice or support**
- 23% received advice / support from a doctor / GP
- 15% received advice / support from the place of study
- 9% received advice / support from private counselling / therapy
- 4% received advice / support from another health professional
- 3% received advice / support from their students union

It is of great concern that research on help-seeking behaviour has found that *more distressed individuals are less likely to seek help.* [14]
In the words of a recent Australian study:
Paradoxically, those with serious problems and in most need of professional help may be even less likely to seek help. This has been termed the 'help-negation effect'. [14]

This has been confirmed by research carried out in America:
Even with the upsurge in numbers at college counselling centres, most students who are identified as potentially depressed and even suicidal in surveys are not engaged in treatment. [7]

It now seems clear that *young people, and particularly young males, do not seek help when they are in psychological distress or suicidal.* [17]

The 2015 report from UUK makes an attempt to explain these findings:
Notwithstanding the general increase in disclosure, many applicants and students with mental health difficulties continue to remain reluctant to disclose them. This might be due to concerns regarding the reactions of others and an anxiety about stigma and potential discrimination that could jeopardise their future academic and employment careers. Their concerns may be based on negative experiences before university such as bullying and stigma in school, college or the workplace. [13]

5 OFFERING SUPPORT

HE students come into contact with a wide range of staff, all of whom can influence how a student sees herself or himself. It is usual to focus on the support role that academic staff can play, given that they are likely to spend more time in contact with students than other groups of staff. Students with poor mental health often report how important that relationship is, and how the attitudes of staff impact on their learning experiences. In terms of academic staff attitudes to students with poor mental health, an Institute of Education (London) report from 2013 interviewed a number of students with mental health difficulties:
... they stressed how important it was to them that they found a teacher who was able to create a safe and supportive environment.
... This research has shown that for this vulnerable group of students, the empathy and attitude of the teacher is paramount in whether they feel they can cope with the class and remain in it, in order to learn. [8]

In other research, academic staff are seen to have a key role in supporting students with mental health problems or other impairments, and *many fulfil a number of roles around communication, education and guidance.* [1]

Not all teaching staff, however, are as well-informed as they might be about students with mental health issues – a report from the USA claims that the majority of staff in a survey
... despite viewing mental illnesses as serious disorders requiring specialist input, most respondents believed that students experiencing mental illness could succeed academically.
Other studies contradict this view: *There was a generally held belief among staff participants that the presence of mental illness impacted negatively on a student's capacity to meet course requirements.* [16]

Given the difficulties and issues outlined above, we might ask what actions can be taken by HE staff to assist students with poor mental health. A 2014 study in Australia [14] asked students what support they felt they most needed:
Work–life balance emerged as a topic of importance for the majority of individuals regardless of their level of psychological distress.
Time management was a priority for those with a low or moderate degree of distress, and stress management was important for those with a moderate or high degree of distress.
Diet and exercise was of high importance to individuals in the lower stress group, whereas for more highly distressed individuals, relaxation/keeping calm was the most highly endorsed topic .... [14]

Early intervention is also seen as a crucial strategy as it *could help prevent development of more serious mental health problems and is likely to result in better physical health, more chance of academic success and better long-term outcomes*. [14]

As a result it is often seen as good practice *to promote mental health awareness and provide information on the availability of support services in new staff and student inductions*. [13]
That said, there is evidence to suggest that the transition to the second year of HE study can be equally stressful for students, and of course university support systems are less likely to be in place at this time. Reasons for this *unrecognised stress point* can include moving out of halls of residence and the academic pressures involved when *marks begin to count towards a student's final degree.* [1]
Periods of work-based learning, often found in second years or final years of study, *can also be particularly challenging for students with moderate to severe mental health needs.* [1]

Often because of communication issues or problems with disclosure, students with poor mental health can be *inadvertently forgotten if services do not have effective and consistent ways of sharing information* [13] pointing to the crucial need for all staff involved in supporting students to be part of an effective system for communication and sharing information.
Technology can also play a valuable role in improved communications [13] but perhaps not for support since studies examining the efficacy of on-line strategies for support and intervention found *unusually high attrition compared with face-to face therapy ... retention rates of website interventions have been as low as 1% when there is no therapist involvement*. [14]

The 2015 HEFCE Report referred to earlier offer a range of suggestions to develop support for students with mental health issues, for example encouraging disclosure (ideally early disclosure), developing inclusive curricula (e.g. facilitating lecture capture, using equality criteria with a focus on inclusivity when reviewing curriculum areas), using proactive measures to reduce demand for support (e.g. workshops on mindfulness, using student peer mentors, promoting good diet, sleep and exercise), improving internal relationships (e.g. between academics and disability support teams) and developing external partnerships (e.g. with the local Community Mental Health Team). [1]

Introducing proactive measures to help reduce demand for support, for example wellbeing and resilience initiatives, seem a particularly promising area for development. It must be emphasised that such initiatives are of benefit to the entire student community (and indeed the staff community) and not just those who suffer from poor mental health.

6 CONCLUSIONS

It is clear that the term 'poor mental health' is inadequate to describe the range of issues and degrees of severity experienced by sufferers. In many ways it is no more helpful, and as equally reductive, as the term 'disabled'. Even so, it is also clear that the incidence of poor mental health is increasing year-on-year, at least in the English-speaking world, and especially among younger people.

This paper has outlined a number of factors related to this issue, including many of the 'triggers' encountered by HE students. In the last few years the literature on this topic has grown both in volume and sophistication, and most current thinking points to the importance of proactive prevention in addition to support systems. One of the most striking examples of this proactive approach in the UK can be found in the Girl Guides movement where, as of April 2016, Girl Guides will be able to work towards a new badge in mental well-being and resilience called *'Think Resilient'*.

Mental Well-Being, Wellness and Mental Resilience are now terms used in a range of pro-active approaches to good mental health and denote a move away from a 'deficit approach' in our attitudes to mental health. If we can harness these approaches, as well as talk more openly about mental health, ensure that all our colleagues are aware of the issues involved, and work with students in a holistic fashion, then we have an opportunity to deal with a problem that places such huge burdens on both individuals and society as a whole.

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'Headroom' at UCLAN:

http://www.uclansu.co.uk/headroom

Healthy Universities UK:

http://www.healthyuniversities.ac.uk/

http://www.healthyuniversities.ac.uk/toolkit/guidance-package-subsite.php?subSite=6

The Disability Archive UK:

http://disability-studies.leeds.ac.uk/library/

The Guardian: Mental Health – a University Crisis:

https://www.theguardian.com/education/series/mental-health-a-university-crisis

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